Digitized by the Internet Archive
in 2008 with funding from
Microsoft Corporation

http://www.archive.org/details/medicalcircular18londuoft

41

Medical Serials

THE

MEDICAL CIRCULAR,

AND

GENERAL MEDICAL ADVERTISER.

A Weekly Journal and Retrospect of Medical Progress.

VOLUME XVI.—1860.

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM STREET, STRAND.

M'GOWAN AND DANKS,
16 GREAT WINDMILL STREET,
HAYMARKET.

6749
18.11.90
1860-1872
1 st half '69

INDEX.

Absinthe and Delirium Tremens, 198
Accrington, the, 107, 175, 191
Act, New Medical, 39
Acupressure, Advantages of, over the Ligature, 384
Acupressure after Amputation of the Breast, 427
Acupressure, Pirogoff's Operation with, 133
Action of certain Substances upon Phthisis, 423
Acute Inflammation of the External Tissues of the Eye, 275
Acute Pneumonia treated by Brandy or by the Lancet, 246
Acute Sthenic Pneumonia, 154
Acupressure, 451
Address to our Readers, 448
Adams on Pirogoff's Operation, 133
. . . . on the Reatorative Effects of Small-pox, 17
Adulteration Bill, 157
Ague, Irregular, 68
Alexander, the late Dr, 89, 95
Albuminuria, Treatment of Acute and Chronic, 348
Allarton's Lithotomy Operations, 403
Alum, Uses of, on Bougies in Strictures, 7
Amaurosis, Hysterical, 55
America, Quackery in, 56
Ammonia, Therapeutic Effects of, 369
Amputations, Acupressure in, 105
. . . . . Comparison between the respective Merits of, in the Leg and Ankle-joint, 116
Anatomical Museum seized at Leeds, 23
Aneurism, Treatment of, by Compression, 232
Anæsthetics, a Manual of, Theoretical and Practical, 355
Anæsthesia during Sleep, 423, 451
Antecedents of Brother Prince, 447
Anthrax, 55, 347
Apothecaries in Ireland, 198
Appointments, 14, 32, 48, 64, 80, 97, 114, 131, 147, 165, 183, 198, 217, 235, 253, 271, 288, 301, 316, 325, 362, 379, 397, 414, 433, 452
Army Medical Warrant, 425
Arrest of Hæmorrhage by Acupressure, 92
Arteries, Atrophy and Degeneration of the, 20
Arteries, on Wounds of the, and their Treatment by Surgical Operations, 33
Arsenic-eating, 407, 426
Arsenical Paper, Singular Case of poisoning by, 37
Artery, Diagnostic Value of Murmur in the Pulmonary, 104
Articulation, Treatment of Hip-joint by Excision of the, 168
Artificial Eye, its Advantages, 292
Army Estimates, 412
Ascarides, Cure for, 7
Asphyxia Neonatorum, 340
Atheromatous Expression, 349
Auscultatory Sound produced by the Action of the Heart on a portion of Lung, 137

Badly-comminuted Fractures, on, 309
Baines on the Comparative Properties of Human and Animal Milks, 212
Baker-Brown on Enucleating Uterine Tumours, 177
Baker's Reply to Mr Hinton, 302
Balanitis, 347
Bar of Lead cut out of the Stomach, 286
Bath Buns, 9
Belladonna for the purpose of destroying Adhesions, 311
Birch on Oxygen in the Treatment of Disease, 77
Birmingham and Midland Counties Medical Registration Society, 234
Buchanan, of Dr M. S. Glasgow, 451

BIRTHS :
Anderson, 63 ; Armstrong, 287 ; Barrett, 163 ; Barker, 378 ; Bennett, 14 ; Birch, 63 ; Caldwell, 233 ; Champneys, 197 ; Chambers, 413 ; Cobbold, 287 ; Cockerton, 63 ; Crisp, 113 ; Crossby, 341 ; Daniell, 378 ; Diver, 163 ; Ellis, 413 ; Jones, 413 ; Hayne, 80 ; Hewitson, 113 ; Hope, 287 ; Littlejohn, 63 ; Matthews, 113 ; Meldola, 413 ; Nobbe, 233 ; Palk, 287 ; Parsons, 31 ; Pearse, 63 ; Pesket, 341 ; Pinninger, 31 ; Reed, 145 ; Smallman, 287 ; Summers, 378 ; Thompson, 80 ; Times, 31 ; Todd, 14 ; Wake, 103 ; Watts, 63 ; Wood, 197

Bladder, Great Importance of early Diagnosis and Treatment for Stone in the, 35
Bladder, Stone in the, Difficulty in detecting it during Life, 35
Bladder, Calculus of the, 35
Blennorrhagia, on the Treatment of, 66
Blow of the Eye from a Piece of Timber, &c., 275
Bone-setter, Verdict against a, 139
Bonillaud on Diseases of the Brain, 1
Bowman on Injuries of the Eye, 65, 99, 131
Brain, Case of Extensive Injury to the, 394
Brain, Diseases of the, 1
Braid on Hypnotism, 158
Brandy Practice of Medicine, 213
Bread, the Hygiène of, 10, 26, 42, 58, 74, 90, 103, 123, 144
Breast, Acute Inflammation and Abscess of the, 331
Brother Prince, Antecedents of, 447
British Museum, Scientific Departments of the, 197
Bryant on Clinical Surgery—The Injuries and Diseases of the Nervous System, 126
Burgess' Memoirs of W. Cullen, 26 75, 109, 125
Burgess' Memoirs of W. Hunter, 176, 191, 209, 262, 283, 336, 353, 372
Black Doctor, 25, 30, 41
Bread Manufacture, 58
Brodie, Sir B., on the Recent Admissions to the College, 335
Burton, Dr, of Brompton, 389

Cæsarian Section, Case of (Mother and Child saved), 94
Cæsarian Operation, Case of, 311
Cambridge Board of Guardians, 298, 301
Campbell, John, Esq., 323
Cancer Curable (Is) ? 8, 92
. . . . recurring after Ten Years, 11
. . . . Cures and the Public, 24
. . . . Dr Reed's Treatment of, 29
. . . . Curability of, 54
. . . . Cures and Curers, 126
. . . . Curing Quackery Exploded, 371
Cancer of Face, 202
. . . . of Lip, 202
. . . . of Tongue, 202
. . . . of Breast, 257
. . . . Diagnosis of — How the Cancer-curers make Fortunes, 318
Carpenter on the Relation of the Vital to the Physical Forces, 237
Cases, Notes of Six Non-cancerous, 29
Catacombs of Paris, 130
Cervix Uteri, Hypertrophy of the, removed by Ecrasement Linéaire, 6
Cervix Uteri, Severance of the, during Labour, 162
Chancre of Finger followed by Buboes on the Elbow and Axilla, 410
Cheltenham Protest, 41
China, Hospital Ships for, 63
China, Wounded from, 198
Cholera, 269
. . . . . in the East, 269
Chlorosis as a Cause of Venous Obstruction, 119

Chloroform, on the Mental Peculiarities, &c., of, 104
Chloroform, Clinical Remarks on the Use of, especially in Midwifery, 167, 273, 327
Chloroform, Death from Inhalation of, 207
Chloroform, 145
Cinchonia in Intermittents, 329
Circumcision, Incontinence of Urine cured by, 234
City of London Asylum, 139
Civil Service Estimates, 452

CLINICAL LECTURES.

Badly - comminuted Fractures, 309
Compound Fractures and their General Surgical Treatment, 219 291
Diseases of the Brain, 1
Epidemic Dysentery, 417
Extravasation of Urine, 81
Hepatic Colic, 225, 345
Injuries and Diseases of the Eye, 99, 131
Iron Chlorosis and Tubercles, 49
Some Rare Forms of Fracture of the Scapula, 115
Wound of Arteries, 33

CLINICAL SKETCHES.

Cancer recurring after Ten Years 11
Compound and Multilocular Cysts, 11
Fracture of the Base of the Skull, 18
Is the Trephine useful? 18
Median Lithotomy, 66
Multilocular Ovarian Dropsy, 11
Puncture of the Heart by a Needle, 51
Vesico-vaginal Fistula Operations, 401
Wützer's and Wood's Operations, 66

Clinical Record of Cases occurring in Hospital and Private Practice, 202
Clinical Lectures on certain Acute Diseases, 389
Clitoris and Nymphæ, Case of Hypertrophy of, 117
Closure of the Womb, 203
Coffee as a Diuretic, 132
College of Surgeons, Examinations at, 77
College of Surgeons, 43
. . . . . Recent Admissions, 175, 227
College of Physicians, 245, 299, 334
. . . . . New Diploma of the, 319
College Elections, 406, 425
Commissioners, Charity, and Dr Wall, 9
Compulsory Certificates, 191
Complex Heart Disease, 171
Consumption, Treatment of Pulmonary, 94
Consumption, Practical Observations on the Prevention of, 355
Consumption, its true Nature and Successful Treatment, 372
Cooper *v.* Methuen, 79
Convulsive Diseases, 171, 204, 240
Contributions to the Pathology of Dislocations of the Shoulder-joint, 451
Cordova *v.* Barker, 95
Corn-cutters, Memorial of, 263
Correspondents, Notices to, 14, 32, 48, 64, 97, 114, 131, 147, 165, 183, 199, 217, 235, 253, 271, 288, 306, 325, 343, 361, 379, 397, 414, 433
Coroners' Courts, 299
. . . . . in Ireland, 374
. . . . . and the Medical Relief Bill, 316
Cottage Hospitals, 208, 246
Coup de Soleil, 20
Cox's Notes and Comments on Practical Cases, 3
Criminal Cases, Court of Appeal in, 88
Critchett on Median Lithotomy, 66
Cross-births, Twins, &c., their Treatment, 195
Cullen, Wm., Memoirs of, 26, 75, 109, 125
Cystic Diseases of the Breast—Serocystic Growths, or Cysto-sarcoma, 328
Cystic Growth of Lower Jaw, 405

DEATHS:
Abercrombie, 269; Adcock, 217; Ainley, 80; Allison, 113; Atkinson, 269; Ayling, 182; Ayre, 80; Barbor, 145; Barnes, 287; Beddome, 14; Bellingham, 31; Beddingfield, 341; Bevan, 113; Bishop, 287; Blackall, 80; Borland, 80; Bowen, 145; Barnham, 18; Bucknall, 87; Butterfield, 163; Buchanan, 431; Cameron, 163; Campbell, 287; Campion, 63; Candler, 113; Carson, 341; Chawmer, 96; Coats, 80; Cobbold, 378; Collison, 269; Cosgrave, 431; Coulter, 287; Coulthred, 80; Cremer, 63; Cronin, 238; Cross, 395; Crossby, 413; Crossley, 197; Culhene, 113; Davies, 80; Dawson, 63; D'Espine, 233; De Jersey, 80; Dethick, 395; Dixon, 233; Donnellan, 31; Dove, 63; Dujardin, 323; Edmunds, 80; Ellis, 413; Ellison, 341; Evans, 14; Evans, 305; Falconer, 182; Fallowfield, 145; Fergusson, 182; Fettes, 129; Fisher, 287; Forster, 113; Fox, 80; France, 395; Freeman, 63; Gannon, 395; Gillum, 63; Gingell, 129; Gordridge, 233; Goodwin, 80; Gordon, 431; Gray, 287; Grellier, 378; Grigg, 80; Grimwood, 80; Griffith, 163; Guisbain, 269; Haines, 113; Hamilton, 341; Hancorn, 323; Handley, 145; Harris, 113; Harris, 129; Harcourt, 269; Harvey, 306; Haywood, 31; Hayland, 113; Hayes, 378; Heeney, 80; Hewer, 233; Hiscock, 14; Hill, 96; Hobbs, 287; Horn, 31; Horsfall, 80; Holyoake, 80; Hole, 163; Hugo, 86; Hubbard, 287; Howard, 80; Irwin, 31; Irish, 96; Irving, 217; Jackson, 341; Jameson, 163; James, 80; Johnson, 96; Jones, 306; Jones, 41; Kennett, 63; Kimble, 129; Kirkwood, 14; Kittle, 81; Knaggs, 378; Ladd, 80; Latham, 197; Lawder, 182; Lee, 413; Lewis, 341; Lewis, 113; Lewis, 31; Lorimer, 80; Lovesay, 287; Lovell, 197; Lunor, 387; Lupton, 287; Mackarsie, 182; Mackay, 341; MacKellar, 96; Malden, 287; Martin, 145; May, 145; Maynard, 31; McDermott, 129; McNab, 113; McGowan, 217; McDonald, 217; McFarlane, 113; McGilp, 31; McCormick, 269; Millard, 14; Miller, 378; Milson, 217; Morrison, 113; Morris, 31; Morgan, 395; Moyle, 31; Musket, 233; Niblett, 378; O'Callaghan, 80; Ochiltree, 80; Oliver, 341; Ormerod, 431; Overton, 129; Owen, 287; Palmer, 233; Patrick, 197; Paxton, 217; Parry, 378; Perry, 269; Peugnet, 80; Pinkey, 233; Powell, 182; Price, 113; Pritchard, 197; Purry, 133; Pyne, 14; Reedall, 197; Rogers, 113; Robarts, 287; Roberton, 305; Rose, 80; Rosman, 80; Ross, 163; Ryan, 31; Salter, 378; Saner, 217; Savage, 287; Scott, 14; Scott, 269; Scott, 323; Sharp, 63; Sharp, 269; Simpson, 163; Skeete, 287; Skiers, 395; Small, 217; Smith, 413; Snodgrass, 341; Sock, 287; Somerville, 233; Spencer, 14; Spitall, 80; Stevens, 163; Stone, 217; Southall, 287; Swayne, 206; Taggart, 96; Tardrew, 341; Taylor, 63; Taylor, 182; Taylor, 378; Thomson, 305; Thompson, 31; Thompson, 96; Tonnelé, 197; Todd, 395; Tupper, 413; Twemlow, 233; Vincent, 341; Vos, 341; Wale, 233; Walker, 63; Walker, 182; Walker, 323; Ward, 63; Watson, 395; Westernaecher, 31; Wilcox, 287; Willis, 80; Williams, 323; Williams, 395: Wingett, 340; White, 323; Wood, 197; Woodward, 80; Woolley, 413; Wright, 80; Yates, 287.

Death from Inhalation of Chloroform, 207
Dead and the Living, 46
Deafness, 410
Deaths, the Registration of, 319
Delirium Tremens, 133, 151, 233, 421
Delirium Tremens and Absinthe, 198
Dental Science, Metropolitan School of, 71
Dental Examinations, 191
. . . . Reform, 159
. . . . Diploma of the College of Surgeons, 174, 229
Dental Surgery, Contributions to, 223
Dentists' Diploma, 138, 157, 209, 227, 299
Depilatories, Dangers of, 234
Diabetes Insipidus, 367
Digestion, on the Physiology of, 310
Diphtheria, Observations on, 34
Disease, Oxygen in the Treatment of, 77
Diseased Ankle-joint, Amputation of the Foot by Pirogoff's Operation, 256
Diseases of Women, 259, 349, 403
. . . . . the Joints and their Diagnosis, 274
Dislocations of the Shoulder-joint, Contributions to the Pathology of, 451
Dissolution of Naval Medical Fund, 150
Disinfection of the Thames, French French Project for, 130
Dislocations of the Femur into the Foramen Ovale, 328
Diploma Manufacture
Doctor, the Title of, 9
Dr Morton, Proposed Testimonial to, in the United States, 452
Dr Beaver, Testimonial to, 163
Dublin Apothecaries, 209
Dysentery, 44

Ear, Diseases of the, 210
Edgeware Petty Sessions, 128
Elephantiasis Scroti, 279
Election to the Council of the College, 392
Electrical Light in Surgical Operations, 394
Epileptic and Paralysed, National Hospital for, 234
Enteric Fever 151, 385
Entropeon, 173
Epidemic Dysentery in France, 417
. . . . . of Small-pox at Berlin, 346
Epilepsy, 21, 343
Epistaxis arrested by Injection, 170
Ergot of Rye, Dangers attendant on the Exhibition of, 185
Excerpta Minora, 45, 145, 160, 181, 213, 231, 300, 356, 426
Ex-parte Williams, Court of Queen's Bench, 95
Experimental Inquiry into the Action of Alcohol on the Nervous System, 173, 225
Extra-uterine Gestation, 427
. . . . . Pregnancy, 427
Eye, on Diseases of the, 38, 65, 99, 131

Face, Deformity of the Left Side, 183
. . . Presentations, 311
False Cartilage, Removal of a, from Knee-joint, 159
Fatal Auscultation, 54
Fatal Effects of a Bee-Sting, 172
Female Doctors and Nurses, 72
Fergusson on Wützer's and Wood's Operation, 66
Fever, 20, 52, 86, 222, 343, 408, 419
. . . . Treatment of, by Cobwebs, 335
Fibro-gelatinous Tumour of Upper Jaw, 202
Fibrous Uterine Tumour within the Abdomen, 293
Flavour of Food, on the, 255
Fluid, Cerebro-spinal, 136
Flushing the Sewers, 197
Food, Influence of, 117
Forearm Amputation, 70
Foundation for a New Theory of Medicine, 354
French Project for the Disinfection of the Thames, 130
Fracture, 18
Fractures, on Compound, and their Surgical Treatment, 219, 291
Fracture of the Skull, 129
Further Changes in the Medical Council, 449

Gas in the Streets, 424
Gas, New, 234
Gillette, M., 130

GENERAL CORRESPONDENCE.

Anæsthesia during Sleep, 451
Arsenic-eating, 426
Baker's, Mr, Reply to Mr Hinton, 302
Brandy Practice of Medicine, 213
Brown, Mr Baker, on Enucleating Uterine Tumours, 177
Charge of Neglect imputed to Dr Robertson, 410
College Elections, 425
. . . . of Surgeons and Uneducated Candidates, 303
Conduct of the College of Surgeons, 43
Coroners' Courts in Ireland, 374
Cross-birth Twins, their Management, 195
Dental Reform, 152
Diploma, 229
Dislocation of the Tibia, 284
Elections to the Council of the College,
Fatal Effects of the Stimulating Treatment, 139
Granville and the late Dr Todd, 194
Granville on the Stimulating Treatment, 194
Hunter's MS. on Geology, 30
Hypnotism, 60, 91, 112 158, 229
Hypophosphites in Phthisis, 177
Inhalation of Oxygen, 44
Is Cancer Curable? 92
King's College *v.* Apothecaries' Hall, 409
Late Poor-law Meeting, 266
Lavies and Dr Granville on the Brandy Treatment, 213, 302
M. D. Degree, Foreign and British, 213
Marvels, Wonderful if True, 337
Medical Revivalism at Oxford, 265

Naval Medical Supplement Fund, 319
Naval Surgeons on Half-pay, 302
New Diploma of the College of Physicians, 319
Notes of Six Cases (non-cancerous), 29
Oxygen in the Treatment of Disease, 77
Page in the Medical Biography of Dr Todd, 336
Paralysis after Diphtheria, 338
Parochial Medical Relief, 142, 160
Poor-law Medical Reform, 112, 142, 159, 178, 213, 250, 284
Poor-law Medical Reform Bill, 77
Poor-law Medical Reform Service, 77
Poor-law Medical Reform Association, 160, 178, 320
Public Vaccinators, 159
Quarantine in the Levant, 78
Reed's Treatment of Cancer, 29
Remarks on the Case of retained Menses from Impregnate Os Uteri, 37
Remarks and Suggestions on the Treatment of Fevers, 508
Removal of a False Cartilage from Knee-joint by direct Incision, 159
Reply to Dr Granville, 283
Sham Lectures, 303
Strictures on Homœopathic Medicines, 79
Tartar Emetic in Pneumonia, 309
Thompson's Patent Hydro-pneumatic Inhaler, 78
Todd as a Controversialist, 248
. . . Controversy, 249
Todd's Characteristics,
. . . . High Views of Morality, 265
Treatment of Gonorrhœa without Specifics, 111
Trial of Dr Kelly, 141
Union Practice *v.* Private Practice, 302
University of St Andrew's and Poor-law Board, 264
Unpaid Certificates, 338
Vaccination, 12, 121
Vital Electricity, 92
Webber, Fellow Elect, and the Council of the Royal College of Surgeons, 265

General Council of Medical Education and Registration, Minutes of Meeting of, 449
Geology, Hunter's MS. on, 30
Gibb on Diseases of the Throat, &c., 193
Gland, Diseases of the Prostate, 71, 206
Glasgow University, 89
Glaucoma, Division of the Ciliary Muscle in, 103
Gleet, Treatment of, 47
Gloucestershire Protest, 139
Glycerin and Cod-liver Oil, 374
Gonorrhœa, Treatment of, without Specifics, 2, 50, 111, 132, 201, 220, 238, 346, 418
Granville on the Stimulating System, 194
Granville and Dr Todd, 194, 212
Granville's Reply to Dr Todd, 283
Granular Conjunctiva, 243
Great Tasmania Case,
Great Northern Hospital, 116
Griffin on Poor-law Medical Reform, 77
Guernsey Strike, 299
Gulstonian Lectures, 145
Gunshot Wound of Thigh, &c., 183
Guy, Thos., 250
Grainger, R. D., Testimonial to, 234

Harveian Society of London, 67, 215, 267, 376
Habershon on the Injurious Effects of Mercury in the Treatment of Disease, 192
Hæmaturia and Rough Bladder, 183
Hæmorrhoids and Prolapsus of the Rectum, 282
Health of Great Cities, 424
Heart, Puncture of the, by a Needle, 51
Heart, Rupture of the, 68
. . . . Action of the, 87
. . . . Organic Disease of the—Mr Aran's Prescription, 132
Hepatic Colic, 255, 345
Hilton's Notes of Lectures delivered at the Royal College of Surgons, 400
Hoarseness of Professional Singers, Treatment of, 233
Hogg's Practical Observations on the Prevention of Consumption, 355
Holme on Cases of Small-pox occurring after Vaccination, 184
Homœopathic Medicines, Strictures on, 79
Hospitals, the Endowed, 138
Hospital Reform, 123

HOSPITAL REPORTS.
GREAT NORTHERN:
Disease in the Head of the Tibia not involving the Knee-joint, 83
Lithotomy - Recovery, 116
KING'S COLLEGE:
Cancer of the Breast—Removal of the Gland, 257
Deformity of the Neck from the Cicatrix of an Extensive Burn, 256
Diseased Ankle-joint—Amputation of the Foot by Pirogoff's Operation, 256
Rupture of the Urethra, with Extravasation of Urine, 116
SOUTH LONDON OPHTHALMIC:
Obliteration of the Punctum Lachrymale of Five Years' Standing, 356
Paralysis of the Third Nerve, 356
True Egyptian Ophthalmia producing Granular Eyelids, 392
Ulcer of the Cornea, 300
Wound of the Cornea from a Needle, 300
Wound of the Cornea from a Fork, 319

Hughes' Observations on Diphtheria, 35
Hunter, Memoir of Wm., 176, 191, 209, 262, 283, 336, 353, 372
Hunter Statue, 408
Hunter's MS. on Geology, 30
Huxley on Species and Races, 149
Hydatids and Hydatid Tumours, 292
Hydatid Tumours of Liver, Treatment of, 350
Hydro-pneumatic Inhaler, Thompson's Patent, 78
Hymen, Inconvenience of Imperforate, 391
Hypnotism, 69, 91, 112, 158, 229
. . . . . and Hypnotic Anæsthesia, 118
Hypophosphites in Phthisis, 177
Hysteria, Case of in a Boy, 118
Hysterical Fits, Injection of Chloroform into the Uterine Cavity for the Cure of, 132
Hysterotomy, Three Cases of, 225
Hæmorrhage, Arrest of, by Acupressure, 92
Holopathy, 184
Hypnotism, 145
Hospital, Lock, 197
Hospital for the Paralysed, 197

Illegal Practice, 317
Impermeable Urethra in an Infant cured by an Operation, 427
Incarcerated Hernia, Internal Strangulation associated with, 135
Income Tax, the, 156
. . . . . *v.* Wine Duties, 123
Infants, the Feeding and Rearing of, 145
Infirmary, the Northern Sea-bathing, 128
Influence of Tropical Climates on the Rise, Progress, and Treatment of Uterine Inflammation, 242
Inman on a Foundation of a new Theory and Practice of Medicine, 354
Insane, Hospitals for the, in Ireland, 60
Insanity, Recollections of the Varieties of, 21
Insanity, Case of Castration for the Prevention of, 86
Insanity, the Communicability of, 394
Inspector-General, the new, 176
Iridectomy in Glaucoma, 352
Intra-cranial Tumour, 333
Irish Apothecaries, 407
. . . Registration Bill, 425
Iron, Chlorosis, and Tubercles, on, 49
Itch, Chloroform in, 94
Incontinence of Urine cured by Circumcision, 234
Increase of Population, 130
Indian Medical Practice, 87
Influenza, 234
Ireland, Apothecaries in, 198
Inhalation of Chloroform, Death from, 207

Jaundice combined with Ascites, 422

Kelly, Dr, Trial of, 123
Kendrick's Traveller's Rest, 139
Kidd on Hypnotism, 60, 112
Kidd's Clinical Remarks on the Use of Chloroform, especially in Midwifery, 167, 273, 327
Kidd's Manual of Anæsthetics, Theoretical and Practical, 355
Kidney, Moveable, 38
King and Queen's College *v.* Apothecaries' Hall, 409
King's College, 100, 116

Labour, Case of Lingering, 136
. . . . . Turning in, 278
Lachrymal Obstruction treated on Mr Bowman's Plan, 22, 38, 70
Ladd *v.* Gould, 57, 79
Lankester on the Flavour of Food, 255
Large Stone in the Bladder, 328
Larynx, Scalds of the, 83
Lavies, Mr, and Dr Granville, 213
. . . . . Again, 302
Lectures, Notes of, delivered at the Royal College of Surgeons, by Professor Hilton, F.R.C.S., 445
Lock Hospital, 197
Lucifer Matches in Paris, 198
Lectures, Gulstonian, 145

LEADING ARTICLES.
Cambridge Board of Guardians, 298
Cancer-curers and the Public, 24
College Elections, 406
Coroners' Courts and the Medical Relief Bill, 316
Cottage Hospitals, 208, 240
Dental Diploma of the College of Surgeons, 174
Embankment of the Thames, 388
Female Doctors and Female Nurses, 72
Gas in the Streets, 424
Gratuitous Medical Services, 122
Health of Great Cities, 424
Income Tax, 156
Is Cancer Curable? 8
Ladd *v.* Gould, 57
Medical Council and the College of Surgeons,
Meeting of Poor-law Medical Officers, 362
Modern Art of Reviewing, 352
New Army Medical School, 262
Pigott's Bill, 299
Purification of the Thames, 370
Quackery in America, 56
Quarantine in the Levant, 40
Rev. Hugh Reed, 40
Sham Lectures, 280
Social Aspects of the Profession, 334
Theory *v.* Practice, 106
Todd's Brandy Practice, 226

Leeches, an instance of Tank-water containing, 113

LEGAL INTELLIGENCE.
Anatomical Museum seized and condemned at Leeds, 23
Conviction for Illegal Practice, 62
Cooper *v.* Methuen, 79
Cordova *v.* Barker, *alias* De Roos, 95
Ex-parte Williams, Court of Queen's Bench, 95
Giles *v.* Talbot, 322
Great Tasmania Case, Close of Inquiry, 216
Kelly's, Dr, Case, 128
Ladd *v.* Gould, 79
Liverpool Medical Registration Association *v.* J. Hamilton, 13
Loydell *v.* Matthews, 139
Medical Registration, 63
New Medical Act, 39
Pedgrift *v.* Chevallier,
Prosecution under the Medical Act, 340, 378, 431
Quack Doctor at Shipley, 181
Queen *v.* Council of Medical Education, 323
Radley *v.* Ingram, 196
Steele *v.* Hamilton, 269
Successful Prosecution of an Illegal Practitioner, 305
Wollaston *v.* Hewson, 251

Leriche on the Epidemic of Dysentery in France, 417
Leseabault, Dr, 41
Leucocythemia, Case of, 328
Levant, Quarantine in the, 40, 78
Lightning, can it cure Diseases? 384
Literary Phantom, the, 393
Lithotomy considered as a Cause of Death, 228, 239, 260
Lithotomy, Observations on, 66, 172
Liver, Complications and Varieties of Cirrhosis of the, 135
Lobb on the Hygiène of Bread, 10, 26, 42, 74, 90, 108, 123, 144
London, the Plague of, 71
London Butter, 175
Lung, Cirrhosis of the, 87
Lungs, Condition of the, after Death from Chloroform, 286
Lunatic Asylums, 41

MARRIAGES:
Bryan-Tilberry, 378; Eddy-Paget, 287; Gilfillan-Ladd, 14; Hewan-Elliot, 287; Holmes-Bollom, 197; Johnston-Pook, 233; Kenderdine-Preece, 14; Le Gros-Britton, 163; Lewis-Hill, 287; Lucas-Hardwick, 413; Mackinder-Hewitt, 341; Paterson-Robertson, 31; Partridge-Garman, 233; Robinson-Kidd, 113; Smith-Tebbutt, 31; Smith-Packer, 163; Tail-Atcheson, 63; Tallent-Crawshay, 113; Thorborn-Pollok, 233; Ward-King, ; Wood-Somerville, 341; Wood-Denne, 341; Wood-Marr, 413.
Malden, Dr, 269

Mammary Inflammation and Mammary Abscess, 314
Margate Protest, 57
Marvels, 337
Medical Act, a Bill to Amend, 139
. . . . . Prosecution under, 431
. . . . . Anatomy, 282
. . . . . Benevolent College, 317
. . . . . Council, Protest to, by the Surgeons of Reading, 128
Medical Council and College of Surgeons, 190
Medical Fees, Important Case, 395
. . . . . M.P., 317
. . . . . Officers, Qualification of, 46
. . . . . of Unions, 317
. . . . . Reform, Poor-law, 77
. . . . . Registration Act, 260
. . . . . Remuneration, 371
. . . . . Rivalism at Oxford, 265
. . . . . Service, Gratuitous, 122
. . . . . and Chirurgical Society, 61, 101, 143, 179, 231, 375
Marylebone, Social Statistics in, 198
McGregor, Sir J., Memorial to the late, 197
Memorial to the late Sir J. McGregor, 197
Medical Practitioners in Switzerland, 234
M. Gillette, 130
Minutes of Meetings, General Council of Medical Education and Registration, 449
Medical Council, further Changes in the, 449

MEDICAL SOCIETIES.

Harveian Society, 67, 215, 266, 376
Medical and Chirurgical, 61, 101, 143, 179, 231, 375
Medical Society of London, 13, 44, 60, 93, 101, 142, 161, 180, 214, 247, 266, 285, 303, 320, 338, 357, 428
Obstetrical, 127, 193, 321, 358, 429
Pathological, 392, 411

M'Culloch, Dr, of Dumfries, 57
M.D. Degree, Foreign or British, 213
Mercurial Ointment, 310
. . . . . Salivation, 330
Mercury, on the Injurious Effects of, 192
Merrett, Dr, on the Treatment of Gonorrhœa, 111
Midwifery, Cases of, 296
Milks, the Comparative Properties of Human and Animal, 212
Milton on Gonorrhœa, 2, 50, 111, 132, 211, 226, 238, 282, 346, 418
Montgomery, Dr, 31
Morphia, on the Antiphlogistic Powers of, 5
Multilocular Ovarian Dropsy, 11

Naval Medical Supplement Fund, 319
Naval Surgeons on Half-pay, 302
Navy Medical Warrant, 335
Neck, Deformity of the, from the Cicatrix of an extensive Burn, 256
Nélaton on Anthrax, 347
Nerves, Microscopical Anatomy of the Sympathetic System of the, 2, 17, 82, 150, 220, 339
Neuralgic Rheumatism, 275
New Army Medical School, 262
New Urethotome for the Treatment of Obstinate Strictures of the Urethra, 258
Nicholson, Dr., Charge of Neglect imputed to, 410
Nonat on the Febrifuge Value of Sulphate of Cinchonia, 399
Northern Sea-bathing Infirmary, 123
Notes of Lectures delivered at the Royal College of Surgeons, 400, 419
National Hospital for the Paralysed and Epileptic, 234
Naval Medical Fund, Dissolution of, 150
New Gas, 234
New Cure for Tetanus, 452

Obstetrical Society of London, 127, 193, 321, 355, 429
Obstinate Sciatica—M. Jobert de Lamballe's Treatment, 286
Obstruction of the Bowel by Meconinm (Fatal), 4
Œsophagus, Syphilitic Stricture of the, 170
Old Dislocation of Hip-joint reduced by Manipulation, 274
Ominous ! 370
Opium an Antidote to Belladonna, 394
Ophthalmic Hospital, S. London, 300, 319, 356, 392
Our Readers, Address to, 448

OUR NOTE BOOK.

Acupressure after Amputation of the Breast, 427
Anæsthesia during Sleep, 428
Asphyxia Neonatorum, 340
Bar of Lead cut out of the Stomach, 286
Blue Deposit in the Urine, 19
Case of Cæsarian Section—Mother and Child saved, 94
Case of Prolapsus of the Membranes in Labour, 286
Chancre of Finger followed by Buboes on the Elbow and Axilla, 410
Chloroform in Itch, 94
Coffee as a Diuretic, 132
Condition of the Lungs after Death from Chloroform, 286
Cure for Ascarides, 7
Deafness, 410
Delirium Tremens, 233
Dysentry, 45
Extra-uterine Gestation, 427
. . . . . Pregnancy, 427
Face Presentations, 310
Impermeable Urethra in an Infant relieved by an Operation, 427
Injection of Chloroform into the Uterine Cavity for the Cure of Hysterical Fits, 132
Lineæ Albicantes of Puerperal Women, 426
New Form of Pessary, on a, 428
Obstinate Sciatica, 286
Organic Disease of the Heart—Mr Aran's Prescription, 132
Physiology of Digestion, 310
Powder for the Cure of Bronchocele, 410
Post-mortem in the Case of Professor Allison, 162
Preparation of Mercurial Ointment, 310
Primary Amputation after Gunshot Wounds, 427
Purification of Castor Oil, 280
Quinine Frictions, 340
Scabies, 340
Severance of the Cervix Uteri during Labour, 162
Statistics of Urinary Calculi in Hungary, 7
Syrup of Coffee for Hooping Cough, 66
Treatment of Blennorrhagia by Vinum Colchici and Tincture of Opium, 66
Treatment of Pulmonary Consumption, 94
Treatment of Pneumonia, 232
. . . . . of Hoarseness of Professional Singers, &c., 233
Treatment of Aneurism by Compression, 232
Unusual case of Uterine Tumour, 427
Use of Alum on Bougies in Strictures, 7

Ovarian Dropsy, Treatment of, 4, 21
Ovarian Dropsy, 69
Ovary, Inflammation of an, 34
Ovariotomy, 121, 155, 205
Ovarian Cysts, Compound and Multilocular—one Cyst tapped nine times, 11
Owen, Professor, 10
Oxalic Acid and Oatmeal Gruel, Experiments on, 277
Oxford Degree of M.D., 298, 334
Oxygen as a Therapeutic Agent, 7
Oxford University, 452

Paget on Rupture of the Urethra, 133
Paralysis and Neuralgia, 12
. . . . . General, 27
. . . . . and Paralytic Deformities, 211
Paralysis after Diphtheria, 338
. . . . . of the Bronchial Muscles, 366
Paralysis of the Lower Extremities, 277, 295, 332, 358
Paralysis of the Third Nerve, 356
Parkes, Resignation of Dr, 389
Parisian Medical Intelligence, 375
Professor Hilton's Notes of Lectures delivered at the Royal College of Surgeons, 445

PARLIAMENTARY INTELLIGENCE.

Administering of Poisons Bill, 162, 181
Adulteration of Food, 162
Army Estimates, 412
Lunacy Act, Scotland, 181
Lunatics, 162
Medical Act Amendment Bill, 162, 340
Registration of Births, Scotland and Ireland, 304
Scotch Universities, 181
Vaccination, 181

Pathological Society, 12, 372, 411
Parochial Medical Relief, 142
Pathology, Experimental, 37, 85, 120, 136, 153, 205, 240, 276, 312, 383, 404
Pathology and Therapeutics of Typhus Fever, 102
Pathology, Uterine, 36
Peaslee on Displacement of the Uterus, 363, 381
Pedgrift *v.* Chevallier, 395
Pelvic Presentations, 186, 288
Pessary, on a new Form of, 428
Pericarditis, Rheumatic, 68
Peritonitis, Fatal, 368
Phlegmonous Erysipelas, 205
. . . . . Inflammation of Right Arm, 297
Phenomenon, a, 299
Phthisis, 186, 261
Pigott's, Mr, Bill, 244, 299
Pneumonia, 232, 278
. . . . . and Rheumatism, 383
. . . . . Tartar Emetic in, 303
Polypus Growths, 201
Poor-law Medical Association, 160, 178
Poor-law Medical Officers, 108, 124, 125, 175, 227
Poor-law Medical Reform, 77, 112, 142, 159, 178, 196, 218, 250, 268, 284, 323, 339, 266
Poor-law Medical Relief, 160
. . . . . Service, 77
Poison Bill, 162
Polycoria, Remarkable Case of, 277
Popliteal Aneurism, 422
Powder for the Cure of Bronchocele, 410
Powerless Labour with Convulsions, 423
Practical Cases, Comments on, 3
. . . . . Midwifery, 383
Primary Amputation, 427
Probe on Poor-law Reform, 112
Protest from the Gloucestershire Medical Association, 137
Pretest from Plymouth, 181
Prolapsus, 286
Prosecutions under the Medical Act, 340, 378
Puerperal Women, on tha Lineæ Albicantes of, 426
Puerperal Mania followed by Peritonitis, 23
Purpura Hæmorrhagica, Pasteboard Splints in Fractures, and Gallic Acid in, 4
Population, Increase of, 130
Practice, Indian Medical 87
Proposed Testimonial to Dr Morton in the United States, 452
Paris, Catacombs of, 130
Paris, Lucifer Matches in, 198
Paralysed and Epileptic, National Hospital for, 234
Paralysed, Hospital for the, 197
Practice of Poor-law Medical Relief, 130
Poor-law Medical Relief, Practice of, 130
Paris Faculty, Specialities in Medicine and the, 130
Pathelogy of Dislocations of the Shoulder-joint, Contributions to the, 451

Quackery, 198
Quack Doctor at Shipley, 182
Quackery in France, 107
Quain, Dr, 335
Quackery, Can it be punished ? 263
Queen *v.* the Council of Medical Education, 323
Quinine Frictions, 340

Rabies, 221
Radley *v.* Ingram, 196
Rational Medicine, Position and Prospects of, 282
Recurrent Mammary Tumour, Case of, 318
Reed, Rev. Hugh, 40, 57
Reed's Treatment of Cancer, Personal Observations on the Results of, 422
Registration, Medical, 63
. . . . . of Deaths Bill, 406
Registrar-General's Quarterly Return, 41, 190
Registrar-General's Report of Statistics of Ireland in 1859, 286
Relation of the Vital to the Physical Forces, 237
Relapsing or Recurrent Fevers, 296
Remarks on the Case of Retained Menses from Impregnate Os Uteri, 330, 374
Removal of Upper Jaw and Cure of Hare-lip, 366
Renal Disease, Forms of, 36
Representative, the New, in the Medical Council, 10
Retzius, Andreas, 359
Reviewing, the Modern Art of, 352
Re-vaccination, 198
Rogers, Ann, 115

REVIEWS.

Cancer Cures and Cancer-curers, 126
Clinical Surgery—Injuries and Diseases of the Nervous System, 126
Comparative Properties of Human and Animal Milks, 212
Consumption, its True Nature and Successful Treatment, 372
Curative Treatment of Paralysis and Neuralgia by aid of Galvanism, 12
Cure of the Sick, not Homœopathy, not Allopathy, but Judgment, 282

Diseases of the Ear, their Nature, Diagnosis, and Treatment, 210
Diseases of the Throat, Epiglottis, &c., 193
Foundation for a New Theory and Practice of Medicine, 354

Glycerin and Cod-liver Oil — their History, Introduction, &c., 374

Hæmorrhoids and Prolapsus of the Rectum, 282

Injurious Effects of Mercury in the Treatment of Disease, 192

Manual of Anæsthetics, Theoretical and Practical, 355
Medical Anatomy, 282

Position and Prospects of Rational Medicine, 282
Practical Account of General Paralysis, Mental and Physical —Symptoms, Causes, Seat, and Treatment, 27
Practical Observations on the Prevention of Consumption, 255

Spermatorrhœa and its Complications, 282
Stricture of the Urethra, its Complications and Effects, 51

Transactions of the Obstetrical Society of London, 355
Transactions of the Pathological Society of London, 12
Treatment of Paralysis and Paralytic Deformities, 211
Three Cases of Phlebitis occurring in Patients affected with Syphilitic Poison, 447

Rickets, on, 188, 238, 313, 330
Rorie on the Microscopical Anatomy of the Sympathetic System of Nerves, 2, 17, 82, 150, 220, 339
Ross (Dr) on Dr Reed's Treatment of Cancer, 29
Ross on Treatment of Paralysis and Paralytic Deformities, 211
Royal College of Surgeons—Protest from Cheltenham, 45
Royal College of Surgeons of England—Bye-laws relating to Dental Surgery, 196
Rubeola, with Effusion of Pus into the Joints, 243
Registration Bill, the Scotch, 448
Royal College of Surgeons, Notes of Lectures delivered at the, by Professor Hilton, F.R.C.S., 445
Ruptured Perinæum, 152, 241

Scabies, Treatment adopted at Hospital St Louis, Glycerin as a Local Application, 340
Scapula, on some Rare Forms of Fracture of the, and the Diagnosis of the Shoulder-joint, 115
Serpentine, the, 122
Sewage Question, the, 227
Sham Lectures, 280, 313
Sheffield Public Hospital, Opening of the, 268
Sibson on Medical Anatomy, 282
Sick, Cure of the, not Homœopathy, not Allopathy, but Judgment, 282
Simpson's, Dr, Disease, Coccyodynia what is the nature of? 328
Singular Cystic Tumour on the Pelvis, 391
Skey on Wounds of Arteries and their Surgical Treatment, 33
Skey on Puncture of the Heart by Needle, 51
Skey on Extravasation of Urine, &c., 31
Skey on some Rare Forms of Fracture of the Scapula, 115
Skey on Compound Fractures and their Surgical Treatment, 219, 291
Skey on Badly-comminuted Fractures, 309
Skull, Fracture of the Base of the, 18
Sleep, Anæsthesia during, 451
Shoulder-joint, Contributions to the Pathology of Dislocations of the, 451
Scotch Registration Bill, the, 448
Small-pox and Workhouse Cabs, 57
. . . . . Singular Instance of the Restorative Effects of, 17
Small-pox occurring after Vaccination, 184
Smith on Hæmorrhoids and Prolapsus of the Rectum, 282
Smith, Mr, of Southam, 57
Social Aspects of the Profession, 334
South Hants Infirmary, 73
Species and Races, 149
Spermatorrhœa and its Complications, 282

SPIRIT OF THE PERIODICALS.

Action of the Heart, 87
. . . . . certain Substances upon Phthisis, 423
Acupressure in Amputations, 105
Acute Inflammation and Abscess of Breast, 331
Acute Sthenic Pneumonia, 184
Advantage of Acupressure over the Ligature, 384
Allarton's Lithotomy Operations, 402
Amputation of the Right Forearm at the Lower Third, 70
Anthrax, 55
Antiphlogistic Powers of Morphia, 5
Atheromatous Expression, 349
Atrophy and Degeneration of the Arteries, 20, 187, 387
Auscultatory Sound produced by the Action of the Heart on part of the Lung, 137

Belladonna for the purpose of destroying Adhesions, 311

Case of Hysteria in a Boy, 118
. . . . Castration for the Prevention of Insanity, 86
Case of Lingering Labour, 136
. . . . Pneumonia engaging the Upper and Lower Part of Left Lung, 278
Case of Cæsarian Operation, 310
. . . . Leucocythemia, 328
Cases of Ruptured Perinæum, 132, 201
Cases of Midwifery, 296
Cerebro-spinal Fluid, 136
Chlorosis as a Cause of Venous Obstruction, 119
Cinchonia in Intermittents, 329
Cirrhosis of Lung, 87
Closure of the Womb, 203
Complex Heart Disease, 171
Complications and Varieties of Cirrhosis of Liver, 135
Continued Fever, 20, 86, 282
Contributions to Dental Surgery, 223
Convulsive Diseases, 171, 204, 240
Coup de Soleil, 20
Curability of Cancer, 54
Cure of Typhoid Fever, 296
Cystic Growth of Lower Jaw, 405

Dangers attendant on the Exhibition of the Ergot of Rye in Retention of the Placenta, 185
Deformity of the Left Side of the Face, 188
Delirium Tremens, 133, 151
Diabetes Insipidus, 367
Diagnostic Value of Murmur in the Pulmonary Artery, 104
Diseases of Women, 84, 259, 349, 403
Diseases of the Eye, 38
Diseases of the Prostate Gland, 71, 206
Diseases of the Uterus, 295
Division of the Ciliary Muscle in Glaucoma, 103

Elephantiasis Seroti, 279
Enteric Fever, 151
Entropeon, 173
Epilepsy, 21, 349
Epistaxis arrested by Injections of Perchloride of Iron, 170
Experimental Inquiry into the Action of Alcohol on the Nervous System, 173, 225
Experimental Physiology, 240
Experiments on Oxalic Acid and Oatmeal Gruel, 277
Experimental Pathology, 37, 85, 120, 136, 153, 205, 276, 312, 389, 404
Experimental Pathology, 447

Fatal Effect of a Bee-ating, 172
Fatal Obstruction of the Bowel by Meconium, 4
Fever, 52, 343, 419
Fibrous Uterine Tumour growing from the Fundus Uteri, within the Abdomen, 293
Fistula in Ano cured by Dysentery, 134
Forms of Renal Disease, 36
Fracture of the Superior Maxilla, 421

Granular Conjunctiva, 243

Heart, Rupture of the, 68
Hypertrophy of the Cervix Uteri removed by Ecrasement Linéaire, 6
Hypnotism and Hypnotic Anæsthesia, 118
Hysterical Amaurosis, 55

Impermeable Stricture of the Urethra, 155
Inflammation of an Ovary, 54
Influence of Food, 117
Influence of Tropical Climates on the Rise, &c., of Uterine Inflammation, 242
Internal Strangulation associated with Incarcerated Hernia, 135
Intra-cranial Tumour, 333
Irregular Ague, 68
Iridectomy in Glaucoma, 352

Jaundice combined with Ascites, 422

Lachrymal Obstructions treated on Mr Bowman's Plan, 22, 38, 70
Large Stone in Bladder, 328
Lightning, can it Cure Diseases? 384
Lithotomy considered as a Cause of Death, 223, 239, 260

Mammary Inflammation and Mammary Abscess, 314
Median Lithotomy, 172
Mental Peculiarities and Mental Disorders of Chloroform, 104
Moveable Kidney, 38

Neuralgic Rheumatism, 275
New Modification on Wütze's Instrument, 54
New Urethotome for the Treatment of Obstinate Strictures of Urethra, 258
New Principle of Treatment and Apparatus for Vesico-vaginal Fistula, 4
Notes on Practical Midwifery, 383

Observations on Lithotomy, 67
Ovarian Dropsy, 4, 21, 69
Ovariotomy, 121, 153, 205
Oxygen as a Therapeutic Agent, 7

Paralysis of the Bronchial Muscles, 366
Paralysis of the Lower Extremities, 277, 295, 332, 378
Pasteboard Splints in Fractures 14
Pathology and Therapeutics of Typhus Fever, 102
Patients affected with Syphilitis Poison, Three Cases of Phlebitic occurring in, 447
Phlebitis, Three Cases of, occurring in Patients affected with Syphilitic Poison, 447
Pathology, Experimental, 447
Paraplegia, Reflex, 446
Pelvic Presentations, 186
Personal Observations on the Results of the Rev. H. Reed's Treatment of Cancer, 422
Phlegmonous Erysipelas, 205
. . . . . Inflammation of Right Arm, 297
Pneumonia and Rheumatism, 383
Popliteal Aneurism, 422
Power of Iodide of Potassium in expediting Mercurial Salivation, 330
Powerless Labour with Convulsion, 423
Practical Remarks on Fœtal Auscultation, 54
Puerperal Mania followed by Peritonitis, 23

Rabies, 221
Recollections of the Varieties of Insanity, 21
Relapsing Fevers, 294
Remarkable Case of Polycoria, 277
Removal of Upper Jaw and Cure of Hare-lip, 366
Retained Menses from Impregnate Os Uteri, 331
Rheumatic Pericarditis, 68
Rickets, on, 188, 238, 313, 330
Rubeola with Effusion of Pus into the Joints, 243

Scalds of the Larynx, 83
Singular Case of Poisoning by Arsenical Paper, 37
Staphyloma, 189
Suspected Poisoning by White Precipitate, 313
Syphilitic Stricture of the Œsophagus, 170
Syphilitic Poison, Three Cases of Phlebitis occurring in Patients affected with, 447

Tetanus happening in consequence of Injury of the Foot, 189
Therapeutic Effects of Ammonia as a Dermic Agent in the Treatment of Disease, 369
Three Cases of Hysterotomy, 225
Treatment of Tetanus by Ourari, 84
Treatment of Phthisis, 261
. . . . . Reflex Paraplegia, 402
Treatment of Enteric Fever, 38
. . . . . Acute and Chronic Albuminuria, 348
Treatment of Hydatid Tumours of Liver, 350
Treatment of Aneurism from Anastomosis by Excision, 369
Treatment of Delirium Tremens, 421
Turning in Labour, 278
. . . . . prevented by Coarctation of the Pelvic Brim, 386
Typhus Fever, 257

Ulcerative Stomatitis in an Adult, 206
Use of the Hypophospites of Lime in the Treatment of Phthisis, 186
Use of the Ophthalmoscope, &c., 404
Uterine Pathology, 86
Varices, 369

Scientific Departments of the British Museum, 197

Skull, Fracture of the, 129
Sewers, Flushing the, 197
Social Statistics in Marylebone, 198
Spurgin, Cure of the Sick, not Homœopathy, not Allopathy, but Judgment, 282
Specialities in Medicine and the Paris Faculty, 130
St Bartholomew's Hospital, 427
St Thomas's Hospital, 452
Strychnia, Death from, 335
Students' Meeting, 317
Sulphate of Cinchonia, on the Febrifuge Value of, 399
Summary of the Bill in Mr Pigott's hands, 228
Superior Maxilla, Fracture of the, 421
Surgeons, the College of, and Uneducated Candidates, 284, 303
Switzerland, Medical Practitioners in, 234
Syphilis, Case of, contracted by a Syphilitic Subject, 347
Sudden Death, Scientific Inquiry in, 317
Syphilization, 216

Temporal Artery, Permanent Cure, 169
Testimonial to Dr Morton in the United States, 452
Testimonial to Dr Beaver, 163
. . . . . to R. D. Grainger, 234
Tasmania, the Great, 217
Tetanus occurring in consequence of an Injury of the Foot, 189
Tetanus, Treatment of, by Ourari, 86
Tetanus, New Cure for, 452
Thames, French Project for the Disinfection of, 130
The Netley Hospital, 448
Thames, Embankment of, 388
. . . . . Purification of, 370
The Medical Council, 448
The Water-cure, 448
Theory *v.* Practice, 106
The New Medical Act, 452
Thompson on the Great Importance of Early Diagnosis and Stone in the Bladder, 35
Thomson, Mr Hale, 89
Throat, on Diseases of the, 193
Tibia, Diseases in the Head of the, 83
Tibia, Dislocation of the, 284
Timms on Consumption, 372
Todd, Dr, the late, 139, 226, 248, 249, 265, 113, 121
Todd, Dr, Biography of, 336
Todd's Clinical Lectures on Acute Diseases, 389
Toynbee on Diseases of the Ear, 210
Trephine, 18
Treason, the Last, 175
Trousseau on Iron, Chlorosis, and Tubercles, 49
Trousseau on Hepatic Colic, 255, 345
Turning in Labour obstructed through Coarctation of the Pelvic Brim, 386
Typhus Fever, 257
Typhoid Fever, Cure of, 296
Typhus, Typhoid, and Relapsing Fevers—What is their Nature? 355, 365

Ulcerative Stomatitis in an Adult' 206
University of St Andrew's and the Poor-law Board, 264
Union Practice and Private Practice, 302
Unpaid Certificates, 338
Use of the Ophthalmoscope, 404
Urethra, Impermeable Stricture of the, cured by Stafford's Perforator, 155
Urethra, Rupture of the,
. . . . . Stricture of the, 51
Urinary Calculi, Statistics of, 7
Urine, Incontinence of, Cured by Circumcision, 234
Urine, Blue Deposit in the, 19
. . . . Extravasation of, 81
Uterine Tumour, 427
Uterus, Diseases of the, 295
Uterus, Displacement of the, 364, 381
Vaccination, 12, 107, 121
Vaccinators, Public, 159
Varices, on, 369
Vesico-vaginal Fistula, 4, 393, 401
Volunteer Levee, 182

Wade on Stricture of the Urethra, 51
Walton on the Artificial Eye, its Advantages, 292
Ward on the Position and Prospects of Rational Medicine, 282
Water-cure, the, 448
Watson, Resignation of Dr, 389
Webber, Mr, and the Royal College of Surgeons, 265
Wells, Mr, on Cancer-cures and Curers, 126
Widow and Orphan's Society for Relief, 281
White Precipitate, suspected Poisoning by, 313
Whooping Cough, Syrup of Coffe for, 66
Wilmott on Glycerine and Cod-liver Oil, 372
Women, Diseases of, 84
Woolaston *v.* Hewson, 251
Wounded from China, 198
Wützer's and Wood's Operations, 66, 84

NOTES OF LECTURES
DELIVERED AT THE
ROYAL COLLEGE OF SURGEONS.
By Professor HILTON, F.R.C.S., &c.

CONCLUSION.

Mr Hilton's concluding lecture (after a recapitulation of some of the general principles of rest already detailed, such as the necessity of observing Nature closely, and giving assistance to, rather than thwarting, the "Vis Medicatrix," very especially seen in these severe cases of disease of the upper part of the spine) branched off into the subject of "psoas abscess," including the general philosophy of opening abscesses as practised at Guy's. "If surgeons would only take the trouble," said the Lecturer, two or three times, "and open abscesses in the manner we do at Guy's—and, in abscesses of the scalp, if they would remember *rest* to muscles, and close the abscesses as we do, much good would be the result." Nor should certain abscesses in deep parts, such as about the neck or pharynx, where there are such strong fasciæ, or under the glutei muscles, or in the popliteal region, attended with restlessness and fever, be permitted to open of themselves; but an exploratory puncture or incision having been made, this is to be enlarged from within outwards, not in the opposite direction, as is usually done. [A remarkable series of cases of abscess of each of these four localities was here recapitulated, reflecting—it would not be fair not to admit—the very utmost credit (as we know it deserves) on the surgery of the Borough Schools. Once these troublesome deposits of purulent matter is released, the agitation, restlessness, and feverishness of the system subside, and the patient enjoys an interval of rest which helps the cure.] One of the previous cases, for instance, was a patient sent in by a surgeon, suffocated, restless, and agitated, to have the operation of tracheotomy (!) performed. A casual looker-on would call the case, perhaps, by the legendary term "diphtheria." The child was smothering; but an abscess had probably not been looked for at the side or back of the pharynx—an abscess fearful to behold, with the jugular vein in front of it, the carotid near at hand, and various other smaller vessels not far off! In place of tracheotomy, which would obviously have done no good or killed the child, Mr Hilton made out an abscess, and made also a puncture or incision, and through the groove of the director, passed into the lower part of what he took to be the abscess, drops of pus made their appearance. This puncture was enlarged from within outwards, by passing a cutting instrument like a pair of common small scissors down to the bottom of the groove, and opening it according to circumstances on its being withdrawn. The somewhat blunt edges do little or no harm to vessels, even if in their way; but a rough outlet is obtained for the contents of the abscess. "To plunge a bistoury into the abscess," said the Lecturer, "reads very heroic in books. Plunging must be something grand; but take care your patient has not his carotid opened, and you hurry him to destruction." In a case of abscess of the inner part of the pelvis or iliacus muscle, as well as we could catch Mr Hilton's observations, he attacked the abscess in the same manner from the outside, made a punctured opening somewhere about the gracilis or through the coarse thick gluteus, passed his grooved director deeply, and opened up the parts freely from the inside towards the outside. Rest to the constitutional disturbance is almost always the result of seeking out such abscesses, and opening them in this manner early. This case, too, was saved the utter mischief of this abscess breaking into the peritoneum or pelvis.

Abscesses of the coverings of the skull under the pericranium were next referred to, as giving rise also to much trouble of another kind, if not healed after they have been opened, or have opened themselves. The occipito-frontalis muscle and corrugators are so active, they prevent the parts filling up again. Mr Hilton has known cases remain uncured for more than twenty months, to the great annoyance of the patient; yet when *rest* of this muscle was secured, it has got well in so many days.

This plan of rest seems to be peculiar to the practice of Guy's also. The occipito-frontalis is very moveable, a broad musculo-tendinous layer; it covers the whole of one side of the vertex of the skull, from the occiput to the eyebrow, arising (as shown by Mr Hilton in one of the stereotyped school-day diagrams, impressed on every reader's memory) from the outer two-thirds of the line on the occipital bone and mastoid portion of the temporal, keeping up a perpetual series of movements, especially towards its insertion into the orbicularis palpebrarum, or region of the forehead, where it is particularly fleshy, as well as over the occipital region; and also loosely adherent to the pericranium, but tough and close enough to the integument. The secret seems to be, in abscess cases, to tie down the occipito-frontalis by strips of diachylon plaster, so as to secure perfect rest of this muscle; then a nasty ulcerous opening, with the often absurd term "strumous" applied to it—an opening draining away pus in pints, reducing the patient's constitution to a very low ebb, not on account of its being strumous, but on account of the surgeon not knowing how to cure it;—an ulcerous, unsightly, disgusting deposit of filth and corruption, in orthodox fashion, moralised over for months and months, almost as absurdly as salivary fistula, chloride of zinc, or cancer-quackery, takes it into its own hands to get well in a week. One case recited by the Lecturer, which underwent all sorts of this scientific delay (bungling!) as discussion as to "struma," which poured out pints and gallons of pus for a period of over two years! and was fast reducing the patient to struma, and then to the grave, like some of the orthodox cancer cases, got well in a fortnight by a little knack that any "dresser" at Guy's, or the hospital porter, could explain, of tying down the occipito-frontalis, as first described, by strips of adhesive plaster. The great principle which is overlooked in such cases is, according to Mr Hilton, that the walls of abscesses, notably those under the occipito-frontalis, require REST—absolute, uncompromising, absolute rest—in order that the delicate areolar tissue newly forming may not be disturbed. Slitting up a fistula at the side of the rectum acts in the same manner also, as giving rest to an abscess in that locality, or rather to the muscular fibres of the sphincter.

Professor Hilton terminated his most instructive course of six lectures by some hasty remarks on physiological *rest* as applied to parts in a state of disease. "Irritable ulcer," the opprobrium of dispensary and hospital surgery, was the case instanced. This ulcer will go on for months and months without indication of healing: all sorts of things are done, reminding one of the scene in the 'Tempest'—

> "You rub the sore
> When you should bring the plaster—ay, marry,
> And most chirurgeonly;"

but it does not heal, like the abscess under the occipito-frontalis; still the remedy is quite as simple. A portion of cutaneous nerve, the size of a head of a pin, is exposed at one point of the ulcer; snip this out, physiological rest is secured, and the ulcer heals at once. Rubbing the sore now keeps up no irritation, and plaster at once takes effect.

The Medical Officers of the Channel Squadron were recently entertained at a dinner in Edinburgh by the President and Fellows of the Royal College of Surgeons. The entertainment was intended as a professional and complimentary recognition by the Royal College of their brethren of the Naval Service. Advantage was also taken of the occasion to invite the militant Medical Officers of the Staff and Garrison. The chair was occupied by Dr Douglas Maclachlan. In proposing the toast of "the Medical Officers of the Navy," the President passed a high eulogium on the service. Dr Deas, C.B., replied in a most eloquent speech for the Navy. Dr Anderson returned thanks for the Medical Department of the Army. The evening was most interesting and agreeable, a large number of Naval and Military Medical Officers and most of the distinguished Civil Surgeons in Edinburgh being present.

CLINICAL REPORTS.

Fractures of the Skull with Depression. Ought they to be treated all alike, or with the Trephine?—Mr Gay, Mr Paget, Mr Erichsen.

It would be easy, by a reference to our hospital notes, to collect a very large—in fact, an unlimited number of cases of fractures of the skull treated either with or without the use of the trephine, especially the former. The general verdict, however, as regards this instrument, it is to be feared would be, that where it did not do only a very questionable amount of positive good—or, in other words, where the trephine was not superfluous—it did irreparable mischief. In physiological Germany, of late, a very earnest crusade has been preached against the use of the trephine; but in our English schools, more full of facts, we have been blown about by every wind of doctrine; every possible mode of ingeniously putting the *post hoc* for a *propter hoc* has been in use, to indue with a scientific appearance this very worst kind of surgery. The study of physiology has been progressing, but the practice of surgery as regards affections of the nervous system has stood still; even in the obvious fact of dislocations of the shoulder-joint it is now found we have, in the case of the trephine, been content to copy the directions often stereotyped in plates of our older manuals and books, but neglecting the very obvious book of Nature. A new idea has got abroad, that symptoms of compression alone are not so dangerous as they have been hitherto believed to be. We have similar phenomena in typhus fever, and every time chloroform is administered; but in each case the brain quickly regains its normal condition; it is just possible the older surgeons were frightened at what they did not comprehend. In the large number of old fracture cases an opening with a trephine at one side was made; but the traumatic mischief was probably at the opposite side of the skull, or there was a chink-like split through the base, which Mr Hilton would say should be left alone, as, of the two alternatives, active trephining, or absolute rest or do-nothing, the latter is preferable. As an essential part of the treatment of trephine cases, rigid antiphlogistic treatment (so as to obviate the dangers likely to arise from the operation itself) is much dwelt on by surgeons like Mr Quain—such antiphlogistic means as bleedings, external applications of ice to the head, &c.; but it is quite plain that if symptoms of compression arise from mere pressure of a small quantity of blood on the dura mater, these things may get quiet again, without the murdersome device of boring a hole into the head, like into a double Glo'ster cheese, on the chance of meeting this small portion of effused blood.

But it is often said, "Surely hospital statistics ought to teach us how or when to have recourse to the trephine, in bad fractures of the skull, with or without depression." Looking through recent clinical cases of this nature, nearly a hundred hospital cases in number, we find the appalling fact that about two-thirds of the patients thus operated on die of the combined mischief of the original injury and the trephine. Most happily, we do not see of late years the same amount of afflicting cases of depressed skull, with fractured bone and compression, that were common in the early part of this century. Bricklayers' scaffolding is now made of a more substantial kind, one chief cause of this comparative fewness of the cases; at least this is the only fortunate circumstance that Mr Skey can trace out why we do not see trephine cases almost every day in the extensive hospital practice of London, as we did a few years ago.

Some good surgeons recommend and employ the trephine either to remove the cause of compression, whether depressed bone, extravasated blood, or pus, and as an anticipatory measure to prevent inflammation by removing splinters or supposed splinters of bone; so that the trephine as a prophylactic, especially where it is every day used, as in the manufacturing districts of England and Scotland, has had a somewhat factitious value ascribed to it.

There seems little doubt that operations performed early by the trephine, like those for hernia, are the best; though the other rule has hitherto been perhaps too absolute, to raise depressed fragments at all hazards by means of

the trephine, if it cannot be otherwise done ; and this even though stertor, dilated and immoveable pupil, complete unconsciousness, &c., may not be present. It is said, with some degree of plausibleness, that though there be not very bad symptoms thus at first, it is impossible to say what may be the result, with probable sharp splinters of the inner table lying on the dura mater or blood extravasated. Yet the more cautious men of the present ask, how is this very much or at all improved by merely replacing one cause of inflammation or of bad symptoms by another? (*a*)

It would be easy, as already indicated, to enrich our "Clinical Reports" with a multifarious collection of trephine cases, with various lessons taught or arising from such cases; but the remarks just made will be sufficient. The following cases, however, are of interest.

Case I.—J. C., a child aged eight months, was admitted into the hospital under the care of Mr Gay, in August, 1859, for injury to the head. The case proved on admission to be fracture with rather marked depression of the skull, as there was in the centre of the left parietal bone a well-defined depression of the cranium, about 1½ inches long, and ⅛th inch in its deeper part. "The overlying integuments," says the note-book, "bore a mark of violence ; the child, it was said, had received a blow some twenty-five days before, but, except for a slight insensibility at the time, he seemed quite well for a fortnight ; then he began to be ill with diarrhœa, and a week before admission the poor child had a fit." To this succeeded curious nervous sawing movements of the right arm and leg. The child had another attack of convulsions also the day before admission, August 27. It was decided to-day to give chloroform (which would obviously be little needed, if at all judicious) if the injury to the skull were attended by effusion of cerebro-spinal fluid, or marked insensibility of any kind. (*b*) Mr Gay removed the greater part of the depressed bone by means of the trephine. The portion of bone removed presented a fissured ledge having a pointed extremity. It was very interesting to observe that during the time the child was under the chloroform the "sawing movements" ceased, and after it had passed off the child appeared much quicter; but the child died next day—it was the quietness of death. At the autopsy a depression was found in the hemisphere exactly corresponding to that in the skull. The dura mater and arachnoid were both healthy.

(To be continued.)

THE SPIRIT OF THE PERIODICALS.

The 'Medical Times and Gazette,' June 30th, opens with a continuation of Dr J. Y. Simpson's Lectures *On the Diseases of Women*. He treats especially of the diseases of the *Fallopian Tubes*, *i.e.*, displacements, hypertrophy, fibroid tumours, carcinoma tuberculosis, inflammation, hæmorrhagic effusions, and dropsy. We will extract some observations on the latter affection :

"*The Ætiology of this Disease.*—Several years ago Hooper and others showed that when the inflammatory process, stretching upwards from the vagina and uterus, came to affect the lining membrane of the Fallopian tubes in all their extent, it was extremely liable to be attended with the formation of adhesions at the fimbriated extremity, where the mucous and serous membranes run into one another. As a consequence of this tendency to adhesive inflammation at the free end of the tubes, we not unfrequently find one or other of them bound down to the sides of the pelvis, to the uterus, or to the ovaries, or even simply obliterated from the union of its serrated margins. When an ovary to which a Fallopian tube has become adherent is enlarged and dropsical, it may occasionally burst and discharge itself along the tube and through the uterus, as shown by M. Richard, who specially pointed out this as one of the most common channels through which ovarian cysts were at times spontaneously evacuated. Or we may have a periodic discharge of a watery or serous fluid from the uterus under another condition, viz. when a Fallopian tube has become completely obliterated at its free extremity, and so far constricted at its uterine orifice as to prevent the escape of its ordinary secretion until that has accumulated to such an extent as to overcome the resistance presented to its escape, as seems to have occurred in a case recorded by Frank. More frequently the constriction at, or rather towards, the uterine extremity becomes more complete and permanent, and the fluid becoming thus finally retained in the tube, a dropsical cyst is ultimately produced. We may thus have dropsy of the Fallopian tube brought on as a result, first, of inflammatory changes commencing in its lining membrane. But, secondly, the cause is at least as frequently to be sought for in changes produced by inflammation of its peritoneal covering and of the peritoneal surface of the contiguous organs, which we find to be one of the most frequent causes of the deformities and displacements of these several organs, from its liability to lead to the formation of adhesions between the neighbouring opposing surfaces. In the case of the Fallopian tubes, in particular, inflammation of their peritoneal surface has the effect of closing up the free extremities by binding them to the neighbouring parts, and also of causing the tubes to be folded or bent on themselves once or oftener. When the ordinary secretion of the canal begins to accumulate between any two of these points of flexion, a degree of compression is ere long produced, which speedily leads to the intimate union of the opposite sides, and hence to complete occlusion of the canal ; and in this way a temporary accumulation of fluid is converted into a permanent collection, and a dropsical cyst, or rather a congeries or chain of cysts, is developed.

"*Pathological Anatomy.*—When a Fallopian tube becomes dropsical in consequence simply of an inflammatory process in its interior, the resulting cyst is usually single, and one end of it is produced by the occlusion of the fimbriated extremity, while the other corresponds to that point towards the uterine extremity of the tube where it begins to become narrower before running into the substance of the uterus, and where, consequently, complete closure is more apt to occur. We more frequently, on the other hand, find the tube divided into a series of cysts, or rather of dilatations, where the morbid change is produced by adhesive inflammations, which cause the tubes to become convoluted on themselves, and the resulting cysts to be further indented, and divided by means of tight fibrinous bands passing over their surface. The contents of these cysts are usually clear and simple, like the fluid I have already shown you ; but not unfrequently the fluid is mixed with flocculent masses. The lining membrane of the cyst is subject to inflammation, and hence we occasionally find them containing inflammatory products, in some cases mixed with hæmorrhagic extravasations. The size attained by these Fallopian cysts, or hygromatous sacs, as they have been designated by Hooper, varies greatly in different cases. Sometimes the distended tube at its most dilated point is no wider than the small intestine ; not unfrequently the dropsical swelling is as large as the fist ; and occasionally, but rarely, it attains the size of the fœtal head. We may justly, I think, be allowed to be sceptical as to the correctness of these statements, or the carefulness of the observations of those who have recorded cases where the tumour was of much larger dimensions. When Munnik and Muralt, for example, relate that they have found respectively 110 pounds and 112 pounds of fluid in a single Fallopian cyst ; and when Harder and Desormeaux speak of cases where there were 140 pounds of fluid,—we can only suppose that these large quantities of fluid were contained, not in a dilated Fallopian tube, but in the cavity of a dropsical ovary. And if we call to mind how intimately adherent the Fallopian tube sometimes becomes to an enlarged and cystic ovary, so that it appears to be amalgamated with the wall of the cyst, we can easily understand how the two forms of disease should come to be confounded ; and we may well doubt whether even the thirteen pounds of water mixed with pus, which Bonnet says he found in a Fallopian tube, was not in reality contained in the cavity of an inflamed ovarian cyst.

"*Semeiology.*—Patients affected with dropsy of the Fallopian tube complain of many of the same symptoms that we find associated with ovarian tumours in the earlier stages of their growth. There is an uneasy sense of weight in the side affected, and a feeling of pressure on the limb. Usually the limb is rendered more or less numb from the pressure of the tumour on the nerves passing through the pelvis, and I have sometimes seen a patient rendered extremely lame in consequence. In some cases it acts chiefly upon the bowels, keeping them loaded, and the patient uncomfortably constipated. More rarely there is a certain degree of dysuria. In almost all the cases that have come under my observation, the patient has been sterile, even when the tube of one side only appeared to be affected. That the ova should fail to be conveyed by the tube of the affected side, follows as a matter of course from the morbid condition of the canal ; and perhaps the change in the position of the pelvic organs, produced by the pressure of the cyst, may have the effect of preventing the uterus from receiving the ova developed in the ovary of the opposite side. But none of the rational symptoms, nor all of them combined, will enable you to recognise the nature of the case, and to make a correct

"*Diagnosis of Fallopian Tube Dropsy.*—In practice this form of disease is usually altogether overlooked, or is mistaken for some other kind of tumour. The lady from whom the fluid I have shown you was withdrawn, came to this country from Australia after having sought relief in vain at the hands of several practitioners in that colony, and since her return to Britain she had consulted a number of medical men, all of whom differed as to the nature of her disease, and all of whom supposed it to be seated in the uterus or left ovary. One gentleman, who has himself written about dropsy of the ovary and Fallopian tube, after examining this patient, told her that her trouble lay entirely in the mouth of the womb. When I first saw her, I could not come to any very definite conclusion as to the nature of the case. I could only determine by vaginal examination that there was some kind of tumour in the left side of the pelvis, for the rectum was at the time so loaded with fæces as to prevent all possibility of a thorough investigation of the character of the swelling. Having taken the precaution to have the bowels effectually cleared, I was enabled at my next visit to come to a more distinct and definite conclusion regarding it. For, by vaginal examination, I could discover the firmish fluctuating tumour at the left side of the uterus, and by introducing the second finger of the same hand into the rectum, and placing the other hand above the pubis, I could make out quite distinctly its situation and its relation to the neighbouring parts. It so happened that the abdominal walls in this patient were soft and very much relaxed in consequence of her having had a child sixteen years ago ; and by examining simultaneously with one hand above the pelvis and two fingers of the other introduced into the interior, I could anatomise, as it were, the pelvic organs, and make out their conditions and relations. In this way I found the uterus to be perfectly sound and normal, while to the left side of it lay a tumour capable of being moved independently of the uterus, and which, from its painless and fluctuating character, could only be of a cystic nature ; and as this cystic tumour was elongated in its shape, widening towards the outer extremity, and indented at several points as if folded on itself, I had no hesitation in setting it down as a dropsical dilatation of the left Fallopian tube. There were only two other kinds of

(*a*) Stromeyer, who has worked an entire revolution in this subject (though once himself an advocate for the trephine), now states it as his conviction that it kills nearly every patient! Sir G. Ballingall has a series of cases of injuries of the skull in battle, all treated by the orthodox plan of the trephine ; but suddenly sixteen cases of recovery occur, which Stromeyer was curious to examine into, when he found Sir G. Ballingall's portion of the army was flying before the enemy in full retreat, and he had lost his trephines in the battle!

(*b*) The subject of "anæsthesia during sleep," by the way, which has recently "woke up" in the minds of a few persons as a discovery, is not at all new ; but, for obvious reasons, from good taste, it has been kept in the background by such writers as Snow, Murphy, &c. Except in the cases of children, it is not safe nor advisable, nor should it as a matter of public propriety, under legislative penalty, be permitted at all. Such, at least, is the opinion of these writers and Dr Kidd.

tumour with which it could have been confounded —viz. 1st, a cystic degeneration of the ovary in an early stage; or, 2nd, one of those thin-walled cysts which we sometimes find attached to the fimbriated extremity of the Fallopian tubes, or growing from the outer margin of the broad ligament, and which are produced by an accumulation of fluid in one of the unobliterated tubes of Gærtner. But both of these forms of cystic tumour have this difference in common from the dropsical dilatations of the Fallopian tubes, that they are at once both more rounded in their form, and more smooth and equable in their outline. The tumour formed by a commencing cystic degeneration of the ovary differs further from this dropsy of the tube, in that it is more unyielding and elastic, containing, as it does, at this early period, more solid substance than serous cavities. The other kind of cyst, again, to which I have referred, is rarely found of such large size as to come under the notice of the practitioner, for ordinarily it is found after death of about the size of a pea, with a thin elongated neck or pedicle, and the largest of them almost never exceed the size of a hen's egg; while, from the quantity of fluid which I have shown you, you will be able to see that in this case the tumour must have been at least three times that size. From its size, therefore, and its situation, its elongated and somewhat conical form, its wavy, sinuous outline, and its power of being moved independently of the uterus, I believe I am justified in concluding that I have here had to do with a case of dropsy of the Fallopian tube. I know not in what other light to regard it, or what other kind of cyst it well could be. I ought to add, that the very nature of the fluid, which escaped through the exploring-needle which was introduced for its evacuation, confirms me in my belief that this diagnosis is correct. For the fluid in a small ovarian dropsy, with which form of disease assuredly the cyst in question was most likely to be confounded, is usually too viscid to allow of its easy escape through a narrow canula; while in this case the clear evacuated fluid rushed through the small hair-like tube of the exploring-needle in a full, free stream."

Dr Elliotson contributes to the same journal a paper on *Urethral Rheumatism and Ophthalmia*, which we will quote in our next Number.

Mr Henry Smith reports a case of *Aneurism of the Popliteal Artery*, in which compression was first employed, but appearing to fail, the superficial femoral artery was tied: the patient appeared to go on well, but, after the wound had healed, the aneurismal sac burst and suppurated. Mr Smith remarks upon the case:

"This case is not brought forward for the purpose of proving anything against the use of compression in the treatment of aneurism; for although a pretty persevering employment of it for upwards of a fortnight did not result in the cure of the disease, there was not the slightest ill effect produced, save some temporary pain and a slight tendency to inflammation of the sac, and it is impossible to say that ultimate consolidation of the aneurismal tumour might not have resulted from a further continuance of the treatment, had the temper and the circumstances of the patient allowed of it. I say this, however, doubtingly, for Mr Fergusson, who kindly saw this patient with me at first, and had not seen him again until the vessel was tied, was of opinion that the aneurism had increased in size in that interval. Be this the case, however, or otherwise, not only was there no mischief produced by the employment of compression, but I believe it did good by leading to an increased activity in the collateral circulation, by which means mortification or any tendency to it was obviated. I should suppose that in about one-half the cases where the superficial femoral artery has been tied, and all the patients much younger than this one, I have seen gangrene of the leg or foot ensue; and one naturally felt anxious about such a contingency in a person nearly sixty years old and of damaged health. Although cases are now and then met with where the same kind of operation has been performed in persons as old, or even older, without the loss of their foot or leg from gangrene. A little time since Mr Fergusson placed a ligature upon the external iliac artery of a gentleman aged fifty-six without any such result, and in one of two cases where I tied this same vessel with success the age of the patient was sixty-two. I should have tried the flexion treatment in the case just narrated, but the aneurism was so large, and an attempt which I made to bend the knee was attended with such pain, that it was out of the question to adopt that admirable yet simple means of cure.

"The inflammation and bursting of the aneurismal sac, which took place subsequent to the separation of the ligature, and which retarded the recovery of the patient for some weeks, could scarcely have been in any way influenced by the previous application of pressure, although the fact of its occurrence might be pointed out by those who are adverse to this mode of treatment as an argument against it. It is true that, at one period during the compression, there were some threatenings of the sac inflaming; but these symptoms had entirely subsided, and I question much whether the subsequent mischief was not solely produced by the patient, in his haste to get well, making violent efforts to straighten his knee. It is a very fortunate circumstance that the bursting and inflammation of the sac did not take place before instead of after the application of the ligature; for, had this been the case, the man must undoubtedly have lost his leg; whereas, the vessel having been secured, the necessary incision into the tumour could be effected with perfect safety."

Dr Eben Watson reports in the 'Medical Times and Gazette,' June 23rd, seven cases of *Vesico-Vaginal Fistula*. After reciting the cases, he makes the following observations on the details of the operation:

"*Remarks.*—1. *The Position of the Patient during the Operation.*—A few trials will, I think, convince any one that the position on the knees and elbows is that in which the best view of the fistula can be obtained, and, therefore, the best for operating on it. But it would be very difficult for the woman to maintain this position during a painful operation, and it would be quite impossible under chloroform. I, therefore, always have my patients fixed on a table of convenient height, the pelvis being raised on a firm support, while the shoulders are allowed to lie on a pillow on the table itself. The head is supported in the hands of assistants, who give the chloroform. Thus the patient is prevented from moving, and the cautious administration of chloroform is rendered safe by the freedom with which the respiratory organs are allowed to play.

"2. *Speculum.*—The best speculum for vesico-vaginal cases in use at present is Dr Sim's bent duck-bill speculum; but I think it might be greatly improved. For instance, in many cases the vagina is very loose and wide, and I have found it necessary to employ lateral retractors as well as Sim's speculum. Now, side pieces might be added to the speculum itself. Again, the curve at the end of the speculum seems to me objectionable; for it prevents the operator seeing the relation of parts at the upper portion of the vagina. The os uteri is pushed up, and a great strain is put on the vagina, whereby the lips of the fistula are inconveniently separated. Above all, the necessity of an assistant's holding the speculum might be done away with by the adapting a spring to the instrument, which would fix it within the vagina or on the sacrum.

"3. *Operation.*—The first thing the operator has to do, and in my opinion the most important in this part of the proceeding, is to get a good hold of the anterior inferior lip of the fistula. Most operators have recommended that this should be done by means of a small hook; but this gives a very insecure hold of the part—it is easily lost during the cutting of the margin, and even in fixing it; at first, it often slips, and thus blood flows, obscuring the view and impeding the future steps. I have always used, and very strongly recommend, a pair of spring forceps with vulsellum points and a handle, so as to elongate and facilitate the use of the instrument. Its insertion is almost bloodless, and needs only to be once repeated in the largest fistula; only one catch for each lip being necessary. A fine straight bistoury—a tenotomy-knife is admirably suited for the purpose—is then inserted in a slanting direction first on the one, then on the other side of the part, seized by the forceps, and made to cut out the margin of the fistula to the very extremities. These two incisions are then united below the forceps points so as to complete the paring of the inferior lip.

"The upper lip is next seized in a similar way, and if the fistula is not very large, by firmly raising the part to be cut, the same straight bistoury may still be used on it from below upwards. But, if the fistula is large, it will be more convenient to change the knife for one the cutting part of which is bent at an angle to its stem, and which may be double-edged to save changing again. This knife was figured by Dr Simpson in the 'Medical Times and Gazette' for January 8, 1859. The upper lip of the fistula is thus carefully pared to meet the former incision at the extremities of the fistula. It is an exceedingly satisfactory thing to cut out the margin of the fistula in one entire ring, and I have accomplished it more than once. This is not a mere feat of manual dexterity, but gives the best assurance that the cutting part of the operation is throughly done.

"The next step is to introduce the sutures, which I think ought to be of silver wire. This is best done by the tubular needle invented by Mr Startin. It is of great importance that a good hold be obtained for these stitches, and also that they be made to pass close to, but not through, the mucous membrane of the bladder. The raw surfaces are thus fairly brought into apposition, and from the slanting nature of the pared edges, they are pressed together with special firmness on the side towards the bladder. I think it satisfactory to twist the sutures and to examine that the wound is properly in contact before applying the plate over them.

"The plate which I recommend and employ was invented by Mr Hilliard, instrument-maker to the Infirmary, and was described by me in the 'Lancet' for March 5, 1859. It is made of lead, and has small tubes or nipples instead of the holes of Bozeman's button. These tubes may be easily compressed, and thus fasten the wires.

"In the 'Lancet' for December 10, 1859, Mr I. B. Brown has published a paper 'On Vesico-Vaginal Fistula; illustrating a New Mode of Operation.' Now the only novelty in his 'new mode' is the use of what he calls 'clamps.' These are small bars of lead, with nipples on their backs for fastening the wires. But it will be quite evident at a glance that the clamps are neither more nor less than fragments of Mr Hilliard's plate. In fact, if it is cut through between each pair of nipples, as I did before my clinical class last winter, you get a series of clamps ready made. The original idea of having compressible tubes or nipples for fastening the wires was undoubtedly Mr Hilliard's, and not Mr Baker Brown's; but the latter gentleman may certainly lay claim to whatever merit there may be in clipping the plate of the former into shreds, unless Mr Startin's claim to priority, which seems undeniable, be admitted. (See 'Medical Times and Gazette,' April 21, 1860.)

"I believe that such mutilation of the plate destroys its value as a mode of fastening the sutures; for, when entire, it acts beneficially by steadying the parts, and also by adhering very closely to them and excluding both air and discharges from the wound. It seems to me to act like a boy's sucker, and thus to bring the wound very nearly into the position of a subcutaneous one, which, everybody knows, heals more readily than any other kind.

"Such are, in my opinion, the advantages of the plate, but its use is not absolutely necessary for success. I have twice dispensed with it, and yet the cases did well. Still I should recommend its employment, as a general rule, for the reasons already stated, and shall myself always use it unless there is some contraindication.

4. *Treatment after the Operation.*—The patient should lie in bed on her back, with her shoulders well supported by pillows, so as to incline her body at an acute angle with the bed. Her knees should also be supported by pillows in the semi-bent position, and between her thighs should be placed a vessel for the reception of the urine as it drops from a catheter lying in the urethra. This may either be a bent leaden one or a gum-elastic catheter. Finally, the patient should be soothed with opium, in some form which agrees best with her; but I would urge the importance of not over-doing this part of the treatment. The large quantities of opium recommended by Dr Bozeman have not been found necessary in my cases, and

in one they were productive of disagreeable consequences. On the eighth or ninth day after the operation the plates and the stitches should be withdrawn. A good light, and much patience, are needed for this operation. In fact, its difficulty has been undervalued. I have sometimes failed to extract all the stitches at the first attempt, and can testify to the safety of leaving in a stitch for a few days longer than the rest. By that time it will have loosened, and may be felt in the vagina, and extracted with a pair of common dressing forceps, which is the instrument best suited for the purpose. The bowels should now be opened as quickly as possible, first by enemata, and then by medicine. I generally use the compound colocynth pill. The opium is gradually given up, the catheter is also laid aside by prudent degrees, and the patient, in a fortunate case, is cured of her distressing complaint in little more than a fortnight. The completeness of this cure, when accomplished, could not be better proved than by my cases; for in one of them the patient had an abortion only a few days after the plate was removed; in two others the women have miscarried, since the operation was performed, in the eighth month of pregnancy, and in one a living child has been born, at the full period of utero-gestation, without the slightest injury to the cicatrix.

"*Amount of Success.*—Mr Baker Brown, in the paper to which I have already alluded, states that he has had 'a greater amount of successin operating for vesico-vaginal fistula than that yet published by any other Surgeon.' Now he certainly has had a great many cases of that lesion under his care, and therefore it may not be uninteresting to inquire into the proportion of cures to failures among them. I think we are entitled to do this since Mr Baker Brown has boasted in the above terms of his great success, and also because Mr Baker Brown has devoted his special attention to the diseases of women requiring Surgical operations. To his writings, therefore, Surgeons naturally look for encouragement or discouragement in the performance of operations within the domain of his speciality. I have not been able to discover the records of all Mr Baker Brown's twenty-seven cases, but I have read his own reports of nineteen cases in the following repositories, where they may be consulted by any one:—1. In Mr Baker Brown's book 'On some Diseases of Women,' four cases are recorded at pp. 100 to 110. 2. In the 'British Medical Journal,' No. cxviii., four cases are recorded at pp. 267 to 269. 3. In the 'Medical Times and Gazette,' No. 407, three cases are recorded at p. 398. 4. In the 'Lancet,' No. xiii. p. 322, one case is recorded; and in No. xxiv. p. 581, seven cases are recorded. I think that these nineteen cases, taken just as I could find them, will exhibit the success of his practice sufficiently without my undergoing the labour of any further search for his cases.

"Now, of these nineteen patients two died; one apparently of pyæmia (Treatise, p. 108), the other of frequent hæmorrhages ('Lancet,' No. xxiv. p. 583). In other two cases (Treatise, pp. 104 and 110) the fistulæ remained open; so that *four* out of the *nineteen* cases may be considered as ultimately failures. Still, it will be said, there were *fifteen* cases ultimately cured; and this is a great amount of success in dealing with what Mr Baker Brown rather oddly terms 'a difficult lesion.' But this is hardly the way to look at the matter. It is not that there were nineteen operations, and fifteen of these successful. Far from it; for in many cases the operation was frequently repeated before the cure was *ultimately* arrived at. In one case, for instance, the poor woman was operated on twenty-five times before the fistula was closed ('British Medical Journal,' No. cxviii. p. 267); and, while we admire the courage of the patient, it must be admitted that the operator failed twenty-four times in this one case; yet it counts simply as a cure in Mr Baker Brown's statement of his great success. It may, indeed, be enough for philanthropic purposes to look at the number of *ultimate* cures; but certainly, in trying to ascertain or to demonstrate the successfulness of an operation, we must compare the number of times it has been successfully performed with the number of times in which, when performed, it has failed to accomplish the intended result. Now, in this latter point of view, the statistics are as follows:—In the nineteen cases above referred to, Mr Baker Brown operated seventy-one times, and succeeded fifteen times. In other words, he was successful fifteen times, and failed fifty-six times.

"This 'amount of success' hardly warrants his boast, in my opinion, and perhaps does not give very much support to the cause of specialties. For my part, I cannot see any good reason why the 'blood-red tape' should surround the department of Surgery to which the operation for vesico-vaginal fistula belongs. Any Surgeon who is accustomed to operate on the other regions of the human body may perform this operation if he possesses good eye-sight and some steadiness of hand as well as of purpose. Of course it must be supposed that he understands well the various steps of the procedure; for I am convinced that it is by misapprehending some of these that failures occur at all. Too much importance is often put on the cutting part of the operation, and too little on the others, especially on the insertion of the sutures. A little care is necessary in regard to both points; but, if such care is bestowed, the Surgeon—whether obstetric or ordinary—may almost surely reckon on success. I myself have not once failed; for, as I have already stated, only seven cases have as yet been under my care, and in all of them I have closed the fistula at the first operation."

Mr Barwell contributes, in the 'Lancet' of June 23rd, an article on the *Scrofulous Diseases of the Synovial Membrane of Joints*, from which we now insert our promised quotations:

"The stages in which it appears desirable to divide scrofulous diseases of the synovial membrane are these:

"First stage.—That in which the synovial and subsynovial tissues are alone involved.

"Second stage.—That in which the cartilage and the bone become involved.

"Third stage.—That in which the new tissue either begins to consolidate into fibrous membrane, or to degenerate.

"In the previous paper on this subject, the true nature of the jelly-like growth was explained. The symptoms of the disease are so well known, that we need enter no further into them than is necessary to point out the differences between this and the next stage. The disease is generally attributed to some slight accident, just as scirrhus is usually ascribed to some such cause; but there is no doubt that it generally arises, without any external provocative, as a painless tumefaction of the joint; and frequently this swelling is accidentally discovered after it has existed for several days, or even weeks. According to my experience, this form of commencement is that which marks the more distinctly strumous and intractable form of the malady; but in all cases, after a certain time, there supervenes pain, which is not severe, but of a dull, aching, and, as many patients complain, of a bursting character, increasing towards evening, when the person has been some time erect, and decreasing when the limb has reposed in a horizontal position. The form of the swelling is peculiar: not like that of acute synovitis, in which the position of ligaments is well marked; but, on the contrary, is characterised by want of shape. It tends to the round or oval form (the former most in the knee, the latter in the elbow), and conceals all the anatomical points and the configuration of the part, hiding the points of bone, ignoring the position of ligaments. The shapeless mass is soft, doughy, and quaggy; it does not fluctuate, but, on account of its extreme softness, presents a sensation which comes very close to fluctuation; it feels as though the material beneath the skin were not a fluid, but a semi-solid—a jelly, as in fact it is. The temperature of the part is only slightly increased.

"This stage may continue for an almost indefinite period, but at some time the cartilages will become involved, and the second stage commences. The cartilages are not ulcerated by any eroding action of the synovial membrane, although the granulation which takes place from the internal surface overlaps them to more or less extent; but the inflammation spreads to those structures, and they undergo precisely similar actions—namely, cell-growth. (See my paper on the 'Nutrition, Inflammation, &c., of Articular Cartilages,' 'Med.-Chir. Review, Oct. 1859; and that, also, on the 'Relation between Synovitis and Ulceration of Articular Cartilage,' in the 'Edinburgh Medical Journal,' Feb. 1860.) This action, then, is an inflammation—*i.e.*, hyperaction of the nutritive machinery of the tissue, such as is the true nature of all inflammations. But there are no nerves in the cartilage to be affected by swelling or other result of its diseases; hence ulceration of their structure may, under certain circumstances, take place without giving rise to any painful symptom. We find such a breach of tissue in old persons who gave no sign of disease during life; but these ulcerations are not produced by an active inflammatory disease which has spread from other structures to the cartilage—indeed, they are simply degenerations, and we find all the neighbouring parts healthy. Inflammation of the cartilages, on the contrary, is a painful disease, and produces certain symptoms which mark the second stage, although, as the pain is not situated in the cartilage (which has no nerves to feel pain), it is probable, if not certain, that ulceration has advanced some distance before we have any means of detecting its presence.

"Mr Toynbee pointed out, in 1841, certain vessels which are formed during fœtal life in the epiphysal cartilage, and which, after ossification is complete, become the looped and anastomosing nutrient vessels of the cartilage. These vessels are situated beneath the articular lamella, and become, as I first pointed out, engorged and hyperæmic during this second stage of synovitis; and it is this engorgement that produces the set of pains which are characteristic of cartilaginous inflammation. The inflammation begins by cell-action in the cartilage, which produces the hyperæmia as a necessary sequence of demand for more nutriment; hence, when the hyperæmic pains come on, the inflammation is already established. The dull, aching pain, and that feeling of distension which is the pain *par excellence* of a strumous synovitis in the first stage, becomes now exchanged for a sharper, more severe form of aching, which is comparable to the pain of toothache; but, above all, this second stage is to be distinguished by starting or jumping of the limb when the patient is dropping off to sleep. The first appearance of these pains is the first certain sign that the cartilages are ulcerating. There is a symptom whereon much stress has been laid, but which I believe to be of very doubtful import—viz., tenderness on pressing the articular surfaces together. I have seen four cases in which this symptom was altogether absent up to the moment of removing the part, and yet have found extensive disease of the cartilage. Starting of the limb was present in all these instances. I have seen one case in which there was tenderness without cartilaginous ulceration. Hence this symptom is not to be relied on as proving that the cartilages are diseased; but I am not as yet prepared to say what exact condition, if any, it does indicate.

"The supervention of starting of the limb is a much more reliable sign that the second stage of strumous synovitis has commenced, which, like the first, is with regard to time indefinite in its duration. It is marked by more severe symptoms; pus forms more abundantly in the cavity, and probably finds its way outwards; a more or less extensive portion of the cartilage and its articular lamella disappears; the cancellous cavities are laid open towards the joint, and from then begin to sprout granulations like those developed from the synovial tissue, while from the wear and tear of the disease hectic supervenes. The joint therefore is, as a frictionless apparatus, destroyed, and to speak of its destruction as a further action seems absurd; but let it be considered that the aim of the disease from the very first has been to fill up the cavity with granulations; even the destruction of the cartilage and laying bare the cancelli have this object. If it succeed ultimately, we do not call the joint destroyed, although it be immovable from anchylosis; but actions may take place, whereby the new-formed tissues and the neighbouring parts enter into the way of destruction.

"The third stage consists of actions, either of which may be singly present, or either may predominate: the one is further development, the other degeneration of the granulations. Both may commence at any period during the course of the first two stages; but degenerations hardly occur, except when the disease has lasted a considerable time. They are of many sorts, but it would detain us too long to follow them out here.

Suffice it to say that tubercle in the so-called tubercular synovitis (a rare disease) is thus produced; the tubercle is not a cause of the inflammation, but is formed from a product of that action. Abscesses in the periarticular tissues are produced by change of the granulation-cell into the highly-generative pus-cell. Fatty degeneration is frequent, and produces death of the degenerate and suppuration of the surrounding portion. If these take place in the tissue which springs from the bone, and occupies the cancelli, masses of the osseous tissue may slough and come away. With all this the disease spreads, abscesses form amongst the deep muscles, and the inflammation runs along the medullary canal.

"The further development consists, as we have already seen, in an interstitial change of the cells into fibre-cells and fibres, and ultimately into new coarse areolar tissue. If this have been perfected during the first stage, the joint will be restored without further damage than a certain amount of thickening and difficulty of movement. If in the second stage, the state left will depend on the more or less advanced condition of that stage. If the cartilage have disappeared, the granulations from the bone and those from the synovial membrane are intermingled, and fill the cavity; they will, on becoming fibrous, form a strong but flexible bond of union between the bones—a false anchylosis; and if after a longer period the fibres ossify, a true anchylosis will be established.

"Thus the condition in which this process will leave the joint, varying from a mere inconvenient thickness to utter stiffness, depends upon the stage to which the malady had previously advanced, and our endeavours must be therefore directed to bring on the developing action as early as possible; to convert the already-formed granulations into fibrous tissue, and to prevent the further spread of the granulating process."

The 'Lancet' opens with a continuation of Dr TWEEDIE's Lectures on *Fever*. Mr BARWELL continues his subject in the present number. We quote the article:

"There is no doubt that even the most chronic, insidious, and painless form of this complaint is, at least in the first stages, an inflammation; and hence, the joint must at once be placed at absolute rest. Some form of counter-irritant should be employed, and proper internal remedies to ameliorate the constitutional condition. This is not the place to enter into the reasons that would cause the choice of one counter-irritant more than another; but it is desirable to point out the disadvantages attending a certain plan too much in vogue. A patient applying with this disease is generally ordered a splint—perhaps leeches, or a blister; and after a time an issue is made, which is kept poulticed for a month or two, discharging all the while. Now it is evident that nothing can more conduce to the spread of the new tissue, whose encroaching growth constitutes the disease, than warmth and moisture, unless it be an indolent suppurating and granulating sore, such an issue becomes a week or ten days after its application. If issues are thought desirable, they should be either kept open for only a short time after the separation of the slough, and another be made, or they should be touched again with the caustic potash, and so kept irritable. The former method has its disadvantage in the breadth of surface destroyed; the latter, in the depth to which the sore penetrates; and both in the very great pain produced by the treatment. Some persons have believed, and do still believe, that the amount of benefit is proportionate to the pain. This is a mischievous idea, since it leads to a cruel line of practice. The notion, no doubt, was obtained from the observation, that issues benefit mostly at first, and that in a short time their action becomes null, or absolutely injurious, since the constant discharge weakens the tissues, and tends to produce cell generation all around.

"A much better, and a much less painful plan than the issue, is the actual cautery: it is one which I would wish to see much more generally used; but its application requires some practice, skill, and knowledge, since an unskilful use is apt to produce too great a destruction of skin, too deep a furrow, or other evils instead of benefits. If the means be judiciously employed in properly-chosen cases, its action is marvellous; and now that chloroform prevents the immediate pain, the objections which caused it to be disused in England have disappeared.

"The iron which I employ for this purpose is known as Rust's: it is simply a three-sided prism, mounted by one of its oblong facets to a curved handle. The edges are slightly blunted. An iron of this shape has bulk enough to retain the heat a sufficient length of time, and yet presents a small edge. Two irons ought to be used, as a white, not merely a dull-red, heat is desirable, and thus a change of instruments is necessary. While the patient is being placed under the influence of chloroform, the joint to be cauterized should be protected by strips of plaster, or of moistened lint, a good inch or an inch and a half broad, leaving narrow intervals between each, where the lines of firing are to run. When anæsthesia is fully established, a white-hot iron is to be slowly, and with gentle pressure, passed three or four times along each space, until the skin be turned into a yellow-brown horny substance. Let it be particularly observed that the rays ought not to be nearer than an inch; the skin must not be divided by the iron; the heat must be sufficient to char the skin. This mode of using the iron was called by Percy, ('Protechnie Chirurgicale,) 'cauterisation transcurrente.' We might name it linear cauterization. Rust, of Vienna, and Bonnet, of Lyons, employed it with great success. My own experience warrants me in speaking of it very highly. In the first place, it gives no pain whatever at the time of application, and when the effect of the chloroform has disappeared, still no pain from the cautery can be felt. Compare this with the torture produced by the potassa fusa, under which the patient will writhe for hours after the application. But not merely is the hot iron painless; it absolutely relieves pain. I applied it in a case of hip-joint disease, in which the patient was suffering so much that he dared not move; his face was anxious, and his nights all but sleepless. After he had recovered from the chloroform, he was laughing, talking, moving about in his bed, and wanted to get up. In a case of knee-joint affection, the same change from pain to painlessness followed the use of the iron, and the patient is now able to walk. The narrow charred lines made by the cautery begin to separate in from five days to a week, and come away between the fourteenth and twenty-first day. They should then be healed as quickly as possible.

"The value of pressure in strumous synovitis cannot be too highly estimated, if the proper cases be chosen for its use; such, for instance, as those in which the swelling is soft and sluggish, in which a bursting pain is felt, and in which a sensation of cold is experienced. Dr Scott, of Bromley, first used this plan with considerable success; he applied mercurials to the joints, and over them strapping plaster. The value of the treatment lies in the pressure. Mercurials are of little or no help; in strumous cases I believe they are even injurious. The *modus operandi* of this agent I believe to be, simply preventing the cells, through want of room, from generating afresh, and, therefore, constraining their organizing force to act in the production of tissue from the cells already formed, or in the absorption of those unfit for this purpose. I know no means at all comparable in their power of resolving strumous synovitis to the use of the actual cautery followed by pressure. If, for instance, on the knee-joint the lines have been drawn parallel to the axis of the limb, they will, on healing, contract very considerably like all scars of burns; and if to the pressure thus produced be added that of strapping plaster, an almost irresistible power of resolution will have been gained. Indeed, unless the case be too far advanced, or too much supported by a vitiated constitution, it will yield to this treatment in a few weeks. The following case shows the value of this method:—

"Jane S——, aged six, a pale, strumous girl, has been suffering for twenty months from pain and swelling of the left knee, and was admitted into Charing-cross Hospital under my care (through the kindness of Mr Hancock), Dec. 9th, 1859. The knee is a good deal bent, the joint being round and shapeless; the child cries when it is touched, and when any attempt is made to move it.

"Dec. 31st.—I drew four striæ of linear cauterisation, one on either side the patella, and one an inch beyond each of these, and got the limb into a straight position. On recovering from the chloroform the child expressed no sense of pain, but sat up, and began to play with toys and other children in the ward.

"On the third day the skin between the cauterised lines looked red and inflamed. On the fifth, some separation at the edge of the slough had occurred. The horny portion gradually separated, and on the 1st January, 1860, the lines left were simply clear lines of ulcer, which were dressed with zinc ointment, discharged very little, and gradually healed. The knee was much diminished in size; moreover, it could be pressed without producing symptoms of pain. It was, however, still swollen, and on the 23rd January, when the scar was quite sufficiently healed, the knee was tightly strapped, and a roller applied from the foot.

"30th.—Strapping applied again, and towards the end of the week the child was dressed, and allowed to get about by aid of the sides of the bed and of a chair.

"March 6th.—The child is able to get about so well that the mother insists on taking her out; promises to bring her to me amongst my out-patients. This she has hitherto not done.

"Other cases showing the value of pressure might easily be given. I recorded three in the 'Lancet' for Dec. 20th, 1859. Several others proving the extreme value of this combination have occurred to me.

"We now, however, come to a much-neglected question—one which is, perhaps, scarcely comprehended in regard to the treatment of strumous synovitis—viz., is the principle of perfect rest to be exchanged for that of limited motion at any period of the disease? If so, at what period? I say that this question is either not understood or is ignored in England altogether; while, in Lyons, M. Bonnet applied some practical suggestions to the answer.

"I must, at the risk even of occupying much space, explain the principles whereon the value of passive motion, shampooing, &c., is based. When the cells, which have formed so abundantly in and around the synovial membrane, cease their generative activity, they remain for an indefinite period more or less passive. We know that the gelatinous condition thus produced may last for years without change, and that, being left undisturbed, the mass will, after a time, become the seat of abscess, cause destruction in surrounding parts, produce caries, &c.; or, in more favourable cases, it will begin to assume a fibroid character, and ultimately unite the two bones by anchylosis. Now, I have no hesitation in saying that, in the large majority of instances, the passive condition may be taken advantage of to induce a much more perfect, frequently an almost complete, cure of the malady; and that, by allowing it to continue, a much larger mass of disease is formed, much more tissue (periarticular, cartilaginous, or osseous) is implicated, and, therefore, even if the joint ultimately heal over, the cure is far from being as perfect as it might be made; and if degeneration set in, the ravages are unnecessarily wide-spread. Moreover, be it remembered, that if even a healthy joint be kept very long immovable, fatty degeneration of the cartilages is apt to come on, and even a sluggish inflammation of the synovial membrane. It must not be, however, for one moment imagined that I would advocate movement of the joint at all stages of the disease. On the contrary, such treatment can only be beneficial during the above-named passive condition, and when all inflammatory signs have disappeared. Hence it is important to form a correct judgment as to this condition. It is well known that each joint, when inflamed, presents a certain spot in which pain and tenderness are much more marked than elsewhere; this is in every joint a fixed point—on the hip, behind the great trochanter; in the knee, the edge of the inner condyle, inside the ligamentum patellæ; in the elbow, at the back, over the head of the radius, and so on. Now, if the surgeon find that pressure upon these points produces no pain, he may begin to move the limb with perfect confidence and safety; and, as far as my experience goes in this treatment (already pretty considerable), with very great benefit. The movement must not, at the beginning, be violent or long continued; a slight passive motion, and that rigidly in the normal direction—a certain amount of rubbing and kneading with the hand, and then reapplication of the splint, are all that can be undertaken; and it may be a long time before it will be safe to

abandon the patient's limb to his own management. I have also found it a useful plan, when it can be managed, slightly to change the angle of the splint at each reapplication.

"The subject of angle at which the joint would be flexed, would naturally lead us to consider another subject—viz., the value, as an actual remedy for inflammation, of changing any vicious position in which the joint may lie. There is no room for doubting the diminution of the inflammation and of the pain after this has been done; and amongst my cases are one or two which were clearly benefited by this means. But this subject is too wide, and space too limited, for its discussion here.

"The three methods more particularly named in this communication—viz., actual cautery, pressure, and passive motion—are neither original nor new; but the first and last more particularly are not used so frequently, nor with such discrimination and power, as they might be. Much benefit would result from substituting these means for the negative, if not injurious, treatment to which these strumous cases are too often subject."

The 'Dublin Medical Press' contains the following Case of *Congenital Malformation*, reported by Dr Joseph Edmundson of Carrick-on-Suir:

On the 26th of March, at eight p.m., I received an urgent ticket to visit Ally English, residing in Droleen's lane. The messenger seemed greatly alarmed, and stated that the child was born, but that they could not remove it from the mother. I hastened to the house.

"The patient, aged about thirty-five, a fine strong healthy woman, was the mother of five children, and her confinements had always been of short duration, favourable, and presenting no unusual feature. Her labour commenced at four p.m., the liquor amnii was discharged at six p.m., so that on my arrival she had been ill only four hours. The child was lying on the bed, with the exception of one leg which was retained in the vagina. I went to remove the child, not anticipating any difficulty, but found it firmly fixed; the leg was flexed on the thigh, and lying transversely in the vagina. I hooked my finger at the back of the knee, and had no difficulty in bringing it down. On further examination, the nature of the case—so far as its being a monster—was quite apparent. A continuation from below the pelvis of what appeared to be the neck of a child occupied the vagina, and after further careful examination I was satisfied that a large elsatic mass occupied the pelvis and prevented the completion of the labour; in fact, it felt like a neck and head continued from the pelvis of the child. Uterine action continued regular and very forcible, but not effective. I would here remark that the child was born alive, but had ceased to live prior to my arrival. I now assisted the efforts of the uterus by using strong tractive force for some time, and partially drew the mass towards me; but each time that I allowed an interval of rest, it immediately and rapidly passed back to its former position. On examinining it when partially drawn down and held *in situ*, I was satisfied as to its yielding and elastic nature. For obvious reasons, I was anxious, if possible, to remove it without perforating, and determined to use strong extracting force. Having used the catheter, I exercised continuous and steadily-increased force for about twelve minutes, when suddenly the mass came away like a shot. The perineum was properly supported, and escaped injury. The placenta came away immediately, the uterus contracting firmly and well.

"The extracting force resorted to would not, under other circumstances, have been justifiable, either as regards the amount used or the length of time it was continued without interruption; but the absence of any constitutional effect, as indicated by the state of the pulse, the comparatively little inconvenience and trifling amount of pain experienced by the patient whilst operating, convinced me that there was no bone or hard unyielding substance which would by pressure inflict injury on the soft parts covering the pelvis, and encouraged me to persevere until I finally succeeded.

"The child was somewhat under the medium size, the head, body, and extremities being in due proportion and well formed. The action of the hip-joints was unnatural; the natural position of the lower extremities was, lying parallel to the body, the feet near the shoulder-joints. When drawn downwards and outwards, they moved freely until at right angles with the body, when a little force brought them to meet the tumour. There was no trace of the nates or anus. The hip-joints were very deep seated; the pelvis must have been very narrow. In tracing the vertebral column downwards with the finger, it gradually became more deep seated until you reached the fourth lumbar vertebra, when you could no longer trace it with the finger. The neck of the tumour sprung from the position which would have been occupied by a line drawn across the centre of the nates (supposing the lower extremities to be in their natural position). The anterior and posterior surface of the neck of the tumour, and its connection with the body of the infant, presented the same appearance, except that an imperfect female organ occupied a central position on the anterior aspect. The labiæ were perfect, as also the clitoris, meatus urinarius, and urethra. The vagina was absent. I passed a catheter into the bladder and drew off about thirty drops of clear colourless fluid. The neck of the tumour and its connection with the body looked like an imperfectly-formed neck and shoulders. It was thicker than the neck of the child and shorter, white and smooth, presenting nothing remarkable in appearance.

"The tumour was more elongated than the head, and, as near as I could calculate, about a sixth greater in circumference. The anterior surface was white, covered with ordinary integument, the posterior of a deep purple colour, traversed with large blue veins, perceptibly raised above the surface, the line of demarcation between the two surfaces being very abrupt, the white comprising the anterior and lateral portion, the purple the posterior. Along the latter the integument was torn longitudinally through its entire extent (evidently by the extracting force used); its torn or ruptured surface was bleeding freely, and exposed to view nothing more than condensed cellular tissue. On the right side of the tumour was fixed an elevated mass about one inch by two in length, in colour darker than the surrounding skin, felt like a glandular mass.

"I was allowed to make an incision into the tumour, and as the poor woman occupied only one room, the remainder of the house being let to other families, I was compelled to examine it in her presence, and in fact on a portion of the straw upon which she lay. I divided it freely through its entire length, and about half its depth. It was composed of condensed cellular tissue. The incision opened into a cavity about two and a half inches long and one in depth, at its centre narrowed and rounded, at its extremities lined with cartilage, and containing a solid mass occupying about three-fourths of the cavity and floating in a teaspoonful of colourless serum; its surface was uneven and undulating, covered with a thin membrane, freely supplied on its surface with small red vessels. When cut into, it looked like white cerebral matter, but of much greater density.

"I have no doubt, from the peculiar elastic feel communicated on using alternate pressure with the finger, that the tumour contained other cavities of a similar nature. I regret much I had not an opportunity of making a full examination, as it was a subject of very great interest; but from the very great objection the humbler classes have to post-mortem examinations, it is impossible to get them to submit, no matter what amount of interest you may take in the case."

University of London.—The Senate of the University of London have just made a regulation to the effect that at the second examination for M.B., "the candidate who shall distinguish himself the most in Midwifery shall receive an exhibition of 30*l.* a year for the next two years, with the style of 'University Scholar in Midwifery.'" This is important as regards the encouragement it gives to the study of this subject. Up to the present time scholarships have been given in Medicine and Surgery, but nothing of the kind in Midwifery. It is only due to Dr Graily Hewitt to state that he was the first to propose that the Senate should award prizes to those gentlemen who had distinguished themselves in the art and science of Midwifery.

REVIEWS.

On Obscure Diseases of the Brain and Disorders of the Mind, &c. By Forbes Winslow, M.D., &c. London: John Churchill.

Perusal of this bulky volume has only served to convince us that the study of mental disease must make large advances before it can rise to the importance of a science. This, however, is not surprising when we consider the inherent difficulties of the subject. The mode of connection between mind and body; their mutual reaction; the conditions of healthy thought, as regards the cerebral organ; the obscure pathology of the latter; the absence of any recognised standard of sound mind;—these and many more conditions tend to surround the subject with perplexities that embarrass the most careful judgment. The acutest analyst finds himself entangled in a maze of doubt and wonder as he attempts to explain the phenomena presented to him, and to refer them to some definite laws. The study of simple abstract psychology—that is, the determination of the laws which govern the operations of the mind apart from its relations to matter, and the demonstration of the anatomy or pathology of the brain, independent of its psychical functions—are easy affairs in comparison with the analysis of the complex phenomena which are exhibited in cases of mental disease. Hence morbid psychological literature rarely takes a logical or inductive form; it is generally didactic and anecdotical, affording curious reading, if the term can be allowed with reference to subjects so painful, but rarely satisfying the understanding. The present work is no exception to this dictum; on the contrary, it is an exaggerated example of this style of literature. We are here presented with a multitude of cases, or more properly anecdotes, exhibiting many curious phases of mental derangement; but we look in vain for a satisfactory analysis of their phenomena, or the development of any leading principle or law around which we can group the incidents, or which can afford a starting-point for further inquiry. Too little philosophy and a wearisome amount of illustrations characterise the work. Dr Winslow has provided us with the *Mémoires pour servir;* but beyond that he has not aided the philosophy of his department. A great book is sometimes a great evil; and it is certainly too much the custom of modern authorship to run extensively into pica type and paper. All that is essential to the treatment of the subject could have been fully expressed in one-fourth the number of pages.

The object of the Author is to point out the indications of insanity in its incipient stages; an object of the highest importance, whether we regard lunacy from a philosophical or curative point of view. If we should ever construct a philosophical exposition of insanity, it will be by the observation of its phenomena in its earliest and doubtful stages, by tracing its gradual and insidious march as it steals almost unperceived over the domain of reason, and by noting down the successive steps by which the faculties of the mind have been thrown out of the sphere of healthy co-ordination. If, also, we would obtain the full effects of a judicious curative system, it must be by applying it at the onset of the disease. We recognise, therefore, the great importance of the task which Dr Winslow has undertaken.

Our Author informs us that the present treatise is only the introduction of two other volumes treating of more advanced forms of disease which he intends to publish: we must not, therefore, expect that completeness in the exposition of the topics which we should require in a perfect work. This treatise consists of twenty-five chapters, in which a large number of subjects are passed in review: for

example, the premonitory symptoms of insanity; anomalous and masked affections of the mind; the various stages of incipient insanity, as of consciousness, exaltation, depression, aberration, and mental impairment: then we have the morbid phenomena of attention and of memory, of speech, sensation, and the special senses; the morbid phenomena of sleep and dreaming, of organic and instinctive life, and the general principles of pathology, diagnosis, treatment, and prophylaxis, the chapter comprising which concludes the work. The introductory chapter is a fair specimen of the book, as the Author's peculiarities are represented in it in a marked manner. As an illustration of the danger of neglecting the earliest indications of cerebral disease, the Author cites numerous examples of individuals who have died suddenly and to the astonishment of their friends. The Author's specialty has led him to regard these cases of sudden death as due to cerebral disease: this is a very doubtful opinion, and in one of the instances he has recited we know it to be quite a wrong one. His last case is that "of a medical gentleman of known reputation" who retired to bed in his usual health, after playing a rubber of whist at a friend's house in the environs of London, and was found in the middle of the night in a state of apoplectic coma, and immediately after he expired. The writer of this review know this gentleman well: he appeared on a careless view to be in the possession of robust health, but on one occasion, when he was rallying the present writer on his sick looks, the respondent observing that his friend was breathing with some difficulty, somewhat abruptly placed a finger on his wrist, exclaiming, "Come, I think I am the better man now." To his surprise, the pulse intermitted to such a degree that it could scarcely be counted. He then seriously advised his friend to be careful of his health, and on his leaving the room predicted his speedy death, which took place a few weeks afterwards in the sudden manner already stated. This, then, was a case of disease of the heart, not of the brain—and of very old disease, too. Now this case, as reported by our Author, is a very telling anecdote; but it is of no value as illustrative of disease of the brain. It is the want of close examination and rigid analysis that deprives Dr Winslow's treatise of a scientific character. We quite agree with the Author in the following remarks:

"If the mental and cerebral condition of those who have been represented to have died of organic disease of the brain, apparently in full possession of their intellectual, sensorial, and motorial powers, had been subjected to a close and rigid analysis, some degree of disorder or impairment of these functions would, I believe, in many cases have been detected. We are too much disposed to form hasty generalizations in these cases, and to infer, that because the patient talks rationally for a time, on ordinary subjects, is under the influence of no appreciable illusion, hallucination, or aberration, that, therefore, the intellect is unclouded, and the brain in a perfectly sound and normal state. Such apparently healthy psychical and cerebral manifestations are quite consistent with the existence of encephalic disease, impairment, and even of actual latent and concealed mental aberration. These conditions of the brain and mind, would, I believe, be more frequently detected, if sufficient time were devoted to their analytical diagnostic tests, were scientifically employed by experts, practically acquainted with the art of examining the subtle phenomena of insanity."

Again he says:

"I affirm, that in every case of disease of the encephalon, particularly if the organic change or pressure be established in the vesicular matter, or in the membranes immediately investing the brain, a disordered or abnormal state of cerebro-psychical phenomena may, in the incipient stage, on careful examination, be detected."

The Author then considers the four forms into which he has divided the phenomena of unhealthy intelligence:—1. Exaltation; 2. Depression; 3. Alienation; 4. Impairment. Preliminary to the exposition of these special topics, the Author starts a series of interrogatories with reference to insanity, its nature, conditions, relations, &c. &c., which, however, are unanswered. He then discourses on the humane labours of Pinel, and awards to Dr Conolly the merit of abolishing the "severer forms of mechanical restraint"—a merit which does not belong to Dr Conolly, but to Dr Gardiner Hill, who originated and practised the method at Lincoln for some years before it was tried at Hanwell. Dr Conolly, in fact, visited Lincoln to examine its operation and ascertain its success before he adopted it in the large Metropolitan Asylum—another evidence of the cursory manner in which particular topics are handled by Dr Winslow. It is quite time that this, the greatest improvement in the treatment of the insane which modern genius has devised, should be accredited to its true author. 'The fact is, Dr Gardiner Hill must write a big book. Amidst the ignorance and barbarous cruelty of the physicians and lawyers of the days of Brown and Burns in relation to insanity, it is gratifying to find that one great lawyer, Lord Erskine, was before his time in advocating a humane treatment of the insane.

"'I consider,' says this renowned judge, 'the various trusts with which I am invested, in a manner, as nothing when compared with the *sacred duty* of protecting those who are visited with mania; it is as much a disease as any other with which it pleases God to afflict mankind, and I am sure it is always exasperated in its symptoms, and frequently rendered incurable by *unkind* and *rigorous* treatment.'"

Long recitals of the cases of persons who have recovered from lunacy, written by themselves, or autobiographies of the insane, then follow. One of these, headed "Confessions of a Patient after Recovery," occupies not less than fifty-eight pages, and the various histories altogether one hundred and eleven pages—rather an extravagant amount of space to devote in a professedly scientific book to narratives from which nothing is deduced. The style of some of these rhapsodies by no means attests the recovery of the patients.

Some judicious observations occur in the course of the chapter on "Local and Unrecognised Insanity."

"I presume it to be a generally-admitted axiom that the mind may be *disordered* without being *insane*, using this phrase in its strictly legal acceptation. These conditions of morbid intellect may be considered by some as only degrees of *insanity;* but I would suggest that this term be restricted to those mental disorders, accompanied with positive loss of control, clearly justifying the exercise of moral restraint, and to those morbid conditions of the intellect which sanction an appeal to the protective influence of the law. In other words, I would confine my remarks to those cases in which the mind may be said to be *pathologically* disordered, but not invariably *legally* insane.

"Have we in practice sufficiently appreciated this distinction? Fearful of committing ourselves to an opinion that might authorize an interference with the free agency of the patient, and justify the use of legal restraint, there has existed an indisposition to admit the presence of positive mental disorder, even in cases where it has been obviously and painfully apparent? This excessive caution—originating in motives that do honour to human nature—has often, I fear, been productive of serious, fatal, and irremediable mischief.

"The subject under consideration is one, I readily admit, of extreme delicacy, but, nevertheless, of incalculable importance to all sections of the community. It is, I admit, beset with difficulties and surrounded by dangers. In the hands of the inexperienced, the ignorant, indiscreet, and the wilfully designing, the facts that I have to record, and principles which I am about to enunciate, might be productive of much mischief; but, I ask, ought any apprehensions of this nature to deter the philosopher from entering upon so important an inquiry?

"The subject of latent and unrecognised morbid mind is yet in its infancy. It may be said to occupy, at present, untrodden and almost untouched ground. What a vast field is here presented to the truth-seeking observer, who, to a practical knowledge of human nature, adds an acquaintance with the higher departments of mental and morbid philosophy, as well as of cerebral pathology! How much of the bitterness, misery, and wretchedness so often witnessed in the bosom of families arises from concealed and undetected mental alienation! How often do we witness ruin, beggary, disgrace, and death result from such unrecognised morbid mental conditions! It is the canker-worm gnawing at the vitals, and undermining the happiness of many a domestic hearth. Can nothing be done to arrest the fearful progress of this moral avalanche, or arrest the course of the rapid current that is hurling so many to ruin and destruction?"

Here, in fact, lies the most important vocation of the philosophical alienist: it is here that he will find the greatest difficulty in the faithful discharge of his duty, yet nowhere is he required to exercise more judgment or courage. The extent to which insanity in a subtle and evasive form prevails in domestic life is hardly conceivable by persons unfamiliar with the subject: eighty per cent., we are told, of cases of insanity are curable if treated early, but if left late are doomed to irremediable mental darkness. This is a melancholy statement, yet true as sad.

We cannot follow out our Author through all the divisions of his subject; but we must not omit to express our pleasure with the graceful style in which he conveys his thoughts in some of the chapters admitting of sentimental and artistic composition. The chapters on Memory are pleasingly written, and will repay the perusal of the reader. To Dr Winslow belongs the credit of having made Pysehology an agreeable and popular study.

Medical Law in Tasmania.—The Legislative Council of Van Diemen's Land some time since passed an Act for the protection of the public and the Medical Profession. The third section of the Act is as follows:—"And be it enacted, that from and after the passing of this Act, no person shall do or perform, for fee or reward, or in expectation of receiving a fee or reward, any of the acts following—that is to say, practise as a physician, surgeon or apothecary, or prescribe to be taken or administer any medicine, or do or perform any surgical act or operation, unless some person shall have received from the president, or some member of the Court of Examiners to be appointed under the authority of this Act, a certificate, under the hand of such president or member, that it has been proved to his satisfaction that such person is a Doctor of Medicine of some university, or that he is a physician, surgeon, or apothecary licensed or admitted as such by some college of physicians or surgeons, or by the Society of Apothecaries of London or Dublin, or unless such person shall have obtained, after an examination publicly held before such Court of Examiners, letters testimonial of such Court to practise as a physician, surgeon, or apothecary, upon pain of forfeiting, for every such offence, a penalty or sum not exceeding 100*l.*" This properly stringent measure has been lately carried out by the mayor and other magistrates of Launceston. The offender was a Mr Clarke, who for some years past has been practising as a physician without complying with the provisions of the statute. In this instance, the information was laid for the recovery of the full penalty. It appeared in evidence that Clarke had attended on a child, and prescribed for it on two occasions. He had taken a fee of 5*s.*; and when the child appeared to be in danger, refused any further assistance. The Court, after taking into consideration all the circumstances of the case, had arrived at the conclusion that it was their duty to carry into effect the simple, strict, and, perhaps, severe aspect of the law, and ordered the defendant to pay a fine of 100*l.*, and 13*s.* 6*d.* costs. Mr Clarke was allowed twenty-four hours to pay the money into Court.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column		2*l.*	2s. 0d.
A Page or Three Columns		5*l.*	5s. 0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 4, 1860.

THE MEDICAL COUNCIL.

Our life is made up of illusions and disappointments. The beginning of undertakings is usually full of promise, and allures the fancy with brilliant anticipations of future prosperity and happiness. The covetous man will advance his gold, and the cautious man his character, on the probabilities of the venture. The mind delights in the gay colouring with which the imagination adorns every untried scheme; dissatisfied with the present, it fondly hopes that the future has something better in store, and that a compensation awaits it for all past mischances. Novelty is a great feeder of hope, for in the absence of experience there is no limit to the speculations of desire. The young man enters life with a persuasion that the world lies at his feet, and that all he need do is to walk in and take possession. Failure is impossible; and if he be a young Surgeon, his humblest expectation is that he shall keep his carriage before he have been ten years in practice. He knows the way to do it; and the geography of success is mapped out even to its shallowest soundings in his lively imagination. We do not blame him; for it is possible that if he were not inspired by these sanguine hopes, he would never find the heart to begin at all. Age, too, though boastful of its prudence, is almost as easily duped by the world's many-coloured bait. It is a delusion to suppose that credulity is the characteristic weakness of youth, and that wisdom abides with the aged alone. The bait must be adapted to the passion; and however suspicious a man may be, it is scarcely possible that his heart should be so worn out that there should be no room in it for a new delusion. Find his weak point, and the aged man will be led as easily into trouble as the young one who has no experience to protect him against rogues. The follies of age are notoriously very foolish. We cannot rail at each other; we are all prone to believe the best of every new thing according as it jumps with our whim, or is suited to our desire.

Our Medical Council was a new thing once; and how grand it seemed in its vast outline; how brilliant its future prospects! Its birth was celebrated with pæans and prophecies; Medical Editors who had done nothing to aid its gestation, endeavoured to out-chaunt each other to honour its nativity, and anathemas were ready for any unfortunate wight who spoiled the harmony by introducing a hoarse note of doubt or disapprobation. At last the Profession had obtained what it wanted—a grand governing Council that would equalise the standard of Medical Education, and put down quacks—or, at least, that might, should, would, or could do it; and therefore let us throw aside controversy, rub our hands, and be happy. Does anybody demur to these eloquent eulogiums, and, perplexed between his love of Medical Reform and his ducats, cry, "Give me back my two pounds!"—he is answered, "Wait awhile; let the Council get to work, and you will see that it will become the palladium of Medical rights, the great representative Parliament of the Profession!"

Many wise and sober men had faith that the Medical Council would have an honourable and useful career, and some of them assisted to establish and work it with a praiseworthy zeal. It is gratifying to know that the first men in the Profession were registered on the Council, and committed their reputation to the success of the experiment. Besides the men of *ex-officio* dignity, Sir Benjamin Brodie as the representative of Surgery, Dr Watson of Physic, and Sir James Clark of Courtly favour, lent it the influence of their names and experience. This fine ship was launched under the noblest auspices; the breath of popular approval filled its sails; it was manned with a chosen crew, and men of dignity and experience stood at the wheel; and yet, with all these advantages, it will not work: leaky at every timber, it will not answer the helm, and is now in so much trouble that several of the best men of the crew have already abandoned it to its fate.

Dr Watson has resigned; so also has Sir Benjamin Brodie, the President; and Sir James Clark anticipates a similar step.

What is this but a confession of failure—a desertion of a post that cannot be held with honour or profit? The Medical Council, in short, has failed—failed sooner even than we thought it would—but failed from causes that we have always predicted would be its ruin. The Council, in fact, has no functions; it is a huge machinery with nothing to do; for it is absurd to imagine that the annual compilation of a Register is an adequate duty for such a Council. It has no power to restrain quackery; it legalises Homœopathy, Hydropathy, and other eccentricities; it, or rather the Act it administers, has increased the evil of multifarious qualifications; it has no power to insist upon an equality of qualification, and such power as it does possess of regulating the curriculum is neutralised by the nature of its own constitution; it has unavoidably helped to exasperate the lamentable divisions that have made our Profession the reproach of society, and it is now brought to a dead-lock, and is placed in a slough of difficulties from which it can never be extricated.

It is idle to expect an important body, such as this pretends to be, to continue in operation without being endowed with duties corresponding to its authority and dignity. If the Medical Council cannot dominate the several Colleges, they will overrule it, and bring it into practical nullity and contempt. To this point it has, in fact, descended, and the gentlemen we have named, thoughtful for their reputation, have quitted their posts before the final crash may make it difficult to retire with honour.

Had the General Practitioners been more liberally recognised in the constitution of the Council, and larger powers given to it, its usefulness would have been greater and its career more honourable. We have on numerous occasions pointed out the defects of the Medical Bill as the certain causes of its ultimate failure; but we are not yet so aged as not to hope that the future has richer blessings in store than legislation has yet bestowed upon our Profession. Should this, too, prove a delusion, it will be pleasing, at least, to die in the hope.

SUMMARY OF THE WEEK.

REFORM OF THE MEDICAL ACT?

The Medical Council delegated to a Committee the duty of considering what improvements could be introduced into the Medical Act, and that Committee has presented its Report. We have not had time to compare the suggestions in that Report with the clauses of the Bill, so that we are not in a condition to express our opinion upon them *seriatim*. We have seen enough, however, to justify us in setting the Profession on their guard against any attempted jugglery on the part of the Council for the promotion of corporate interests. There has been much idle talk about the Medical Council being the Parliament of the Profession; but we are mistaken if the General Practitioners prove willing to accept the legislation of a body which in no sense represents their interests. We observe that there is a suggestion for the amendment of the 40th or Title Clause of the Act, by the insertion of certain words after the word "Apothecary." Now, as the word "Apothecary" occurs twice in the course of the clause, we should very much like to be informed which of the two is to have tacked on to it the new restriction. If the first, the clause will not be much strengthened, and the position of Registered Practitioners will be left as at present; if the second, there will be a new prohibition against *Registered* Practitioners calling themselves by any title under which they are not registered. It might have the effect of sanctioning a meditated alteration of the Charter

of the Royal College of Physicians, to the effect that a person may become a Licentiate in the College of Physicians without being able to call himself a Physician—a gross absurdity in terms, yet, nevertheless, a favourite notion among certain would-be reformers. We believe that Parliament would never suffer such bigoted legislation; and we believe, further, should it foolishly do so, the judges would find a reading of the clause which would negative the nonsense. At any rate, the Members of the Profession who are interested should begin to move; for they must not expect to find any sympathy in the Medical Council. There must be a reorganization of that body on truly representative principles, or its dissolution. Further legislation will inevitably lead to one issue or the other, if the Profession put on a bold front.

THE COLLEGE OF SURGEONS BEFORE THE MEDICAL COUNCIL.

Every Londoner—and almost every Member of the Profession has been a Londoner for three sessions—has seen announcements of a certain Society, where a round-faced lardaceous-looking layman dons a wig, and styles himself for the nonce Judge of the Court, and a certain number of other lean-looking characters are content to be boxed up and to officiate as Jurymen during the hearing of the sham causes that occupy the attention of the learned assembly. The forms of our Courts of Law are said to be ingeniously travestied in this Society, and a liberal amount of eloquent indignation is dissipated in irreverent jokes and peals of laughter. As we have no pleasure in these fooleries, even in fun, we cannot feel anything but pain when a really dignified assembly solemnly performs a similar farce on an occasion when it is called to sit in judgment on questions of vital importance to those whose interests are pleaded before it. The Medical Council has just suffered itself to be placed in this position. A very large number of memorials was addressed to the Council, protesting against the misconduct of the Council of the College of Surgeons in granting the Diploma to professionally-uneducated persons, and in obtaining a Charter enabling them to grant a special Diploma to Dentists. The Minutes of the Council do not say that those memorials were read; in all probability they were not, but contemptuously shuffled into a heap upon the table, or collected in a waste-basket: we are informed, however, that Mr Green made a statement that no unqualified persons had been admitted since the 1st of March, and that the practice would not be resumed; whereupon "the Council did not think it necessary to move in the matter." Discreet Council! How ardently their bosoms burn for the honour of the Profession! As for the Surgeon-Dentist question, the Council finds that "it has no authority to interfere," and so ends this serio-comic performance.

ALLEGED DANGERS OF VACCINATION.

It is well known that Mr Duncombe, the Member for Finsbury, is an enemy to vaccination, and has on several occasions in the House of Commons opposed legislation for its extension. He was one of Dr Michell's warmest supporters when that gentleman had a seat in Parliament. True to his antecedents, the eccentric Finsbury vaccinophobist has moved for a "return of the names and age of every non-commissioned officer and private vaccinated in the Shorncliffe Camp during the months of February, March, and April last; the names of those who have since died; the conditions exhibited in the arms of those who died; together with the number of amputations adopted to save the life of those affected with vaccination."

This most extraordinary motion must surprise any one into a smile who knows anything of the practice of vaccination; but among the public, who are ready to believe any absurdity, such allegations as are broadly implied in this motion are likely to excite the deepest alarm. Let us know what the motion means, without delay. Does it indicate facts, or is it merely the result of a nightmare which has haunted the imagination of the honourable Member until he has persuaded himself that it has a veritable existence?

LECTURES FOR LADIES.

The Ladies' National Sanitary Association has made arrangements for a Course of Lectures at the South Kensington Museum on sanitary subjects especially interesting to ladies. The Rev. John Armistead will open the Course with a Lecture on "Industrial Employments in Girls' Schools;" Dr Lankester will follow on "Sanitary Defects" generally; Mr Roberts, the architect, will expatiate on "Healthy Dwellings;" and Mr Ernest Hart, "Sanitary Commissioner of the 'Lancet'"—[Gracious powers! is Dr Hassall dead, or only suspended? or do the writers in the 'Lancet' decorate themselves with this title when they appear before the public, as the magnifico in a pantomime dresses himself in the gay clothes which his predecessor hung upon the pegs of the wardrobe?]—well, Mr Ernest Hart will lecture appropriately on "Dress and Social Habits"—social habits meaning, we presume, riding-habits, crinoline, and knickerbockers! By the way, have the ladies yet come to knickerbockers? Perhaps Mr Hart will be able to inform us. Let us not be mistaken, however; we think that courses of lectures, well selected, and not imbued with puff and pretence, will do much good in spreading useful information on sanitary subjects.

THE WATERLOO LIFE ASSURANCE COMPANY.

Mr Bermingham, the Medical Officer of this Company, has recently brought it into a Court of Law upon a point of great interest to Medical men, and, we are glad to say, has won his cause. In his capacity of Medical Officer to the Company, Mr Bermingham had examined a man who had suffered from delirium tremens, but who, at the time of examination, had recovered, showing no signs of the effects of his dissipation, and concealing the fact of his previous intemperance. The Company sustained an action at the man's death, and put their Surgeons into the witness-box, notwithstanding Mr Bermingham had informed them that his evidence would go against them. They were then dissatisfied with his testimony, and eventually deprived him of his appointment, on the plea of his having failed to protect the Company by want of skill. Mr Bermingham thereupon brought an action for damages. Evidence was given to prove that a man might recover from a first attack of delirium tremens, and show no trace of it a few days afterwards; and Mr Bermingham recovered damages to the amount of £200. This was a proper termination of the cause.

THE BRITISH ASSOCIATION AT OXFORD.

(From a Correspondent.)

As there has been a kind of adjournment "en bloc" of the London Medical and Scientific Societies this week to Oxford, it may be of more or less interest to the readers of the MEDICAL CIRCULAR to furnish a few notes of what has been going on here. We will pass over the conversaziones without end, tea-parties, lectures, plentiful as blackberries; we will pass by the eager sight-seers in the park in dozens descanting on the new Museum and Professor Owen's jaw-breaking big names and homologies. The Oxford rifle band, too, we must neglect in another Deucalion deluge, striving to make things agreeable out of doors, but succeeding very imperfectly.

It is not at all in our line to describe the *gaudeamus* to-day in the "Sheldonian," or the degree of D.C.L. conferred on M. de la Rive, Lord Rosse, Professor Sedgewick, or the President: we took, therefore, an *insouciant* ramble into the Bodleian, to see its wilderness of books, and to see our old friend, Mr Bulkeley Bandinell, and our favourite picture, Lord Burleigh riding on his mule. The former rev. gentleman is the Mr Chatto of the libraries here—quite as stern, and never, by the way, or at all, over-polite, though these are the two best librarians the present writer has ever met. It may be said, too, we do not speak out of book, for we happen to know a good many of the nooks and crevices of both libraries, and the Radcliffe to boot. It is gratifying to find the new Museum so fine also, and that in the corbels of the piers of the new walls—with Galileo, Leibnitz, and Newton, given by H.R.H. the Prince of Wales; Davy and Watt, by the University—Mr Ruskin, with exquisite taste, in compliment to Dr Acland, has set up a statue of Hippocrates! Any old Oxford man need scarcely be reminded of the marble zany with cap and bells which represents the "Faculty of Medicine" in Dr Daubeny's College, Magdalen, and a somewhat similar legend painted on the walls of the "Sheldonian." All honour, therefore, to Mr Ruskin, who, though we have still representatives of the antique as at Magdalen in London, (*a*) has preferred the sage Hippocrates to the absurd figure at Magdalen.

(*a*) Men as antique sub-editors, who help to demoralise or break the heart of struggling honest but poor young medical men in this year of 1860, but write biographies of Heenan and Sayers to sell their journals; or the antique, not honest, advocates of cheap Dentists' Diplomas or other Diplomas at the College of Surgeons, for the same not very dignified commercial purpose of bringing back Barber Surgeons and cheap diplomas, the Figaros and Sangrados of a time we thought long gone by.

It is not one's purpose to say much of the other "Sections," such as the Mathematical or Physical, where the condition of the sun has been much discussed, with sundry grave ideas put forth of masses of ice in the Arctic Seas not yet melted as the cause of the present dismal summer; nor are we given to discourses on the stars: so, when not engaged in the Physiological Section, *absit omen*, we have engaged a horse for a gallop in St Giles's, if not half the road to Banbury, taking care to procure notes of the Physiological Section.

Some amusement was caused one day last week, as nobody could find the "Chemical Section." Like their own phlogiston, some of the gold-tasseled swells said chemists had gone away into the realms of unreality! Mauve-coloured dyes from aniline had been explained a few hours before, to the great delight of the gentler sex. What if the philosophers and ladies had gone off together? But, phew! bless my soul! when one remembers the fact and the discovery! The "Section" were, it turned out, busy underground trying experiments in deodorising sewage in an atmosphere of rotten eggs! For chloride of iron, as held by Dr Frankland, was being explained as the most useful of the deodorisers; the much-vaunted Leister plan by lime and chloride of lime, as tried at the east end of London, at Hackney, having proved a failure. In the debate of the chemists there seemed no difficulty as to deodorising solid animal dejecta, the fluid portion of the sewage being the insuperable impossibility that none of the Lethebys, Millers, Franklands, Spencers, or Mechis could surmount; and so it rests at present.

Oxford, it need scarcely be said, is replete with interest in the history of our Profession. In the physiological department, Mr Chadwick read a paper espousing views like those of Mr Hilton—that in our public schools there is too much mental wear and tear of brain required of children. The evidence of all the best Government overseers of schools and school-masters tends to show that the voluntary attention of children in schools cannot be sustained more than two hours in the morning and an hour in the afternoon, and rest is much called for. In an uncomfortable long address by the President, Lord Wrottesley, a set of facts at second-hand as to medicine were referred to, and in aristocratic mode blandly patronised as the latest advances in physiology; such as "chemical history of nutrition," probably referring to the functions of the pancreas recently made out; then the "dynamics of the blood," whatever that may be; next, the investigation of the phenomena of the senses, and electricity of nerves and muscles, with a touch of the old fudge about the path opened by Newton and Bacon in the physical investigation of phenomena, not physical at all; things of which Virchow, Kolliker, Brown-Séquard and Bain tell us rather more a million times than Newton. The antiquity of the human race, as shown by the celebrated flint implements in the valley of the Somme, was also referred to, but not any further light thrown on the subject.

The present meeting of the British Association, though of vast importance to the individuals collected at Oxford, has not excited that attention, especially in physiological matters or the medical world, that one might have expected: if we had a "Section" to discuss—such popular trifles as Netley Hospital, Whitworth cannons, or some plan of infallible rifle-shooting, or Dr Farr's statistics, or some patent algebraic mode of horse-taming or bull-fighting—then, indeed, we might expect each of the Medical Journals to send a horse-riding reporter. Meeting an Italian physician, the chief practitioners in Rome recently asked him, in an inverse order of the simple rustics in Virgil's Eclogue, what wonderful thing had most attracted him from Rome? He said, with simple but extraordinary enthusiasm, "The chief thing, Signor, was to see the school where Sydenham wrote his glorious classic works; to see where Harvey completed the figure of 8 of the two circulations; to see Oxford." We could not help saying "*Quantum mutatis!*" Yet there is a *religio loci* still to any one who knows Oxford, and Sydenham's writings, and Harvey's life.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, JUNE 19TH, 1860.

Royal College of Physicians, London.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair, at two o'clock p.m.

Present—Dr Burrows, Mr Green, Mr Nussey, Dr Acland, Dr Bond, Dr Embleton, Dr Storrar, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Mr Syme, Dr A. Thomson, Dr A. Smith, Dr Leet, Dr Apjohn, Dr Corrigan, Sir James Clark, Sir Charles Hastings, Mr Lawrence, Mr Teale, Dr Christison, and Dr Stokes.—Dr Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

The Solicitors of the Council being present—

Moved by Mr Teale, seconded by Dr Alexander Wood, and agreed to—"That it having been proved to the satisfaction of the General Council that the entry of the name of Richard Organ has been fraudulently and incorrectly made on the Register, the General Council do by this order, in writing, direct that his name be erased from the Register."

Moved by Mr Green, seconded by Mr Nussey, and agreed to—"That Richard Organ having been judged by this General Council after due inquiry, to have been guilty of infamous conduct in a professional respect, the General Council do hereby adjudge that the name of the said Richard Organ be erased from the Register, and do by this order direct the Registrar to erase his name from the Register accordingly."

Moved by Dr Storrar, seconded by Mr Syme, and agreed to—"That a copy of these orders, signed by the President in the Chair, and countersigned by the Registrar, be transmitted to Richard Organ."

The adjourned debate on the Dublin Apothecaries' question was resumed.

Dr Alexander Wood was allowed to withdraw the amendment which he had moved on the 16th of June—viz., "That it does not appear to the Medical Council, that the Act of the Apothecaries' Hall of Dublin confers on the Licentiates of that body any right to practise Medicine;—That, in the opinion of the Council, the inclusion of the title of Licentiates of that Body in Schedule (A) of the Medical Act does not confer any new powers on that Body;—That the Council therefore adhere to the opinion expressed by them on the 8th of August, 1859,"—in order that the amendment moved by Dr Corrigan on the 18th of June might be substituted for it,—viz., "That the General Medical Council having again carefully considered the subject referred to in the letter from the War Office, of 23rd March, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their Resolution of 9th August, 1859, which is as follows: 'That it is the opinion of this Council that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree or Licence in Medicine from a University or College authorised to grant such, as from a perusal of the Apothecaries' Act, 31 Geo. III., there does not appear to be any provision or authority for examining in Medicine: and further, that if a Candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, Sec. 23, declares that the rejected Candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the Art and Mystery of an Apothecary without any examination in Medicine.'"

The amendment moved by Dr Corrigan, and seconded by Dr Stokes, was put to the vote, and carried.

Dr Storrar required that the names of the Majority and Minority should be entered on the Minutes.

Majority: Mr Green, Dr Acland, Dr Bond, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Dr A Smith, Dr Apjohn, Dr Corrigan, Mr Lawrence, Mr Teale, and Dr Stokes.

Minority: The President, Dr Burrows, Mr Nussey, Dr Embleton, Dr Storrar, Mr Syme, Dr A. Thomson, Dr Leet, Sir James Clark, Bart., Sir Charles Hastings, and Dr Christison.

Moved by Dr Andrew Wood, and seconded by Dr Christison—"That the Letter from Dr James Murray Macculloch, and the Opinion of Counsel on his case, be recorded on the Minutes."

Amendment moved by Dr Corrigan, and seconded by Dr A. Smith—"That the Letter from Dr Macculloch be inserted in the Minutes."

Amendment carried.

"38, Castle street, Dumfries,
"May 29th, 1860.

"SIR,—Although personally a stranger to you, I take the liberty of writing to you upon a matter personal to myself. I have observed from a notice, published in the 'Edinburgh Medical Journal' for December 1859, that it has been proposed to call the attention of the Medical Council, of which you are President, to my connection with the case of Mr Broatch, who was convicted under the Medical Act in September last year.

"I am anxious that my conduct should not be misunderstood; and as I am not aware whether the Council may think it right to take any official cognizance of the matter, I beg to solicit your impartial perusal of the facts, in order that with you, as the head of my profession, I may not stand under undeserved imputation.

"I do not trouble you with any of the personal and acrimonious discussion which has taken place. It may suffice to say, that a great deal of enmity and ill feeling has been exhibited towards me, and I have no doubt I have myself been heated, and in some respects injudicious.

"The facts to which I beg your attention are these. The Medical Act, which fixed the date of its operations for the 1st of January, 1859, was not fully understood in the district of the county in which I resided (Dumfries). Indeed, the only advertisement on the subject (which appeared only once in one of the local papers of the district), informing Medical Practitioners of the necessity for Registration, was on the date of December 14, 1858, so that a very short time was given to comply with the provisions of the Act.

"As one of the conditions of the Registration, it was necessary to forward certain attestations of qualification, one of which was the signature of a Medical man to a certificate purporting to state that the claimant had exhibited for the inspection of the signer his Diploma or Qualification.

"Knowing the object of the Statute to be to prevent the operation of quacks and charlatans, under the cloak of professional titles, I regarded this as a mere matter of form with respect to Medical men on whose qualifications no reasonable doubt rested, and I have reason to know that it was so regarded by the majority of the Practitioners in this district.

"Mr Broatch was one of the Medical men of this district who did not hear of or see the advertisement of the 14th December, 1858, until nearly the entire interval had expired. He came to me a few days before the 1st of January, 1859, to sign his Certificate. I asked him for his Diploma, as the Certificate stated that I had seen it. He told me that he had passed and got his Diploma in March, 1822, from the Edinburgh Royal College of Surgeons; that in 1826, before leaving Edinburgh (where he first practised), he had brain fever, was long ill and insensible, and that when he recovered he found he had been robbed, his Diploma having disappeared with the other things. Shortly afterwards removing to Dunscore, he commenced practice again, and finding no special use for his Diploma, he had neglected to apply for a Duplicate or a Certificate.

"I fully believed Mr Broatch, and indeed, notwithstanding subsequent events, I still believe that he did not deceive me. I had known Mr Broatch for thirty years, having repeatedly met him in practice, and ever found him truthful, honourable, and skilful. I knew that he was met and respected by all the practitioners of the district of any standing. I knew he was respected

and bore a high character in his own locality. I knew he was and had been parochial Surgeon to two parishes for many years; an appointment not held by unqualified practitioners in this part of the country before the passing of the Medical Act. I had seen his name year after year in the 'London Medical Directory,' a work of general accuracy, as a Licentiate of the Edinburgh Royal College of Surgeons, 1822; and I knew, from personal experience, that his story was not improbable. I had myself lost one of my diplomas for a long time, and recovered it by the merest chance, and I had experienced the delay and difficulty arising out of an application for a Duplicate or Certificate, even when my application was supported by the powerful aid of my late friend Mr Liston. According to Mr Broatch's statement, it was simply impossible for him to comply with the letter of the requirement of the Certificate, and yet it appeared that in a few days he must either be registered or professionally outlawed. I did not see Mr Broatch's Diploma, but I firmly believed in his qualification; and as I regarded the Certificate as intended to supply what the Act calls 'Proper evidence that the person claiming Registration is entitled to it,' I signed it, professional outlawry being the result in a few days if I had not. I do not seek to justify myself for so doing. It was incautious, an act of the feelings unsanctioned by the judgment and the dictates of self-interest, and I am very willing and do express my regret. The circumstances you will be able to estimate as strongly as I can.

"I do not wish now to discuss the question of Mr Broatch's trial. I may only say, that so far from any desire on my part to defeat or assist in defeating the provisions of the Act, I immediately replied to the inquiries of the Registrar of the Scottish (Branch) Council, in perfect frankness, and had also to perform the painful duty of giving my evidence against Mr Broatch, without which, by the way, he could not have been convicted at all.

"Such are very briefly the facts of the matter referred to in the Minute published in the Edinburgh Journal.

"Of the publication of that Minute, in so far as it refers to me, I say nothing further than to remark that the Medical Act does not contemplate or authorise such a publication. The status and character of a Medical man should not be injured wantonly, and it certainly was not intended that *ex-parte* accusations should be circulated in the Public Journals under the shield of a Minute of the (Branch) Medical Council, more especially before the said Council, by their own showing, knew whether they were entitled to entertain the subject or not; but, as I said before, I do not wish to trouble you with personal grievances or discussion.

"I have been anxious to state to you the circumstances under which I acted; having committed an error, I have desired to express regret. I feel sure you will pardon my intrusion in such a matter, and beg leave to subscribe myself,

"Your most obedient Servant,

"JAMES MURRAY MCCULLOCH.

"To Sir BENJAMIN C. BRODIE, Bart.,
"14, Saville Row, London—W."

The following Resolution was unanimously adopted by the Council, on the motion of Mr Green, seconded by Dr Andrew Wood—"Having just learned that during this day's sitting, Dr Williams, the Representative of the Royal College of Surgeons of Ireland, has died; under the unprecedented and afflicting circumstances the Council record the unfeigned sorrow which they feel under the irreparable loss of a colleague so estimable and distinguished."

Confirmed—B. C. BRODIE.

MINUTES OF MEETING, JUNE 20TH, 1860.

Royal College of Physicians, London.

Sir BENJAMIN C. BRODIE, Bart., President, took the Chair, at three o'clock p.m.

Present—Mr Green, Mr Nussey, Dr Bond, Dr Embleton, Dr Storrar, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Mr Syme, Dr A. Thomson, Dr A. Smith, Dr Leet, Dr Apjohn, Dr Corrigan, Sir James Clark, Sir Charles Hastings, Mr Lawrence, Mr Teale, Dr Christison, and Dr Stokes. —Dr Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

Moved by Dr Stokes, seconded by Sir Charles Hastings—"That the following letter be transmitted to the War Office:—

"General Medical Council, June 20, 1860.

"SIR,—In reference to your letter of June 4, 1860, I have the honour to transmit the enclosed resolution of the General Medical Council, passed at their meeting, June 19, 1860:

"'That the General Medical Council, having again carefully considered the subject referred to in the letter from the War Office, of March 23, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their resolution of August 9, 1859, which is as follows: That it is the opinion of this Council that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree or Licence in Medicine from a University or College authorised to grant such, as from a perusal of the Apothecaries' Act, 31 Geo. III, there does not appear to be any provision or authority for examining in Medicine: and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, Sec. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an Apothecary without any examination in Medicine.'

"I am further directed by the General Medical Council to state that they would have been gratified to put their reply in more definite terms, but there appears to the Council to be considerable doubt as to whatare privileges or legal qualifications of the Apothecaries of Ireland, and the Council cannot therefore give any authoritative opinion in reference to the value of their Licence as a claim for admission to the competitive examination for the appointment of Assistant-Surgeon in the Army.

"I am, Sir,

"Your obedient Servant,

"FRANCIS HAWKINS, Registrar."

Amendment moved by Dr Storrar, seconded by Sir James Clark—"That the letter from Mr Secretary Herbert of June 4 be read again."—Amendment negatived, original motion carried.

Dr Andrew Wood required that the names of the majority and minority should be entered on the Minutes.

Majority: Mr Green, Dr Bond, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Dr A. Smith, Dr Apjohn, Dr Corrigan, Sir Charles Hastings, Mr Lawrence, Mr Teale, and Dr Stokes.

Minority: Mr Nussey, Dr Embleton, Dr Storrar, Mr Syme, Dr A. Thomson, Dr Leet, Sir James Clark, and Dr Christison.

A petition from Mr John Broatch, accompanied by testimonials, was read, praying that his name might be re-inserted in the 'Medical Register' "As a Surgeon in the Public Service."

Moved by Dr Andrew Wood, seconded by Dr Storrar—"That Mr John Broatch's petition to have his name restored to the 'Medical Register' be not complied with."—Agreed to.

Moved by Mr Syme, seconded by Dr Alexander Wood—"That the Medical Council having had their attention called to a practice prevailing in some of the English Medical Institutions, of requiring the London Apothecaries' Licence as an essential qualification, or paramount recommendation, for appointment to professional offices, resolve to record their opinion that this practice is neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the public.

Amendment moved by Mr Nussey, seconded by Dr Leet—"The Medical Council having no power to interfere with the practice said to prevail in the English Medical Institutions with respect to the qualifications they may require for their Officers, such interference being wholly beyond their province, resolve that it is not desirable or expedient to entertain the motion of Mr Syme."—Amendment negatived, original motion carried.

Mr Nussey required that the names of the majority and minority should be entered on the Minutes.

Majority: Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Mr Syme, Dr A. Smith, Dr Apjohn, Dr Corrigan, Sir Charles Hastings, Mr Teale, and Dr Stokes.

Minority: Mr Green, Mr Nussey, Dr Bond, Dr Embleton, Dr Storrar, Dr Leet, and Mr Lawrence.

Dr Alexander Wood read the following Draft of a Bill for the further Amendment of the Medical Act, promoted by the Colleges of Physicians of London and Edinburgh, and assented to by the King and Queen's College of Physicians in Ireland.

A BILL FOR THE FURTHER AMENDMENT OF THE MEDICAL ACT, 1858.

Whereas by "The Medical Act, 1858," it is provided that it shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England;" and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland;" and to grant to the Corporation of the King and Queen's College of Physicians in Iraland a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland;" but provision is not made by the said Act for reserving to the said Colleges, and the Presidents, and Censors, Fellows, Members, Licentiates, and Extra-Licentiates thereof respectively, by their said new names, the powers, privileges, liberties, and immunities to which they are respectively entitled by their existing names: and doubts have arisen whether, in case of the acceptance by these Colleges respectively of new charters under such altered names respectively, the said powers, privileges, liberties, and immunities would legally attach and be preserved to them; and it is expedient that such doubts should be removed: And whereas by the 47th section of the said Medical Act, it is provided, that within twelve months after the granting of such new charter to the Royal College of Physicians of London, any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of England, and who may be desirous of becoming a Member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said College, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of 2*l*. to the said College; and it is expedient that the said proviso should be repealed: And whereas by an Act passed in the 14th and 15th years of King Henry the Eighth, intituled "The Privileges and Authorities of Physicians in London," certain Letters Patent, dated the 23rd day of September, in the tenth year of the reign of his said Majesty, whereby certain Physicians in London therein named were incorporated by the name of "The President and College of Commonalty of the Faculty of Physic in London," were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said Letters Patent, and two more of the said Commonalty, to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void, the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons; and that no person should from thenceforth be suffered to practise in Physic through England until he be examined by the said President and three of the said Elects, and have from them Letters Testimonial, except he be a Graduate of Oxford or Cambridge: And whereas the main function of the said Elects, viz., that of examining and granting Letters Testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant Letters Testimonial in accordance with the provisions contained in the last-recited Act, and it is therefore expedient that the before-recited provisions should be repealed: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. The expression in the Medical Act and this Act, "The Corporation of the Royal College of Physicians of London," or "The Royal College of Physicians of London," shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

II. Any new charter which, under the pro-

visions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such new charter granted to the Corporation of the Royal College of Physicians of Edinburgh, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new Charter granted to the Corporation of the King and Queen's College of Physicians in Ireland, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

III. The granting of new charters to the said Corporations respectively, by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties, and obligations granted, conferred, or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof by the respective Charters and Acts of Parliament relating to the said Corporations respectively, or by the Medical Act, the Act to amend the Medical Act, the Medical Acts Amendment Act 1860, and this Act respectively; but the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions, and immunities, and be subject to all such and the same duties and obligations, as if such new Charters respectively had been granted to them by and in their respective names and styles as then existing.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold, and enjoy, and continue to have, hold, and enjoy, all lands and other real and personal heritable and moveable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new charter, and may execute and perform any use or trust for the time being vested or reposed in such Corporation.

V. From and after the passing of this Act, the before recited provision of the Medical Act, which entitles any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, to receive the Diploma of the College of Physicians of England, and to be admitted to all the rights and privileges thereto appertaining, shall be, and the same is hereby, repealed.

VI. So much of the Act of the 14 and 15 Henry VIII., c. 5, as relates to the Elects of the said Royal College of Physicians of London, and their powers and functions, shall be, and the same is hereby repealed; but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said Presidents and Elects may have granted letters testimonial, and all trusts which, by any deed, gift, devise, or bequest are vested in, or to be executed or performed by the Elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by, the Censors of the said College for the time being, as if the names of the Censors had in such instruments respectively been used instead of that of the Elects.

VII. The office of President of the "Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, Doctor of Physic, the now President of the said Corporation, shall remain such President until the day next after Palm Sunday in the year 1861, when he shall go out of office, and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the Fellows of the said Corporation in such a manner as shall be provided by any bye-law or bye-laws made in that behalf by the said Corporation and for the time being in force, to be President of the said Corporation; but the retiring President shall always be capable of being re-elected, and every President shall remain in office until the actual election of a new President; or, in case of the death, resignation, or other avoidance of any such President before the expiration of his year of office, the said Fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be (of which due notice shall be given) elect one other of the Fellows of the said Corporation, in such manner as aforesaid, to be President for the remainder of the year in which such death, resignation, or other avoidance shall happen, and until such election the duties of President shall be performed by the Senior Censor for the the time being.

Moved by Dr Alexander Wood, seconded by Dr Storrar—That the Council approve of the Draft Bill now read.—Agreed to.

5. A communication from the Poor-law Board, in reference to qualifications for Poor-law Medical Appointments, was read.

Moved by Dr Andrew Wood, and seconded by Mr Lawrence—That the communication from the Poor-law Board be inserted in the Minutes.

Amendment moved by Dr Corrigan, and seconded by Dr Embleton—That the Registrar be directed to thank the Secretary of the Poor-law Board for their communication and circular.

Amendment carried.

6. Letters from a Medical Practitioner in Jamacia, and the following from the Colonial Office, were read:

"Downing street, March 30, 1860.

"Sir,—In answer to your letter of the 14th instant, stating the objection of a Scotch Medical Practitioner in Jamaica to an Island Act recently passed, to provide for registering duly-qualified Medical Practitioners, I am directed by the Duke of Newcastle to inform you, that although the provisions of the Jamaica Act may not be in themselves unreasonable, they are considered to be repugnant to the English statute, and therefore the Colonial Legislature will be called upon to amend them, before the Act can receive the Royal Assent.

"I return the copy of the Act which accompanied your letter.

"I have the honour to be, Sir,

"Your obedient servant,

"Sir B. Brodie, Bart." C. FORTESCUE."

Moved by Dr Andrew Wood, seconded by Dr A. Smith—That the foregoing letters, and the 13th and 20th Sections of the Jamaica Bill, be entered on the Minutes.—Agreed to.

7. Moved by Dr Christison, seconded by Dr Alexander Wood—That a Committee, consisting of Dr Christison, Dr Alexander Wood, and Dr Storrar, be appointed to extract from the Minutes of Council such regulations as have been passed by the Council for conducting the business of the Council, and to report such alterations and new regulations as may appear to the Committee to be advisable.—Agreed to.

Confirmed—CHARLES HASTINGS.

GENERAL CORRESPONDENCE.

THE KING & QUEEN'S COLLEGE OF PHYSICIANS *v.* APOTHECARIES' HALL, DUBLIN.

To the Editor of the Medical Circular.

SIR,—Your impression of the 13th contains a long letter with the above heading, from "A Dublin Practitioner, retired from Practice." Reasoning on the inconsistency of this signature, it has struck me that his letter, so far from strengthening the cause which he has espoused—the Apothecaries' Company—tends very much to weaken it. Thus, the "3rd George III., chap. 28, enacts that the minister, during his visitation of the jail prisoners, is empowered, in case of sickness, to employ a physician, apothecary, or surgeon, and to pay for such medicines prescribed." To this quotation it is only necessary to reply, that if the apothecary were to prescribe, there would be no need of the physician: or if the "Dublin Practitioner" will not consent to this view, he is bound to admit that the apothecary may also act as the surgeon.

The "Dublin Practitioner's" second quotation (17th & 18th George III., chap. 21) enacts the appointment of an experienced apothecary or surgeon, at a salary, to each jail or prison where malignant fever prevails.

The third, "26th George III., chap. 14, fixes the apothecary's salary for his attending," not for his prescribing for, "prisoners, and providing medicines."

The fourth, "58th George III., chap. 47, permits the apothecary, as well as the surgeon and physician, to admit, by means of certificate, infected persons into fever hospitals."

The fifth, "6th & 7th William IV., provides fees for apothecaries attending inquests as medical witnesses."

The sixth, "1st Victoria, chap. 27, renders valid an apothecary's certificate for placing lunatics under restraint."

The seventh, "6th & 7th Victoria, chap. 107," and "12th & 13th Victoria, chap. 33," enact that "no ship, &c. &c. &c., proceed on her voyage, unless there be on board some person authorised by law to practise in the United Kingdom as physician, apothecary, or surgeon."

I have thus quoted all the authorities cited by the "Dublin Practitioner." The first quotation has been already replied to; the second does not specify the nature of the apothecary's duty, and your correspondent *cannot assume* that he is to act the part of medical attendant.

The third makes use of the word "attending." Query, administering or providing medicines?

The fourth provides for the admission into fever hospitals of persons ill of fever, on the apothecary's certificate. This surely does not give him liberty to treat such cases?

The fifth, *a comparatively recent authority*, calls the apothecary giving evidence at an inquest "a medical witness." It remains with your correspondent to explain this term. I rather think that, unless the apothecary had a surgical or medical licence in addition, his evidence would not be relied on. In any case, the above term does not constitute him a physician or surgeon.

The sixth, *a still more recent authority*, legalises the apothecary's certificate in cases of lunacy; but supposing, for argument's sake, that there is any weight in this point, it must be remembered that there are very few apothecaries in Dublin at present who are without medical or surgical qualifications. Upon these latter depends the strength (!) of your correspondent, and not upon the licence of the Apothecaries' Hall.

The seventh, *the most recent authority*, I am free to admit, places the apothecary under certain circumstances on a level with the physician or surgeon *on board ship*. Whatever be the meaning of this provision, surely the "Dublin Practitioner" will not maintain that the pure apothecary, without any other licence of a medical or surgical nature, is qualified to treat the diseases and affections which occur at sea; neither can he argue that, because of this provision, the Apothecaries' Company is entitled to grant medical degrees.

From the foregoing, you will perceive that the old authorities, including the time at which the Apothecaries' Act was passed, make no reference to the apothecary as a practitioner in medicine or surgery, and that it is only during recent times, when surgical or medical qualifications are obtained by the apothecary, that any such allusions are made. I am, &c., A SUBSCRIBER.

SCARLATINA MALIGNA.

To the Editor of the Medical Circular.

SIR,—Scarlatina is so common a disease, that even severe cases of the "Anginosa" species are not worth recording; but the following case of "Scarlatina maligna" was of so aggravated a character, and of such a rapidly fatal termination, that it may be assigned a place in your scientific journal. Similar cases are now fortunately very rare, owing chiefly to the attention paid in the present day to those sanitary laws which influence so greatly the health of communities.

On the afternoon of the 24th February, 1859, I was called to see a lad of the name of Russell, about nineteen years of age, a farm-labourer in the vicinity, of a healthy constitution, and always in the enjoyment of good health. I found him labouring under symptoms of a very low typhoid type: pulse weak, thready, about 140; tongue moist, coated with a dark brown fur; papillæ of a deep red, and enlarged, especially at the tip and the edges; face pale; lips livid; eyeballs sunken, with dark-bluish circles underneath the lower eyelids; features of a pinched, anxious expression; headache, especially in occiput; intellect clear; bowels then confined; skin about the natural temperature in chest and abdomen, bu

below it, in the extremities, with a few small dark permanent petechiæ scattered over the body, but chiefly over chest and abdomen ; skin inclined to be of a light livid hue, but *no eruption* observable ; great pain and difficulty in swallowing even liquids ; enlargement and tenderness of the salivary glands, affecting the speech ; throat greatly inflamed ; tonsils, uvula, and upper part of pharynx, swollen, ulcerated, of a dark livid colour, and chiefly covered with dark grey sloughs ; breath fœtid ; thirst ; urine scanty, of a port-wine colour ; no vomiting, nor pain in epigastrium ; no appetite ; feeling of great depression ; pains in back and limbs, and in the bones of the whole body ; occasional severe rigors and flushes of heat. The disease appeared to be concentrated chiefly in the throat. He stated that though he had for a week previously felt languid, weak, indisposed for work, with loss of appetite, pains in his bones, and chilly sensations now and then, yet it was only on the night of the 23rd that he felt really ill, having then been seized with violent fits of chilliness, and with great soreness of the throat, and that he had attempted to work even on the morning of the 24th, but had been compelled to take to his bed about noon of that day. I also elicited from him that about ten days previously he had in his neighbourhood visited a house, two or three times, where there was a mild case of scarlatina, then rapidly recovering.

On the 25th February, all the above symptoms, which presented themselves yesterday, had become much aggravated ; but still no eruption on the body ; intellect clear ; throat intensely inflamed and ulcerated, with dark grey sloughs ; bowels now loose ; stools watery, frequent, of a tarry colour, but without blood in them ; great dyspnœa, and sense of suffocation, &c. &c.

On the morning of the 26th February, about 8 a.m., for the first time a diffused eruption of a dark dingy colour, almost purplish, suddenly appeared, confined entirely to the chest and the abdomen. After showing itself for about three hours, it as suddenly receded, and was followed by an *exacerbation* of all the symptoms, of the dyspnœa, sense of suffocation, impossibility of swallowing even liquids, of the prostration, of the diarrhœa, &c. &c. He gradually sank, and expired at 2 p.m. of the 26th February, having thus died about forty-eight hours after I had seen him, and having continued his work even till the morning of the 24th inst.

The usual remedies and appliances were employed, such as cold to head, blistering of temples and nape of the neck, counter-irritation of throat, constant application of heat to body and extremities, strong beef-tea, warm drinks, brandy and and other stimulants ; a mild alterative laxative at first, along with diffused stimulants, diaphoretics, and narcotics and diuretics, such as camphor, ammonia, sp. æther. nitros., ipecacuan, Dover's powder, hyoscyamus and opium, and saline mixtures, and gargles of alum and of the mineral acids, &c. &c.

This case, though derived from one of a mild type, was of the most malignant character. It is worthy of remark, that there were neither vibices, nor any discharge of blood from the different emunctories ; that there was no affection of the chest, nor of the head, the intellect being clear to the last ; and that, from the eruption being alight and evanescent, the virulent poison of the disease, though *also invading the mucous coat of the intestines*, appears to have concentrated itself chiefly in the throat.

J. B. Nicolson, M.D., M.R.C.S., L.S.A.
Robertsbridge, Sussex, June 22nd, 1860.

REFORMED ROMAN OR ORIENTAL BATHS.

To the Editor of the Medical Circular.

Sir,—Your contemporary, the 'Lancet,' seems to have lately dissected the merits of the so-called "Turkish Baths," not with much penetrating point. The 'Dublin Medical Press' of the 20th June, with the far-seeing eye of that *oculist*, said of the 'Lancet' article—"Hard to say [to see] whether this is eulogium or irony." One would expect that these coeval companions in antiquated ideas would understand each other better upon the works of antiquity. The 'Lancet' traces up very correctly these ancient baths to pre-Christian times—to their origin in ancient Rome and Britain. It clearly shows that before Mahomet was these baths were, as their magnificent ruins so fully attest. Why, then, does it call them "Turkish?" Are Celtic Britons and Anglo-Saxons to learn personal purification by the bath, as a religious rite, from the Turks? Is the sick Sultan to teach the brave Britons how to be clean, strong, and healthy? Why not recall these ancient household institutions, the Baths of Britain, from the tomb of oblivion, and confer upon them their old—their proper name ; or (as they are to be revived in an improved form, divested of all the abuses of the ancient Roman and the modern Turkish Bath) why not style them "The Reformed Roman or Oriental Baths" —"Thermo-Electrical Temples of Health?" By this title we get rid of the Mahomedan and the Pagan institution, and we revive a national household institution under a title worthy of a Christian nation. The 'Lancet' is in error if it supposes that "the restoration of the Turkish Bath has been amongst the consequences of the Crimean war." I shall repeat a few facts from my lecture delivered on the 12th March, and reported in the 'Sligo Champion' of the 24th March last. "...Mr David Urquhart, formerly M.P. for Stafford, and Secretary to the British Embassy at Constantinople, whose work on the 'Pillars of Hercules' so enlightened the people of the United Kingdom, that to him is due, before all others, the grand idea of the revival of the ancient Roman Bath in this country." "On the 7th June, 1856, the foundation-stone of the first Turkish Bath was laid in Dr Barter's establishment in Blarney, when the brother of the Duke of Leinster presided, and Dr Barter said 'that he had placed at Mr Urquhart's disposal all the materials necessary for the building.'" Mr Urquhart remained for some months there to direct the operations, so that to him is due the first place in establishing these national institutions in this country. He imported the grand idea, and by the invitation of Dr Barter gave it typical form in Ireland first, by means of workmen, money, and materials, which Dr Barter supplied. Never was there an institution that progressed more rapidly. Sixteen of them were erected in Ireland, representing £36,000 of capital, and one hundred of them established in England already. Dr Haughton also advanced the good work by those scientific papers on the Oriental Bath he read before the British Association and Dublin Society. He also visited Constantinople to observe their action and construction there. To Mr Urquhart for the idea, and to Dr Barter for the capital and the energy, the nation is indebted for these "most useful medical adjuvants," as Dr Corrigan considers the Turkish Bath of the East, with more vapour, would be ; but it appears that the Orientals have acknowledged the improvements on their baths, introduced by the Bath Medical Authorities, in this united kingdom, by Dr Barter and others.

It is true that some slight opposition to the improvements introduced, namely, to the use of a dry hot-air bath in preference to a humid air or vapour bath, has been offered, but which seems to have been silenced by the more scientific statement to be read in the works of Dr Carpenter, Dr Todd and Mr Bowman, Dr Millar, and of the late Dr Armstrong. It appears also that the most favourable reports are given of the beneficial influence of the hot-air bath in the two last Reports of the Newcastle Infirmary, which I have read with much interest. I shall quote from these Reports. "The temperature ranges from 130° to 160°, according to the nature of the disease, state of the circulation, and the condition of the patient." In some cases of heart-disease, patients have undergone the process with unlooked-for benefit. "The ordinary hot-water bath either induces or prevents relief from palpitation of the heart." "Internal congestions are relieved, and an equality of circulation brought about, by this hot-air bath." Dr Armstrong said, that the hot-air bath will bring pounds of blood to the surface which were suffocating some internal organ. The 'Lancet' states, "that when incautiously employed by persons liable to congestion of the head or *organs* of the chest (lungs and heart), it is not free from dangers." It would seem from the foregoing that the 'Lancet' and the Doctors differ. The Newcastle Infirmary Report sets forth the great value of this "in rheumatism, dropsies, skin diseases, influenza, catarrh, ague, the chronic bronchial affections of old people, and in pulmonary consumption ; for the hot-air and cold douche tend to check the sweats."

These hot-air baths have been found infallible remedies in the treatment of cattle-distemper (pleuro-pneumonia, as it is termed). At a late meeting of the Royal Agricultural Society, Dublin, Capt. Ball mentioned that one farmer lost in the South of Ireland thirty cows—all his stock. He was set up again ; his second stock was all attacked, but by means of the hot air-bath, under Dr Barter's advice, all recovered and resumed their milk in ten days.

I have attempted to unfold the nature and treatment of this mysterious disease in my essay on the Reformed Roman or Oriental Baths, which I shall briefly state here. Cattle-distemper seems to be a pestilential poison of the blood which produces lung complication. The blood-poison is the proximate cause, the lung-disease the proximate effect. Nature, which is the physician of all diseases, sends the blood in larger quantity, and in more acrid quality, to be depoisoned in the lungs ; but its acrid quality and increased quantity produce inflammation and congestion of lungs and pleura. Precisely as in cholera the vomiting and diarrhœa mask and obscure the blood-poison, so does pleuro-pneumonia mask and obscure the blood-poison of cattle-distemper. As the lungs and skin are the life-guards that co-operate more or less in the purification of the blood, our efforts should be to excite copious perspiration through the pores by means of the hot-air bath, and thus relieve internal congestions and inflammations. By this means we treat the blood-poison and the lung complication ; whereas by the empirical practice of bleeding, calomel, tart. antimony, &c. we attempt to treat only the one. I am inclined to believe that this thermo-electrical bath will yet be found as useful in the removal of cholera blood-poison, as it is now ascertained to be for cattle-distemper ; for we should in both diseases aid Nature's life-guards, the skin and lungs, to eliminate the blood-poison. Moreover, in spasmodic cholera, the patient becomes so deficient of animal electricity, that Nature, by the extraordinary efforts of muscular spasms, tries to reproduce more ; for muscular action signifies electro-genic action. We should aid these efforts by the thermo-electrical hot-air baths, which are calculated to develop and return electricity within and upon the surface of the body ; while, as vapour and warm water are good conductors of electricity, they would rob the living body of its due supply, and thereby exhaust the physical powers.

How beautiful is the animal economy of Nature in cholera! Her first effort is to eliminate the blood-poison by vomiting and diarrhœa : in doing so, she becomes exhausted of her electro-excitant sanguineous salines ; for want of these animal electricity becomes deficient, and, in consequence, there can be no *electro-chemical* union of the carbonaceous materials of the blood with the supporter of combustion, and, in consequence, animal heat becomes deficient, and the collapsed patient becomes colder than death. Nature by her extraordinary efforts of muscular action—spasms—endeavours to develop muscular electricity, for electro-chemical action and animal heat. The Book of Nature is the book of books ; all others are second-hand to her.

Electricity—that physical soul of matter and vital agent of Nature, which extends beyond the confines of our atmosphere into infinite space, keeps the whole planetary system in normal equilibrium, shakes the clouds in thunder, and, under favourable circumstances, will burn coke under water, and oils, with a brilliancy that could only be surpassed by the sun, and sufficiently luminous to strike off our second selves photographically—performs within the little world of Man in all the parts the drama of animal life, assuming simultaneously each and every character, and acting to perfection in all the vital functions, and ending in the tragedy of death. The human machine may, therefore, be regarded very fairly as electro-magnetic and magneto-electric ; for all the vital functions are electro-chemical in their nature and effects. The muscular system is an electro-genic apparatus. The intermuncial function of the nervous system is a magneto-telegraphic motive power ; for, what is physically felt in the extremities is psycho-physically acknowledged at the central seat of consciousness—the sensorium. The lungs and skin are electro-positive, and the liver and bowels electro-negative. Electricity can

operate as a cathartic, expel blood from a bleeding vein and beer from a barrel, and, upon the same principle, expel perspiration through the pores of the skin. When we sleep on feathers and blankets, we are more refreshed, because they are non-conductors of electricity, and therefore are well calculated to retain it upon our bodies. Upon the same principle, "dry vapour" hot-air baths are to be preferred to vapour or warm-water baths; for the latter being good conductors of electricity, exhaust the system of its due supply, and therefore exhaust the physical strength of the man. The strengthening effects of these thermo-electrical baths are being established by the pugilists and pedestrians who frequent them, and we may expect shortly to hear that they will be had recourse to in military training and discipline, to promote the psycho-physical health and the athletic energy of soldiers, and thus fortify them for the fatigues of war. The physician who can establish these facts may be regarded as the most important life-guard of a nation, for these would become the most formidable elements in the profession of arms, and in the art of war.

It seems absurd to send consumptive patients to warm climates when they can have higher thermo-electrical temperatures at home, at less expense to their physical strength and to their pecuniary circumstances. A foreign clime is common to all—may therefore agree with some and disagree with others; whereas if the high temperature of the bath disagree, you can leave immediately—but not so quickly the hot climate. When we consider the enormous mortality from tubercular disease in which people are dragged up into life and dragged out of it, or consigned to the indiscriminate use of cod-liver oil—which is capital food for Laplanders, but is gross, luscious, and disordering to the delicate stomachs of more refined Englanders or Irelanders—we have good grounds to consult Nature's tastes and feelings more, and rely less upon the medical drug art, and to ask ourselves, do we live according to the laws of Nature? We fear not. How few reach the full term allowed to man! What can be more saddening than the vast number of verdicts after sudden head or heart attacks, "Died by the visitation of God," or "from natural causes"? although the whole life of the deceased was a living contradiction to all the laws of Nature, and the Divine precept of personal purification by the thermo-electrical bath—so suicidal and self-poisoning that the living body carried its own corpse in a mass of morbid matters which should be eliminated regularly weekly. The horse is well cared for; but the man, the lord of creation, is neglected by himself.

The true way to fortify the constitution against disease from within or from without, is to practise the physical virtue of personal purification by the bath. Those who neglect this may fancy themselves healthy because not suffering, but in reality are like ripe fruit, ready to fall victims to the first epidemic storm—meanwhile are moving mines of undeveloped disease. For, in consequence of neglect of the sanitary code, the leaven of epidemic disease will ferment the stagnant materials, the dross that accumulates and chokes up the cuticular sewerage of the skin. As the vital germs of animals and plants superintend the construction of their own typical forms, according to Divine design, by means of the three vital workmen, heat, light, and electricity, from the three materials, air, earth, and water, we can also understand how each epidemic leaven will propagate its own typical disease by means of the same three vital agents, and from the same three materials, if they be morbidly accumulated within the living body. One pestilential germ will quickly propagate in such suitable soil, for a "little leaven corrupteth the whole mass."

It is due to the dignity of human nature to introduce man to himself—to his sublime essence Being, that Divine diamond-gem that sparkles in his soul with living light, and through which alone he is man and the lord of creation—in order that he may know what he is to honour with personal purification.

Man, then, is an immortal spirit endowed with light from eternity, and endowing flesh with life *pro tempore*. The living photographic image and likeness of the Almighty Creator is stamped upon the soul of the creature, conferring upon it immortality and the light of reason—that grand primal idea of Being which comprehends all other ideas, is the germ of intelligence that expands in the growth of the brain, and, under the influence of education, branches off into all the sciences to form the flourishing tree of human knowledge, that diffuses light over all the senses and their operations; enables man to embrace in an instant the past, the present, and the future; to triumph over time and distance, and, by the marvellous power of invention, to develop new wonders every day. Surely the living temple of this Divine light deserves to be kept clean—to be purified. Man, the living likeness of his Almighty Maker—the epitome of the universe—the beauty of this world—the living testimony of two worlds, of one within the other—the noblest study of mankind,—"Man should keep his house in order," even though it occupied two hours once or twice a week.

I am, &c.,

Sligo, 30th June, 1860. J. TUCKER, M.D.

OUR NOTE BOOK.

COAL-TAR AND PLASTER.

At Milan, M. Jacquemont particularly used Messre Corne and Demeaux's powder with the wounded affected with hospital gangrene, and no other agent appeared to him so convenient, prompt, or efficacious as coal-tar and plaster. He prefers it to perchloride of iron, and even to iodine, from which, however, he also derived great advantages. The reason is, he says, that both these substances remove, at each application, a thick layer of flesh, that the depth of the eschar to be obtained cannot be measured with precision, that the wound continually becomes deeper, and thus subsequently considerable time is required to fill up the cavity formed at the expense of the sound flesh. The disinfecting powder, on the contrary, removes the decayed part, without increasing the depth of the wound. Under this layer appears, after a few days, a wound of a roseate and fresh-coloured hue, without any inflammatory appearance, much healthier and more prompt to heal than when the sore has been dressed with lint impregnated with iodine. To these advantages, it unites that of occasioning no pain and no apprehension to the patients, who dread the transitory pain induced by applications of iodine. Nothing should, however, be excluded; all acids, in general, have a salutary action on wounds invaded by hospital gangrene. The best, in M. Jacquemont's estimation, are lemon-juice and vinegar. The application of one in preference to another is a matter dependent upon individual predispositions; a patient on whom one acid has remained powerless will suddenly find himself better from the use of another.

The author then enters into interesting details on the utility of substantial and healthy diet, with a view to obviating and attenuating the fatal effects of protracted and copious suppurations.

From the outset, M. Jacquemont became convinced, during his attendance on some of the Austrian wounded, that hospital gangrene preferably exercised its influence on debilitated constitutions, whereas the most robust or the best-fed men more surely escaped its disastrous influence. Enlightened by this remark, M. Jacquemont prescribed a tonic diet for his patients. Their ordinary food was mutton-chops, veal cutlets, beef, chickens, and other nutriment equally substantial, and almost always roasted. M. Jacquemont did not even hesitate to recommend a little wine, merely checking feverishness or inflammation, if either arose, but not fearing to feed his patients. Not only did the wounded under his care survive the suppuration, often copious, in wounds complicated with hospital gangrene, but not one of them suffered from the diarrhœa commonly so obstinate in such cases. Two at most were attacked with inflammatory fever, and even this symptom did not manifest itself until the gangrene, entirely cured a first time, was on the point of suddenly breaking out again the following days.

REMARKS ON SECONDARY AMPUTATION AFTER INJURIES CAUSED BY FIRE-ARMS.

M. Jules Roux read a paper before the Academy of Medicine entitled "Remarks on Secondary Amputation after Injuries caused by Fire-arms, from cases observed at Saint-Mandrier on the wounded of the Army of Italy." Primary amputation, of course, was extensively resorted to in this short but bloody war. 220 men, who had suffered amputation either on the field of battle, in the ambulances, or the adjoining hospitals, were admitted into the wards of Saint-Mandrier. Secondary amputation also was frequently instituted, 26 operations of this latter kind being performed at the Toulon hospital. M. Roux here remarks that one of the characteristics of the recent Italian war was the very extensive application of conservative surgery; a circumstance which afforded him an opportunity of studying, with greater attention than has hitherto been bestowed upon the subject, the consequences of the injury of the bone. One of these consequences, which M. Roux more specially noticed in his paper, and which has led him to adopt a novel practice, is the inflammation of the bone, which he denominates osteo-myelitis. At first local, osteo-myelitis gradually extends and occupies the entire osseous substance, following a parallel course with the inflammation of the soft parts. M. Roux describes three stages—congestion, softening, and suppuration—to each of which respectively correspond three significant expressions—resolution, amputation, and death. Let us suppose, says this surgeon, that osteo-myelitis sets in several months after the infliction of the injury, and occupies the entire extent of the bone: the life of the patient will be placed in imminent jeopardy, and the surgeon has the choice but between amputation of the limb, resection, or disarticulation. If amputation in the continuity of the limb be resolved upon, it is certain that the disease will not be integrally removed; a circumstance which doubtless accounts for the fearful mortality of secondary amputations, so great that, in 15,000 instances, M. Ribes declares never once to have found a single operation successful. In amputations in the continuity of the limb, performed at Saint Mandrier, death almost invariably ensued, and post-mortem examination showed that the entire bone was affected with inflammation; so that, no matter how high up the operation might have been performed, a portion of the disease must have inevitably remained. When, therefore, this painful experience had taught that osteo-myelitis of the entire bone was the evident cause of the fatal issue of these partial amputations, M. Roux altered the precept, changed the seat of the operation, and recommended its performance in the joint immediately above the injured bone. From the time this new system prevailed, the results were immediately different. 22 secondary disarticulations were performed, and although the cases were of the most severe character, 22 cures were effected, thus: amputations in the hip-joint, 4; in the shoulder, 13; in the knee, 1; at the ankle, 3; in the finger, 1. These operations, which in 20 instances had been necessitated by gun-shot wounds, were all performed through indurated textures, by the flap method, and with the assistance of chloroform, inhaled from M. Roux's *bag*, or from the *cornet* recommended by M. Raymond, Inspector-General of Naval Hospitals.

From the above, M. Roux considers himself justified in concluding:

1. That osteo-myelitis inevitably follows gun-shot wounds, but most generally has a favourable termination.

2. That it usually more or less promptly invades the entire bone—a general pathological fact.

3. That secondary amputation of the limb, or resection, too often exposes to the incomplete removal of the disease.

4. That to these partial operations are referable the incomplete results which lead to the death of the patients, and are perhaps the chief cause of the fatal issue of secondary amputations in general.

5. That during the six and perhaps the twelve months which follow gun-shot wounds, when a cure is not effected, and an operation is necessary, the surgeon should in most, if not in all cases, remove the diseased bone from its socket, and abandon the practice of partial amputation and resection.—*Journal of Practical Medicine and Surgery.*

APPOINTMENTS.—Dr G. N. Edwards has been appointed Assistant-Physician to St Bartholomew's Hospital. Mr E. C. Hulme, F.R.C.S., has been elected full Surgeon to the Central London Ophthalmic Hospital.

DR ROBERT C. WILLIAMS, OF DUBLIN.

The Irish Medical Profession has sustained a serious loss by the death of Dr Robert C. Williams, late President of the Royal College of Surgeons of Ireland, and representative of that body in the General Medical Council. Dr Williams occupied a large place in the affections of those who knew him as a private friend, and enjoyed the unlimited confidence of those who intrusted themselves to his professional care. He was a highly-accomplished physician and surgeon, and extensively learned in his Profession. For many years he was one of the ablest contributors to Medical periodical literature. In the 'British and Foreign Medico-Chirurgical Review' his pen was frequently employed. The sudden death of such a man at the comparatively early age of fifty-two is an event well calculated to inspire feelings of deep regret.

Dr Williams entered Trinity College at a very early age, and his career was distinguished. He subsequently studied under the late Abraham Colles. Afterwards he passed several years on the Continent, visiting and enlarging his knowledge at the various hospitals. It was during this period of his life that he laid the foundation of his future eminence as a surgeon. He settled in practice in Dublin about the year 1830, and very soon started to the front rank among the men of his time. In 1836 he was elected Professor of Materia Medica in the Royal College of Surgeons in Ireland, but previous to that date he had acquired a solid reputation as Lecturer in the Medical School in Digges street.

In 1838 the deceased became one of the Surgeons of the City of Dublin Hospital. Great kindness to the sick eminently distinguished him. His consideration for their feelings endeared him to them. With the students he was an especial favourite, and he at all times freely and unostentatiously communicated to them the results of his close observation, his large experience, and extensive reading. His colleagues, too, esteemed him highly. In difficult and obscure cases his opinion was sought for, and valued all the more because ever given with candour and humility.

In 1844 he was placed upon the Council of the College of Surgeons, and henceforth took a leading part in all its proceedings. His unvarying good temper, his knowledge of the laws of the College, his enlarged views of the interests of the body, and the accurateness and facility with which he expressed his ideas, rendered him one of the most valuable members of the learned Institution, and his opinions were always listened to with deference. Upon the occasion of a conference between the College of Surgeons of England and Ireland, on a subject interesting to the Profession, Dr Williams spoke so lucidly and forcibly, that the President of the College of Surgeons of England expressed himself in these words:—"The College of Surgeons in Ireland should feel proud of such a man."

In 1855 Dr Williams was elected Vice-President of his College, and in the following year he was unanimously called on to take the place vacated by the lamented Crampton.

One additional proof of the esteem and confidence of his brethren was given, when, in 1858, they sent him to London as their representative to the General Medical Council. It was felt that the Profession did not contain a man who would perform the important duties of the office with greater zeal and efficiency. It was while engaged in fulfilling these duties that he died.

Dr Williams's health began to fail a few years ago, after the death of his only daughter, to whom he was devotedly attached. Within the last two years it became obvious to his friends that he was failing. So lately as a year ago, however, there was no ascertained disease of a vital character. It was only during the past winter that the affection of which he died developed itself. When he arrived in London, however, nothing sudden was anticipated, and the sad event has taken all his friends by surprise. Immediately on hearing of the occurrence, the Council of the College of Surgeons met to express their sorrow and their condolence with the family of the deceased. They have also resolved to place Dr Williams's bust in their hall.

The funeral was most numerously attended by Professional and private friends.—'Medical Times and Gazette.

Births, Marriages, and Deaths.

BIRTHS.

CUOLAHAN.—June 16, at Grange road, Bermondsey, the wife of H. Cuolahan, Esq., M.R.C.S.E., of a son.

INGHAM.—June 20, at Haworth, Yorkshire, the wife of Amos Ingham, M.R.C.S. and L.S.A., of a son.

MARSHALL.—June 10, at Chard, the wife of T. Harrison Marshall, M.R.C.S. Eng., L.S.A. Lond., of a daughter.

STEPHENSON.—June 24, at Nottingham, the wife of T. Appleby Stephenson, Esq., M.R.C.S., of a daughter.

WILLETT.—June 14, at Bristol, the wife of M. Willett, Esq., M.R.C.S.E., of a son.

MARRIAGES.

SHORTT—BLYTH.—June 6, at St George's, Bloomsbury, John Shortt, M.D., M.R.C.P., &c., of the Madras Army, to Ellen Julia Anne, only daughter of the late Alexander Blyth, Esq., Surgeon of H.M.'s ship 'Unité.'

WALKER—SEABROOK.—June 21, at St George's Church, Hanover square, Thomas Houghton Walker, M.D., of Tolleshunt D'Arcy, Essex, to Ellen, youngest daughter of the late Thomas Seabrook, Esq., of the same place.

DEATHS.

ANDERSON.—June 19, at Edinburgh, Andrew Anderson, M.D., formerly Surgeon in the 92nd Highlanders.

BROWN.—June 9, at Braco, Logiealmond, Perthshire, John Brown, A.M., Student of Medicine.

BUCKLAND.—June 24, at Shaftesbury, aged 67, James Lush Buckland, Esq., M.R.C.S., and for twenty-seven years Surgeon to the Queen's Own Regiment of Dorset Yeomanry Cavalry.

CHURTON.—June 13, at Waterloo, near Liverpool, Joseph Churton, M.R.C.S. Eng.

CRAIG.—June 13, at Strathaven, Lanarkshire, William Craig, L.F.P.S. Glasgow.

GARMAN.—June 23, at Bow, Middlesex, Henry Ereth, aged 10, eldest son of Henry Vincent Garman, Esq., M.R.C.S.

LOMAX.—June 13, Charles Lomax, of Weobly, Herefordshire (in practice prior to 1815), aged 74.

LENOIR.—Adolphe Lenoir, Surgeon to the Necker Hospital, has just died at Paris, after a long and painful illness, at the age of 58. He occupied a most distinguished position in the French Medical scientific world, and was one of the founders of the now famous Anatomical and Surgical Societies. He has left an important work upon 'Enchondromæ' unfinished, which will be published.

LEWIS.—June 22, John P. Lewis, of Sheffield, M.R.C.S. Eng., L.S.A. Lond., aged 50.

LORIMER.—June 20, at Tyne park, Haddingtonshire, William Lorimer, M.D. Univ. Edin., L.R.C.S. Edin., aged 22.

MINES.—March 23, at Hobart Town, Thomas Mines, Assistant-Surgeon 40th Regiment of Foot, aged 28.

MONTGOMERIE.—March 6, at Scone, Dr Montgomerie, late of Ladeside, Kilbirnie, Ayrshire, aged 66.

MONRO.—June 14, at Newport, William Monro, late of Dundee, M.D. University of St Andrew's, L.R.C.S. Edin.

NEVILLE.—June 20, at Great Brunswick street, Dublin, Arthur Richard Neville, M.R.C.S. Eng., L.R.C.S. Ireland, L.K.Q.C.P. Ireland, aged 52.

ROWAN.—April 10, at Richmond, New South Wales, Robert R. Rowan, formerly of Dundalk, Ireland, aged 75.

THOMSON.—June 22, at Arnaddy, Oban, Alexander Forbes Thomson, of Easdale, Oban, Argyleshire, L.F.P.S. Glasgow.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Monday, June 25th, the following gentleman was admitted a Fellow of the College:—G. Land, M.D., Madeira. At the same Comitia, the following gentleman, having undergone the required examination, was admitted a Member:—W. Edward Robbs, M.B., Stamford. The following gentlemen were also admitted Members of the College, having been previously elected under the expired temporary bye-laws:—John Gallagher, M.D., Royal Navy; Clarence Cooper, M.D., H.M. Madras Service; James C. de Castro, M.B., Madeira; W. R. E. Smart, M.D., R.N. Hospital, Bermuda; William James Whyte, M.D., Banff; Richard Ford Foote, M.D., Constantinople; Francis Isaiah White, M.D., Perth; Joseph Marcus Joseph, M.D., Madras; Elias Jones Roberts, M.B., Bengal; Henry Francis Williams, M.D., Bengal; W. C. B. Eatwell, M.D., Calcutta; Joseph Fayrer, M.D., Calcutta; Edward Ferrand Astley, M.D., Dover; George F. Bone, M.D., Calcutta; John Jones, M.D., H.M. Indian Army; William Carey Coles, M.D., Bombay; James H. Simpson, M.B., Pontefract; Thomas L. Rogers, M.D., County Asylum, Rainhill; Charles Elam, M.D., Sheffield; Alexander McKechnie, M.D., Southsea; T. W. W. Smart, Northiam, Sussex; Peter Eade, M.D., Norwich. This being the Annual Meeting, the following officers were elected for the ensuing year:—President:—Thomas Mayo, M.D. (re-elected).—Censors: Dr Barlow, Dr F. Weber, Dr Gull, and Dr T. K. Chambers.—Treasurer: Dr Alderson (re-elected).—Registrar: Dr Pitman (re-elected)

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Members of the College at a Meeting of the Court of Examiners on the 22nd inst.:—William Henry Brecknell, Gateshead, Durham; Henry Croucher, Bexley, Kent; Augustus Frederick Elliot, Exeter, Devon; George Harrison, Grosvenor street, Grosvenor square; John McDonnell, Milton road, Stoke Newington; James Mark Morris, West Bromwich; Christopher Williams, Williton, Somerset.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practice, on Thursday, June 21:—Thomas Young Baker, Hargrave, Northamptonshire; Robert Cummings Gibb, Newcastle-on-Tyne; John Jones, Llanfyllin; Raphael Meldola, 25 Gretton terrace, Victoria park; William Mitchell, Bothic, Cumberland; Robert Tanner, Gloucester house, Ledbury; Henry Ubsdell, Pewsey, Wilts. The following gentlemen also on the same day passed their first Examination:—Sebastian Claudo Thomas Gardner, Highgate; Edmund Cornish King, University College; Richard May Miller, University College; Timothy Richardson, London Hospital; William Bathurst Woodman, London Hospital.

EXAMINERS IN MIDWIFERY OF THE UNIVERSITY OF LONDON.—Dr Barnes, Dr Priestley, and Dr Graily Hewitt are candidates for the vacant appointment.

AMONG the Civil Service Estimates for this year are 11,500*l.* for Dr Livingstone's expedition; 4,000*l.* for quarantine expenses; 7,000*l.* for the Niger expedition under Dr Baikie.

ST JAMES'S PALACE, JUNE 20TH.—The Queen was this day pleased to confer the honour of Knighthood upon James Ranald Martin, C.B., F.R.S., Physician to the Secretary of State for India in Council, and Surgeon in the Bengal Army, retired.

SOIREE.—The College of Physicians of London will this year give a *soirée* at the College on the 9th of July.

MILITARY FLOGGING.—During 1859 there were 22,665 lashes inflicted on soldiers in the British army stationed at home.

INTERNATIONAL STATISTICAL CONGRESS.—A meeting of the Commission for Organising the Fourth Session of the International Statistical Congress, to be held in London this month under the auspices of her Majesty's Government, took place recently at Pembroke House, Whitehall gardens. A great many Commissioners were present. Our Profession was represented by the President of the College of Surgeons, Dr Guy, Sir J. R. Martin, Dr McWilliam, Dr J. Sutherland, and Dr W. Farr. The Organisation Commission, upon a report prepared by Dr Farr, decided upon dividing the Congress into six sections for the purpose of considering the various subjects which will be included in the programme—namely, Section I. Judicial Statistics; II. Sanitary Statistics; III. Industrial Statistics—two branches, Agriculture and Mining; IV. Commercial Statistics; V. Census, and Military and Naval Statistics; and VI. Statistical Methods. It is proposed to invite Lord Brougham, Lord Shaftesbury, Earl Stanhope; Lord Stanley, M.P.; Mr Hutt, M.P., and the Master of the Mint, to act as pre-

sidents of sections. The opening of the Congress was fixed for Monday, July 16, and the sittings will be continued over the five following days. The meetings will be held in Somerset House, the Council of King's College having placed their large hall and other portions of that establishment at the disposal of the Commission, while the Society of Antiquaries, the Geological Society, and the Astronomical Society have in a no less liberal spirit consented to allow their apartments in Somerset House to be used for the sectional meetings. Several suggestions were offered, evincing a strong desire to give the most hospitable reception to our distinguished visitors, and the Lord Mayor expressed a hope that they would do him the honour to visit the Mansion House. Mr Milner Gibson having thanked the Commission on the part of the Government for their co-operation in the endeavour to make the Congress as useful as possible to this country and to others, the meeting adjourned. It may be remarked that the object of the Congress is to promote the collection of statistics, especially those published officially by the different Governments, on the most approved methods and upon uniform bases, so as to admit of the international comparison of the results obtained. The first meeting of the Congress was convened at Brussels by the Belgian Government in 1853; the second session was held in Paris in 1855, and the third at Vienna in 1857.

Earlswood Asylum for Idiots.—The report by the Board of Management of this excellent Institution for the past year has just been issued. We are glad to learn from this document that an Asylum so invaluable to a helpless and much-to-be-pitied class of the community continues to prosper, and that the number of its supporters has largely increased. There are now 306 pupils in the establishment, to be increased to 326 at the next election. The healthy condition of the inmates is the subject of congratulation in the report, and the statement of the Medical Superintendent, appended to the report, gives a favourable account of the results of their mental and moral training. During the year bequests have been made to the amount of between 1,200*l.* and 1,300*l.*; the bazaar held at Brighton had also been productive of encouraging results, and not less so the anniversary festival, at which the Duke of Cambridge presided. The proposal to receive cases for life is strongly recommended by the Board of Management, who, in conclusion, congratulate the friends of the Asylum on having effected a work for the benefit of the idiot which has no parallel, and which has been sustained by a sympathy beyond all expectation.

French Surgery.—The question of resection of joints, studied for twelve years with so much interest and care by English and American Surgeons, is still little known in France. The resection of the elbow-joint has alone become part of our practice, that of the shoulder has been practised several times; but resection of the knee and the hip have hitherto met with few partisans.

The Association of Foreign Graduates urge the following reasons in support of their claims to registration:—"1st. Because we are legally qualified medical men already, and as such duly registered! 2nd. Because we obtained our foreign degrees *many years ago*, from legally-constituted foreign universities, on the good faith of written examinations, original dissertations, British diplomas, and other approved testimonials! 3rd. Because the Medical Act nowhere insists that such 'regular examination' must NOT be a written one; and nowhere demands that it must necessarily have been instituted at the university seat! 4th. Because, on the other hand, *the statute in question has actually provided a dispensation in our favour!*—*Vide* Sec. 46. Lastly. Because the judges of our superior Courts of Law have repeatedly, and in a marked manner, expressed their opinion that persons engaged in practice BEFORE the passing of the Medical Act *have just claims to some such concession;* and that the Senate in question should not be interpreted either RETROSPECTIVELY or oppressively; and, above all, because our junior brethren, who have purchased diplomas in this country, and even *since the passing* of the Medical Act, have been allowed to place SUCH qualifications upon the Register!!!"

Lahore Medical College.—The Punjab Government has published the prospectus of the Lahore Medical College, to which Sir Charles Wood has given his sanction. The Staff is to consist of a Principal, Professors of Medicine, Surgery and Chemistry, an Assistant Demonstrator, a Superintendent of the Hindostanee Class, and an Apothecary. The 1st Class is to comprise students who wish to be educated as Sub-Assistant Surgeons. Candidates will be admitted to study for a period of five years, after passing an examination in English and Arithmetic. The 2nd Class is intended for native Doctors, who will be enlisted as soldiers and placed under military discipline. They must be natives of the Punjab, and not under sixteen years of age. On entrance they must pass an examination in Hindostanee, Punjabee and Arithmetic, and then study for three years. The certainty of situations in the public service and of private practice among their own community, has made the medical schools in India most popular with the natives. The Lahore College will be equally so with the Punjabees, we believe. The error of educating the students in mere theory, committed till recently in Agra and Madras, should be avoided. Some Sub-Assistant Surgeons can talk science glibly enough, but cannot stop a hæmorrhage.

The Hot-Air Bath.—Mr Bolton, House-Surgeon, in his Annual Medical Report of the Newcastle Infirmary, where a hot-air bath, with frigidarium, tepidarium, and sudatorium, has been erected at the cost of only 60*l.*, speaks of its great value in cases of rheumatism (acute and chronic), dropsy, skin diseases, catarrh, influenza, and ague. He says, "In regard to the last-mentioned disease, I have several times witnessed the aversion of its paroxysms by placing the patient in the bath prior to the expected onset of the rigor. By this means alone the essential features of the disease have been removed, and quinine has then been used as an ordinary tonic for the remaining debility. The influence of the bath on persons in health is also interesting. After the very first impression of the high temperature is past, the sensation is rather agreeable than otherwise, and a few minutes elapse before any marked effect is observable. Before ten or twelve, however, are over, the perspiration will begin to stand in drops upon the skin, and the pulse to beat more quickly; in other ten or twelve minutes the pulse will almost have doubled itself, and the perspiration will run down the skin in torrents, and no doubt will be entertained as to the greatest luxury in the world being the cold douche; accordingly, after twenty or twenty-five minutes' tolerance of this temperature of 130 or more, resistance being no longer possible, a rush is made to the shower-bath, and its contents are brought down eagerly. The bather feels the cold intensely grateful, leaves the heated apartment under its influence carefully wrapped in a blanket, his pulse rapidly falls to its wonted rate, and he feels himself a very fresh, clean, hungry, and independent man."

APPOINTMENTS FOR THE WEEK.

Wednesday, July 4.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Obstetrical Society of London.—Mr Mitchell, "On some of the Exigencies connected with Preternatural Labour:" Short Papers by Dr Drage, Dr R. U. West, &c. 8 p.m.

Thursday, July 5.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2½ p.m.

London Home.—2 p.m.

Friday, July 6.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 7.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, July 9.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, July 10.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Omega.—It is not always easy to distinguish a fracture within the capsule in old people after a few days if much pain or swelling be present. Rest is the great remedy. Inflammation may go on, and be very difficult to subdue.

Mr Watson.—Certainly.

B. H.—We can see no reason why it should not be attempted.

An Old Correspondent.—The qualification cannot be registered.

Medicus (Reading).—1st. No.—2nd. No.

The Northern Whig.—Received.

Dr Tucker's letter received and inserted.

A. Z.—The Medical Council has not power to correct the evil. The Charter is granted by the Crown, but the Council is not obliged to recognise it. It is different with respect to the Midwifery qualification, and the licence of the Irish Society of Apothecaries. It is disputed whether the latter qualification is a sufficient one for the practice of medicine.

Amicus (Bath).—It shall be attended to.

Alepii (Carlisle).—We will answer it.

Dr W. B.—Yes.

M.R.C.S. Eng.—1st. No.—2nd. Next September.

A Subscriber.—It is a quackish affair, without any therapeutic value.

To the Editor of the Medical Circular.

Sir,—In your Notices to Correspondents, will you be good enough to reply, either in a condensed and inclusive answer, or in what remarks you may deem necessary, to the following questions?

1. Have the Medical Council any *legal* right to refuse Registration to L.R.C.P.s (Ed.), who were made so previous to August, 1859, by testimonials, and not by examination?

2. If the Medical Council, from the beginning, had that right, could the College of Edinburgh have had a *legal* right to make these non-examined Licentiates?

3. If the Edinburgh College had the discretionary right to do it, should they not support these previously-made Licentiates in demanding registration, though the College might subsequently submit to the Medical Council in consenting to make no more of them?

4. If the Edinburgh College gave these diplomas in ignorance of their having no power, or being indiscreet in offering them, do these Licentiates acquire nothing by their diplomas!

5. If the Medical Council of August, 1859, could *then* legally enact a restriction against the registration of such Licentiates, could *that* legally obstruct the registration of such Licentiates as were made so previous to August? If so, what defence is there for the *retrospective* restrictions?

6. Is it likely that the Medical Council would refuse the right of these Licentiates to memorialise or petition for registration?

7. If a non-examined Licentiate sign himself "Physician," or put it on his door-plate, is he liable to prosecution?

8. Or, if he insert himself in Churchill's 'Medical Directory' as L.R.C.P. (Edin.), would that be a *false pretence*, exposing him to prosecution?

9. Or, if he permit himself, by courtesy of others, to be styled "Dr" (not M.D.), is he liable to prosecution?

10. If he style himself Surgeon and Physician, being *registered* only as the former, is he liable to prosecution for the latter?

11. If the Edinburgh College had no right to do it, what is to be said for the error of making such Licentiates if it prove of no benefit in the result?

12. On what moral principle is it that the College can retain the fees (stamps excepted) if the non-examined Licentiates acquire neither legal nor courteous status by their diplomas?

Favouring me with the best answer you can, you will oblige a constant reader, and

Your obedient servant,

Inquisitor.

[We may observe generally upon these queries, that the Medical Council, in our opinion, could not refuse to register the persons in question until notice of a restriction had been given by the Privy Council. The phrasing of the clause is obscure, and it is doubtful whether the Order of Privy Council would be retrospective. The strict answer to your fifth query seems to be, that the registration would cease at the date of the Order, without reference to the time at which the qualification was obtained,—an injustice, no doubt, and we do not think a law-court would allow it.

Any man holding a licence of a College of Physicians may call himself Physician, whether registered or not, so far as we can judge from recent decisions; but all is doubtful on this point. What is law in one court is not law in another. It does not seem to us necessary to go further into the questions propounded.—Ed. Med. Circular.]

Mr Paterssen.—Article received, but we fear that we shall not be able to find room for it.

Mr Bermingham.—Received.

An Irish Surgeon's article touches too much on subjects of general policy to be suitable for publication in a scientific periodical.

Mr Palmer.—The advertiser was associated with the Bennetts, of whose proceedings this Journal gave a full account at the time of their dispersion. Read the Circular of March, 1859.

Letters received from J. Ewing, C. W. Finney, Mr Bean, W. Cole, G. Leith, R. F. George.

CLINICAL REPORTS.

FRACTURES OF THE SKULL WITH DEPRESSION. OUGHT THEY TO BE TREATED ALL ALIKE, OR WITH THE TREPHINE?—MR GAY, MR PAGET, MR ERICHSEN.

(Continued from page 2.)

The following is a case which sufficiently indicates the treacherous and uncertain character of these accidents, especially about the base of the brain. This was very strongly dwelt upon by Mr Hilton in his recent admirable Lectures.

CASE II.—A young man, apparently in perfect health, sustained an injury of the skull in the mesial line, from a quantity of bricks falling on it, and was admitted into St Bartholomew's Hospital under the care of Mr Paget shortly after the accident.

At first there were no symptoms either of compression or irritation: there was an ugly wound of the scalp; it was also ascertained that the bone underneath was fractured; the wound was therefore simply dressed. During the next four days the man did remarkably well, and was entirely free from cerebral symptoms. A shivering fit then unfortunately occurred, and was succeeded by difficulty in forming words, as well as by a most serious tendency to stupor, in which he became more and more insensible. Mr Paget therefore determined to trephine and use chloroform. During the operation, and after the removal of a thick piece of the skull, a dark-coloured clot was seen lying near the dura mater, which latter had given way at one spot. Some small portions of bone were taken away, but no large depressed portion could be found.

The various means used, especially the chloroform, seemed to have had little effect on the real seat of the mischief, which was obviously deeper than had been reached by the trephine, probably at the base of the skull, as subsequently retention of urine set in, and hemiplegia of the right side of the body. The poor fellow sank into a state of deep coma shortly after, which ended fatally.

It was rather unfortunate that the friends of the party would permit no post-mortem to be made; but there can be little doubt the nature of the accident was what we have already referred to, some extensive mischief involving probably the base of the brain.

The next patient is an average specimen of the class of cases of injury of the skull which do well, where the dura mater is not much injured.

CASE III.—A man, aged twenty-seven, with fractured skull, admitted into University College Hospital two days after the receipt of the injury of his head, was found by Mr Erichsen with the following curious history:—It seems that the poor fellow had come to hospital with his broken head two days previously, but being, as it was thought, stupid and only very drunk, and more under the delicate attention of a couple of blue-coated policemen, it was considered rather *selon les règles* that they would, after the manner of policemen—usually so moral—try him first and trephine him afterwards; the diagnosis, in fact, between deep cerebral disturbance from fractured bone, or the less formidable accident of gin, not being at any time clear in our cerulean police-constable's mind, or in that of some of our friends, the hospital "dressers." Nature had time to fight out the battle herself, without the trephine at first, and the man recovered during the delay incident to his going and coming to the hospital. No doubt the requirements of justice, too, were gravely satisfied.

When Mr Erichsen saw the poor man, he found, as just said, that the most serious cerebral symptoms had then continued for forty-eight hours. The man had applied soon after the accident, but being stupid or drunk, as it was thought, he was taken away, and on his road from the hospital became quite delirious and then insensible. It is, no doubt, difficult very often to say, in such cases—even for persons more astute than a policeman—where delirium ends and drunkenness begins; but a correct, gentle-minded surgeon will always rather err, far away, on the side of too much caution for his defenceless patient, than yield to the brutal instincts of mere police-officers, and make light of a very serious case. A person, too, very often apparently in perfect health, will get a trifling "reeling in his head:" or simple faintness or weakness. It is a thing of an instant; yet that has been an epileptic or apoplectic seizure—the man walks like a drunken man, yet he's not drunk. Mr Erichsen at once recognised this man's state: he was half comatose, his breathing heavy, but not stertorous; the pupils large, but acting a little when stimulated by light; there had not been time yet, perhaps, for much effusion. A fracture of the left parietal bone, with depression, was discovered, and after the usual careful precautions of shaving the head, &c., the trephine was cautiously applied; but, what we believe is most essential to the good result of such cases, the dura mater was not cut or injured; between the skull and the dura mater a clot of blood was found, and was at once removed.

Before evening of this day the man seemed much improved; as much from the rest in hospital, the previous use of venesection, purgatives, &c., as the removal of this clot. His recovery was without intermission, and he left the hospital well.

The careful surgeon will always keep in mind other dangers besides those of the immediate accident, such as death from the cutting operation itself, or pyæmia. (*a*)

CASE IV.—A man, aged forty-nine, was admitted to Guy's Hospital for compound fracture of the skull from the fall of a brickbat on his head. Paralysis of the left arm was detected; his intellect was clear. The paralysis of the arm persisting, elevation of the bone by the trephine was perhaps incautiously decided on; at least, if the results could have been foreseen, the trephine would not have been used: the dura mater was not originally lacerated, *but it subsequently sloughed*, and a so-called fungus of the brain appeared. The injury to the left arm pointed to some mischief at the right side of the brain, about the region of the optic thalamus, or other chief ganglia, too deep perhaps for the trephine to reach. This poor man died of pyæmia: the veins of the diploe of the skull were filled with pus; the right optic thalamus was the part of the brain chiefly diseased.

CASES OF STRANGULATED HERNIA — EVIL EFFECTS OF PROLONGED "TAXIS." — MR JOHNSON.

Cases of strangulated or incarcerated hernia are amongst some of the most delicate with which the Surgeon in every-day practice has to deal. The practice of some hospitals is to operate as early as possible; in others, to adopt the plan of "taxis" reduction by the use of ice, chloroform, &c. A French Surgeon, very recently, of an unpractical turn of mind, recommends, in a big book, the forcible use of the taxis; another Surgeon of high position (Desault), occasionally quoted by Mr Stanley, thinks, if the word "taxis" were blotted out of surgical literature altogether, more lives would be spared. Between these two extremes the Medical world seems blown about by every wind of doctrine. The following cases are suggestive. The first is a case of congenital hernia incarcerated or sacculated, but in which the practice of M. Gosselin proved anything but specific; the second case exhibits the usefulness of early operation.

CASE I.—J. L——, aged fifty-three, was admitted into St George's early in the present year, with some ill-defined affection of his rupture. The day before admission, he said, his hernia came down; he was sick soon after. A Surgeon to whom he showed the hernia, together with his assistant, endeavoured for more than two hours to reduce it by means of forcible taxis, as recommended by M. Gosselin; but not succeeding with the reduction, he came to hospital. When examined in the hospital, it appeared he was not suffering from symptoms of strangulation: there was no vomiting, no pain in the abdomen, nor tenderness on pressure; there was a large hernial tumour, the size of a cocoa-nut; it was not tender, but the whole scrotum was extensively ecchymosed from the violence of the taxis applied before admission. The House-Surgeon of St George's, not deeming it a case for operation, applied ice externally, which is found in inguinal hernia at this hospital more useful than the warm bath. Next morning the report was, he had passed a very restless night; he had vomited once, early in the morning; there was still no pain, and the tumour was soft, nor was it then painful, though a little later it became tender and he had pain in the abdomen. The poor man suddenly became collapsed, too, about mid-day; the face became shrunken and dark-coloured; the fingers were blue and cold; stercoraceous vomiting also now told of the mischief wrought by the excessive taxis before admission, and, as the less of two evils, operation was now decided on, a consultation having been held on the case; Mr Johnson wisely deemed it right to open the sac, and did so; when it was found to contain several ounces of bloody serum, some large clots of coagulated blood, and about eight inches of very dark intestine; all the tissues of the bowels were much thickened, and there was blood extravasated under the serous covering; there were also patches of extravasated blood in the mesentery. All this ecchymosis or injury was probably the result of the prolonged taxis. When the gut was returned, it was discovered that the hernia was congenital, as there was a large "diverticulum" at the lower and back part of the sac, into which the intestine had descended; there had been probably no real stricture, as the internal ring was of large size. The man rallied after the operation; the bowels were relieved three times; but the poor fellow sank during the night, and died exhausted.

One of the chief uses of the best Clinical Reports is, evidently, that out of the mistakes of other Surgeons, we, or men like Mr Johnson, may occasionally "point the moral" of the evil of such things as the excessive use of the taxis in instances like this. We hear the same story of the taxis in every one of the hospitals, especially at Guy's and at St Bartholomew's; still, it is difficult for the Surgeon in general practice to know what to do, if not to exert himself to force the gut to go back. The post-mortem in this case showed that the patient, in all probability, would have recovered, but for the rough method employed to reduce the hernia. On two previous occasions it had yielded to cautious, gentle use of the taxis and ice; and there is little doubt, if ice or chloroform had been used early in the case, all would have been well. The excessive "taxis" defeats itself; the gut becomes thickened, and pulled about, and enlarged.

The next case is one of a more satisfactory kind, where early operation probably saved the man's life.

CASE II.—A man, aged fifty, admitted January 13th at two o'clock in the day, was found to have a strangulated oblique inguinal hernia. The early history of the case did not present anything out of the common: he has worn a truss for fourteen years; he has never had any trouble in reducing or "putting up" the hernia. At ten o'clock in the morning of the day of admission, the hernia protruded, and, according to the notes of Mr Rouse, the industrious Surgical Registrar at St George's, it was larger than usual. The man had immediately severe pain in the abdomen; he endeavoured to push up the hernial tumour himself, but, finding the pain severe, he came to the hospital, when an oval tumour as large as a fist was found; tender, but not tense; not ecchymosed, as the former case. He had also been sick several times during the day; the pulse was 76, irregular and intermittent; he was restless and tossing about on his bed, the symptoms not improving.

The operation was performed at half-past four o'clock. The usual incisions having been made, the sac was laid open also in this case; the general impression in the hospitals now being, we think, that it really signifies little in a given number of cases, say 100 on each side, whether the sac is opened or not. The sac was opened, and eight or ten inches of dark congested intestine were seen. There was some bruising of the gut, apparently. The stricture, which was very tight, was divided, and the gut returned; the edges of the wound brought together by sutures, and water-dressings applied.

Although severe inflammation subsequently

(*a*) There appears to be not any the least shadow of truth or fact in the recent startling idea of the 'Medical Times' that chloroform leads to pyæmia. It would not be necessary to state this, but that journal still holds fast by this error, having once stated it; but it would be as wise for it to say arsenic-eating is true because people in the Tyrol use as a cosmetic oxide of zinc, or to say the arsenic in the trial of Smethurst was proved because it all along held that idea too.

attacked the sac, which went into suppuration, this patient did well, and left the hospital cured; all due, probably, to the comparative absence of the "taxis" and the early operation.

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' opens with some clinical remarks by Mr SKEY on *Tetanus*. The Author commences with some general observations on the failure of remedies to cure tetanus, not denying that cases may occasionally recover, but teaching that no single class of remedies, either purging, sedatives, counter-irritants, &c., can be relied upon. He then reports the following case:

"A boy, aged fourteen, was brought into St Bartholomew's Hospital, with a hand greatly mutilated by machinery. The house-surgeon decided, on consideration,—and I thought wisely decided,—to make the attempt to restore the hand. For twelve days he progressed favourably. On the thirteenth, he complained of stiffness in the back of his neck. When I saw him, at the expiration of some hours, spasm of the muscles had extended to the chest and abdomen; but none of the muscles were severely or painfully contracted. Still the signs were distinct. The boy was the subject of tetanus; and as I had never had a successful case, I was the more anxious to adopt some more promising agent than any I had hitherto employed. With this view I determined to test the efficacy of the woorara poison, which had been employed with some effect by Mr S. Wells in three cases of tetanus. By the kindness of Mr Savory, who had a small quantity of the fresh poison, I was enabled to obtain sufficient for the purpose. We dissolved two grains in an ounce of distilled water. The boy being placed under the influence of chloroform, I amputated the hand immediately above the wrist-joint. My intention was to have applied two drops of the solution to the wound, and, observing the consequences, to have increased the quantity applied according to the effect produced. On recovering his consciousness, it was obvious that what had been done for the boy, whether the removal of the hand or the administration of chloroform, had been in the direction of good: the pulse had fallen from 130 to 100, and the rigidity of the muscles was greatly diminished, and continued so. The pain was also reduced, and the countenance was more tranquil. He could open his mouth to an extent sufficient for the introduction of food. The rigidity of the muscles was by no means great, nor did he suffer the degree of pain usually attendant on severe cases of tetanus. It is very true that the sterno-mastoids, pectorals, abdominal muscles, and, indeed, the muscles of his trunk generally, were involved; but their contraction was comparatively slight, and certainly was unproductive of considerable pain. The use of the woorara was postponed, and I ordered the boy tincture of opium, ten minims; compound spirit of ammonia, half a drachm; brandy, half an ounce, every two hours. On the following day I found he had had a tolerably good night: his pulse had slightly risen in frequency; the rigidity of the muscles had not increased; on the contrary, it appeared somewhat lessened. His countenance was more anxious, which appeared rather attributable to mental than bodily suffering, for he had only recently become cognizant of the removal of his hand. By two o'clock on that day, the boy had consumed four ounces of brandy, half an ounce of spirit of ammonia, and eighty drops of laudanum. Still I had no excuse for the trial of the woorara. Doubtless the boy was in a dangerous condition; but it was obvious that the condition was not attributable to the morbid contraction of the muscular system, but to something beyond it. His bowels were constipated. I ordered him calomel and jalap, castor oil, enemata of turpentine, croton oil in no insignificant doses; but I failed to obtain the desired result up to the time of his death. In other respects, the same treatment was continued. On the third and fourth days his condition was not materially changed. He took food without difficulty, as also his medicine at the required intervals. The ammonia was increased to drachm doses. On the fourth day, his pulse had increased to 135, and his countenance was more pallid. The rigidity of his muscles had not increased in any positive degree, and those of the extremities were entirely free from spasm. On the morning of the fifth day he had taken, without producing any marked effect on his system for good or for evil, about forty-eight ounces of brandy, one ounce of tincture of opium, and four ounces of spirit of ammonia. And we may form some judgment of the severity as well as the prostrating influence of the disease under which this poor boy was labouring, when we consider that such an enormous power was inadequate to produce the smallest impression on his system. On the last visit I paid, except that he appeared somewhat weaker, I cannot say that he was positively worse. He could open his mouth sufficiently wide for the introduction of nourishment, and he took food freely throughout the greater part of his illness. His pulse was a shade weaker, but not materially so. His spasms were not severe nor considerable, and assuredly they were not a source of pain. Of this the boy gave me full assurance on many occasions. On the evening of the fifth day he died. His body was not examined.

"If the nature of the disease we call tetanus could be ascertained by dissection, we should have acquired this knowledge long ago; but, so far as I know, we have obtained no information by such means, except negatively, on which to found a theory, or to obtain a guide to practice. The total amount of knowledge consists in this; that at varying intervals after the occurrence of more or less violent local injury, and occasionally—but in our latitude very rarely—independently of injury, we observe rigidity of the muscular system, commencing with the muscles of the jaw, and extending to the neck, trunk, and finally to the extremities; that it is accompanied by great pain in the contracted muscles, a quick pulse and respiration, and constipated bowels; and that it terminates, in from two to six or eight days, in death. Such is nearly the sum total of our knowledge of tetanus, and it may be doubted whether we are even now occupied in the right path of inquiry. We fix our attention on the local spasm of the muscular frame, as though that condition of the system constituted the essence of the disease, of which it is only a symptom. We rather search for remedies that will abate spasm, than for such as will attack its cause. The above case exemplifies negatively this fact. The boy died of tetanus, but not of spasm. At no period of his case was the contraction of his muscles so rigid as to cause pain of a severe character. He complained of his arm; he suffered from a sense of illness; he desired to be let alone, and not to be disturbed; his expression betokened serious illness; but he did not die from pain nor from spasm: he gradually sank from utter prostration of nervous power, which every remedy employed was incompetent to contend against. And it is by no means uncommon to observe, towards the close of life, that the most prominent symptom of the disease—namely, muscular rigidity—gradually subsides, while the real disease advances towards its fatal crisis. In the whole range of disease, I do not recollect any evidence of the existence of what we term the nervous system more remarkable or more conclusive than is derived from the influence of anæsthetics in tetanus. How absolutely is the morbid influence of the nervous system on the heart and respiratory system suspended by chloroform! and how suddenly too! The pulse falls to its natural standard, the equilibrium of respiration is restored, all expression of suffering subsides under the reality of tranquil sleep. So complete is the external manifestation of health, that it would astonish a bystander, ignorant of the nature of the case, to be assured that in a few days, possibly a few hours, it would terminate in death. Suspend the remedy, remove the influence of the anæsthetic agent, and the entire train of fatal symptoms start, as it were, into existence—the pulse rises, the respiration is quickened in proportion, and the muscular spasm, with its usually inseparable companion, pain, becomes again dominant. Nor do we observe that the disease, to whatever extent it may have reached, is retarded or even diminished by the treatment. On the contrary, its progress is unremitting; and both the violence of the spasm and the severity of the pain are regenerated with an increase of intensity proportioned to the duration of time during which they have been suspended by anæsthetic agency. In the above case, I was fully prepared to test the curative properties of the woorara poison, as recorded by Mr Wells and recent French writers; but I really had no excuse for its employment. The boy did not die either from or with spasm; and I cannot persuade myself that we shall ever discover in the woorara poison a curative property capable of rousing the vital powers, already oppressed by mysterious morbid actions going on within the frame. Still, I am quite prepared to acknowledge that all reasoning, more especially on a subject so obscure as tetanus, sinks in comparison with practical observation. Other authorities may view the subject in a different light; and it will prove no small accession to our knowledge should we discover in this or in any other untried agent the power to arrest so hitherto fatal a disease as that which forms the subject of the above brief remarks."

Dr HENRY BENNETT contributes to the same journal an article on the sanitary characteristics of *Mentone*, a small Italian town at the foot of the Maritime Alps. The climate appears to be unusually warm, though cold after sundown, dry, and without fog. The Author considers the place adapted for the residence of consumptive patients. Mr HEATH contributes a case of *Excision of Diseased and Anchylosed Knee with Good Result:*

"Charles P——, aged eleven years and a half, was brought to me at the St George's and St James's Dispensary, on June 8th, 1858, with the following history. He had scarlet fever six years ago, and the left knee then became swollen, and continued so for three years; the boy being able, however, to walk about. Three years ago an abscess formed on the outside of the joint, which was opened by Mr Blagden, who applied a straight splint, and the boy was kept in bed three months, after which he was able to walk about again, the wound still discharging slightly. About twelve months ago, an abscess began to form on the inner side of the knee, and he was taken to one of the metropolitan hospitals, where he was admitted as in-patient on September 15th, 1857. The abscess burst, and another formed. The actual cautery was applied over the joint, and he was discharged at the end of April, 1858, as the parents would not consent to his undergoing amputation of the thigh.

"Both mother and child agree in saying that on admission into the hospital the knee was straight and rather stiff, but upon his coming out it had become bent to just a right angle, which is its present condition. There is an open sore on each side of the joint, and one over the middle of it, which discharge freely. The knee is firmly fixed at a right angle, and is slightly swollen. The boy suffers pain at night, but is otherwise in pretty good health, having improved since he has been at home.

"There being evidently firm anchylosis of the joint, upon careful examination under chloroform, and the probe leading to bare bone through each of the sinuses, resection of the joint was evidently the only course to be pursued; and this having been explained to the parents, they consented to its performance.

"*Operation, June* 29, 1858.—Having made an H-incision, I attempted to turn up the patella with the flap, but found that bone firmly fixed to the outer condyle, and the femur also anchylosed to the tibia. I therefore removed the whole joint in a wedge, carrying the saw immediately behind the patella and through the upper part of the tibia. As the parts did not come quite readily in apposition, I next removed a slice about half an inch thick from the femur, when the cut ends came easily together. The edges of the wound were brought together with a few stitches, and the limb was placed on a straight iron splint with a few straps and a bandage. Two small abscesses were opened during the operation, and a quantity of gelatiniform synovial membrane was removed. Some oozing took place in the evening, but was easily arrested.

"The boy, although feable, made a good recovery, the splint being removed for the first time on August 10th, when a gutta-percha one was substituted. In September, a small abscess

formed over the head of the tibia, and the limb was replaced for a few days on the iron splint, an inside splint being also adapted to it, to counteract a tendency to bow outwards.

"On October 4th the boy was sent to the Margate Infirmary, with the limb straight and in a gutta-percha splint. The sinuses below the knee continued to discharge slightly; the rest of the wound was entirely healed.

"The portion of bone removed showed erosion of the articular cartilages and thickened synovial membrane. On maceration for a short time, it appeared that the anchylosis between the patella and the condyle, and also on the inner side between the femur and tibia, was only fibrous; but on the outer side bone had been developed, as was seen on a section. The second slice of femur was found to have included the whole of the epiphysis.

"The boy returned from Margate in December, 1858, very much improved in condition. The limb was in good position, though a little bowed outwards. Two sinuses over the head of the tibia continued to discharge rather offensive matter.

"May, 1859.—Boy much improved in health, and able to get about with the help of a stick only. The two sinuses over the tibia continuing to discharge, notwithstanding the use of injections, &c., I gave him chloroform and laid them open. Found that they both led into a cavity in the tibia, which was filled with strumous material. This I gouged out and stuffed with lint. The boy made a good recovery, and soon got about again with a high boot.

"June, 1860. (Two years after the operation.)—The boy is well and strong, and gets about admirably with a high boot. There is still a sinus over the head of the tibia which discharges occasionally, but otherwise he has no trouble with it, and no pain at all. He continues to wear a gutta-percha splint, by his own desire, since I do not think it at all necessary, the anchylosis being perfectly firm. The boy does not appear to have grown much, but not having previously measured him I cannot speak with certainty. The measurements at the present time are—Height: 4 ft. 6 in. Right side: From anterior superior spine to lower end of femur, 13 in.; from the last point to inner malleolus, 10¼ in. Left side: From anterior superior spine to lower end of femur, 11 in.; from the last point to inner malleolus, 10 in. Thus the difference is exactly 2¼ in., and depends, as nearly as can be ascertained, upon a shortening of two inches of the femur and half an inch of the tibia. The heel of the boot he wears is two inches and a half in depth. The limb is not, perhaps, so perfectly straight as some that have been seen; but it must be borne in mind that the operation and treatment were conducted in a front kitchen, and under every disadvantage as to attendance, &c.

"I could have wished that, instead of a second slice of femur, I had removed a further portion of tibia, thereby possibly preventing the abscesses, &c.; but at the time of the operation the surgeon's attention had not been so forcibly called to the advisability of leaving the epiphysis of the femur as has since been the case. I shall endeavour to keep an eye upon my patient, so as to ascertain and report upon the effects of further growth."

The 'Medical Times and Gazette' contains a continuation of M. CLAUDE BERNARD'S Lectures on *Experimental Pathology*. He treats especially of the Functions of the Œsophagus and on Fistulous Apertures of the Stomach:

"The intimate anatomical relations of the pneumogastric nerves with the œsophagian tube have naturally suggested the idea of examining the physiological effects which, by dividing these nerves, are produced on the digestive functions. It has been asserted that the sensations of hunger and repletion, of emptiness and fulness of the stomach, were entirely abolished by this operation; animals are, in fact, generally averse to taking food under these circumstances; and, whenever they consent to do so, symptoms of suffocation almost immediately make their appearance. It was therefore contended that, equally incapable of perceiving the effects of abstinence, or of feeling that the wants of nature had been fully satisfied, their indifference on the one hand, and their voracity on the other, were the real causes of the accidents observed. But the experiment, in several respects, had not been properly controlled.

"Having produced a fistulous aperture in the stomach of a dog for the purpose of examining the secretion of gastric juice, I was led to divide the pneumogastric nerves, in order to ascertain whether the ingestion of food gave rise to its usual stimulating effects on the glands of the stomach, when partially deprived of nervous influence: but the aliments having been taken by the mouth, I was highly surprised not to see them appear in the stomach; they collected just above the cardia, and gradually filling up the whole length of the œsophagus, reached the upper orifice of the larynx at last, their presence in this latter region occasioning, of course, fits of suffocation. This result appears singular at first sight; for, although in a state of health the contractions of the œsophagus contribute to press food into the stomach, yet when its muscular coat is paralysed by the section of its motor nerves, how does it occur that the contractions of the pharynx do not give a sufficient impulse to the alimentary mass, which tends by its own weight to descend into the gastric cavity? The reply is, that a spasmodic contraction of the œsophagian orifice of the stomach opposes the passage of the food into its cavity, and withstands the contractions of the pharynx; but in the course of a day or two this peculiar state ceases to exist, and the animal is generally able to eat when thirty-six hours have elapsed after the operation. It is therefore evident that the section of the pneumogastric nerves exerts no influence whatever upon the sensations connected with the state of emptiness or repletion of the stomach. We shall now perform the experiment in your presence, and the results we have just been describing will be exhibited by the animal.

"(The pneumogastric nerves having been divided in a very large rabbit, the animal is presented with food, which it swallows with great voracity, having been purposely kept fasting for the previous twenty-four hours. Symptoms of suffocation are rapidly produced: the animal soon recovers, and attempts again to eat, which soon brings on another fit. At the close of the lecture the rabbit is killed and opened. The œsophagus is found entirely filled up with undigested food, from the cardia to the pharynx, while the stomach only contains some vestiges of the animal's last meal; for in the Rodentia, even when kept fasting for a certain time, the stomach is never completely empty.)

"These are not, gentlemen, the only experiments that have been tried on the œsophagus. An opening has been made on this canal for the purpose of extracting the alimentary bolus, in the state in which it makes its exit from the mouth; this experiment enables us to ascertain with what proportion of saliva it has been impregnated during mastication; by giving the animal dry food, and weighing it before and after the operation, the quantity of saliva therein contained is easily calculated; thus, when a horse is given ten grammes of straw, which has been previously dried with care, the mass extracted from the œsophagus weighs a hundred grammes; it might thence be inferred that the animal adds *nine hundred* parts of saliva to *one hundred* parts of food: the proportion, however, varies with the different descriptions of alimentary substances. When the parotidian duct has been opened on both sides, its secretion does not, of course, flow into the mouth, so that the process of mastication is more difficult and lasts a much longer time; the animal's thirst is also increased: all these results are easy to be explained, by the nature of the gland's functions, which we have just been studying in the preceding Lecture.

"The mechanism of deglutition has also been studied by means of similar experiments. When the œsophagian duct is opened in a horse, and a ligature applied under the opening, if food is given to the animal, it escapes from the aperture in small separate masses; if on the contrary, the œsophagus is divided, the aliments swallowed make their appearance in one continuous mass, the upper portion pushing out the lower parts. In other words, the power of contraction of the œsophagus is exerted in the first instance, while the impulsion is entirely derived from the pharynx in the second. The natural conclusion which we arrive at from these experiments is, that œsophagian contractions cannot be produced, when fixed points of insertion no longer exist at each end of the membranous tube; for in all other respects the conditions of the experiment are exactly the same as in the previous case, and the nerves have not been injured, as far as the upper extremity of the duct is concerned."

The Author then remarks on the importance of the experiments that have been made on the stomach of animals for the purpose of ascertaining the qualities of the gastric juice. He says that the horse and rabbit are unfit for these experiments, and that the dog is the most suitable, observing:

"To M. Blondlot belongs the honour of having been the first to conceive the idea of this operation. The following is the process invented by this able observer:—

"The animal being laid on its back and properly secured, an incision is made over the linea alba, from the xiphoid appendage down to the symphysis pubis; the stomach is then seized with a pair of forceps and drawn forwards. A silver wire is then passed into the walls of the stomach and twisted round a wooden obturater, placed outside of the abdomen. This first part of the operation having been performed, the animal is allowed to rest for a few days; and when, after a sufficient lapse of time, the walls of the stomach have adhered to the abdominal opening, the anterior surface of the organ is opened with the bistoury, and a canula is introduced.

"In my own experiments I found it more convenient to modify the *modus operandi* in the following manner:—The stomach is, in the first place, distended, by allowing the animal to feed copiously an hour or two before the operation; the incision is then made, and simultaneously comprehends the walls of the abdomen and the anterior surface of the stomach, which, being distended, is contiguous to them; the canula is then immediately introduced, and a few sutures are made, in order to connect the abdominal wound with the gastric aperture. The operation almost invariably succeeds; and within a couple of days the experiments on digestion may safely be commenced.

"M. Blondlot has lately brought before the public a modification of his own process, which enables the operator to dispense with a canula. It sometimes happens that an intense inflammation of the lips of the wound is produced, and that the presence of the instrument occasions a painful irritation, which renders it necessary to withdraw it; when this is not done, the neighbouring parts are sometimes mortified. In my own experiments I have avoided this inconvenience by using a double canula, which enables me to substitute a smaller one for the first, when too large.

"M. Blondlot adopts a different method. After having cut open the abdomen, he provokes an adhesive inflammation, which connects the anterior surface of the stomach with the lips of the wound: he then compels the animal to swallow a ball of packthread, allowing one of its extremities to hang out at the mouth. By means of a forceps he then seizes the other extremity within the gastric cavity, after having opened it; an obturator is then fastened to the anterior extremity, and the string being drawn out through the wound, the obturator passes through the œsophagus into the stomach, and occupies the aperture, which it entirely closes. In this manner the opening can be closed at will by pulling the string fastened to the obturator, and laid open again by forcing the obturator back.

"In practice this method appears to offer considerable difficulties; and we still continue, as usual, to make use of a double canula, instead of adopting M. Blondlot's new process.

"We shall now perform the operation before you, and in our next Lecture the animal on which the experiment is now made will no doubt be sufficiently recovered to furnish us with an abundant supply of gastric juice; we shall then examine successively its interesting properties, as well as that part of the digestive act which takes place within the stomach.

"(The experiment was immediately performed upon a very large and fine greyhound; the animal having fed about an hour before the operation, was of course in full digestion at the time; and as soon as the stomach was opened a large quantity of gastric juice escaped from the wound.)"

Dr Conolly continues in the same journal his *Recollections of Insanity*. We extract some passages :

"In the course of these new admissions, the primary advantage of a kind reception of the patients was a lesson soon learned. A superintendent should always visit a new patient with the least possible delay, and help to associate his kind demeanour and words with the first impressions of a time full of anxiety to a helpless person, conscious of his helplessness, and consequent dependence on those to whose care he is consigned. It was seen that the impressions made by observing this rule were seldom without their salutary influence, and seldom or never forgotten. A very general error is perceptible in too many instances in the manner in which insane persons are accosted by those about them ; who often seem to consider them insensible to the absence of civility, or even to remarks of an unfavourable nature on their malady and the habits induced by it. The young Practitioner anxious to conciliate his patients, and to acquire influence over them, should carefully avoid this fault, and always treat insane people, of whatever class, with a certain respect. They do not like to be too familiarly or even condescendingly addressed ; and their feelings are too real, and even their delusions too serious in their own estimation, to allow them to be jested with or laughed at ; and scolding them only excites their anger or detestation. There is something in madness which makes the poorest patient as sensitive in these respects as one of a superior class. A sort of refinement of feeling, one might almost call it, is in some manner associated with their malady, and for a time the conventionalists of life are subjected to a kind of equalisation. The first interview which the patient has with the Physician under whose care he is to be placed, and the first entrance into an asylum, commonly excite his facultics of observation very strongly. Every word is noted, every look is watched ; the aspect of the entrance of the house, the dress and manner of the servants, the passing view caught of other patients, all are acutely perceived, and furnish matter for suspicion and dread, or for something approaching to confidence and hope. Among the poor, and sometimes even among the rich, the distress existing in the mind is often in these circumstances increased by the bodily discomfort arising from the neglects to which they have been exposed as regards food, raiment, and personal cleanliness. A reception, kind, quiet and friendly, the administration of proper refreshment, a warm bath, the prospect of a clean and decent bed, produce so general an improvement as to place a kind superintendent or proprietor in a difficulty as to the written statement required from him by the law after two clear days of observation. Patients of the highest classes respond in some degree to these comfortable influences ; but on the poorer the effects of them are commonly striking. In the days to which my recollections chiefly refer, it may easily be supposed that taking off long-worn restraints, removing ragged and dirty dresses, and supplying the unexpected comforts of a warm bath, and a pleasant and wholsome meal, were sometimes even in their first consequences miraculous. The patients who had been brought into the asylum struggling or shrieking, heated, and flushed, and irritable, were generally found, when visited a few hours afterwards, so altered in appearance and manner as scarcely to be recognised. They had heard gentle words, long unknown to them ; they perceived, in all their trouble and confusion, that they were not uncared for, not abandoned, not perhaps in quite a hopeless state. Many happy examples of incipient amendment, followed by permanent recovery, occurred in patients whose first appearance was far from promising ; some apparently ungovernably turbulent, and some so deeply dejected as to express their belief that there would be for them, to use their own expressions, no sun, no moon, evermore. In subsequent years I have now and then met some of these patients happy and well, and been greeted by them in the crowd of London with a cordiality puzzling to the bystanders. I could fill many pages with cases illustrating these circumstances, on some of which, even after many years, and when some of the sufferers whom unexpected comfort reached this manner have been long resting in the grave, I sometimes dwell with a satisfaction no earthly events and no time can weaken or fade.

"But there were occasional difficulties to be overcome requiring repeated efforts and unwearied patience ; for among the insane of cities and of suburban villages are many whose malady has been but the close of a life of irregularity, or violence or crime, and whose habitual defiance of social order has qualified them to oppose authority of every kind, and to defy kindness as bitterly as severity. Fierce maniacal men were to be treated, who long regarded forbearance and civility with contempt, until some chord was accidentally touched to a sweeter tone, some subject allied in their wild thoughts with softer impressions, or with past events in which their better feelings had once been interested. Examples of this kind occurred chiefly among our Scotch patients, and I have known the name of Burns act upon them sometimes like a charm, and suspend what had appeared to be endless hostilities. Discharged soldiers, not often of the best class, were to be reduced, if possible, to order ; skilful in evasion, and daring in disobedience to rules. Among these the Irish were the most unwearied in troubling ; ever impulsive, crazy from the freest use of stimulants, soon recovering when compelled to temperance ; full of legal arguments for release ; rapidly relapsing when released, and now and then suddenly revengeful and dangerous. The virago, the dread of many a Middlesex hamlet, was to be managed ; whose sharp intellect endowed her with exhaustless means of mischief, and who knew peculiarly how to plague every officer, and had a nickname ready for every magistrate who fancied his position and bearing would command her respect. Wild Irish women were not uncommon, passionate and variable, alternately provoking and amusing ; but sometimes also grieving and tormenting, with almost a demoniac instinct and delight, those who were indefatigable in their service, so that the nurses would sit down and cry from vexation and despair. The destruction of clothes and furniture effected from time to time by these violent women was extraordinary ; and some were so strong, active, and ingenious, that locks, and bolts, and screws, and guards for windows, were so many toys, which they could take to pieces without any instrumental aid ; the disjointed materials being sometimes politely presented to the astonished attendants, or to the physician at his morning visit. In some of these curious cases the commencement of convalescence was characterised by a more humorous mischief. One Irishwoman whose violence had often terrified the whole staff of nurses, becoming less malignly disposed, had a particular satisfaction in sewing the dresses of the female patients to those of their nearest neighbours, as they sat together, sometimes their gowns, sometimes their cloth boots ; from which it resulted that when the one at the end of the bench moved away, the next was constrained to follow, and the next, so that they moved altogether if they moved at all. Another had particular pleasure in hiding herself, and causing a wide and general search to be made for her, sometimes including the despatch of a special messenger to one of the London workhouses, where it was thought she might be found. After one rather anxious afternoon of this kind, she emerged from a large coal-box in one of the day-rooms, on the lid of which, to her extreme delight, the nurses had sat for a time in dolorous counsel as to the steps to be taken to find her.

"Perhaps I may be unduly afraid of the possibility that at some future day, in consequence of the apparent tendency of the governing bodies of County Asylums, who are more and more pressed for the admission of pauper-lunatics, to enlarge them unreasonably, that mechanical restraint will be revived in some of those establishments and introduced into others in which it has not yet been resorted to. The size to which the asylums of Middlesex have already been extended is clearly incompatible with the exercise of such supervision as can be satisfactory to the Medical Officers ; and the consequences of various kinds will be such as to direct the thoughts of those who persist in defending unlimited augmentation of buildings for the insane to the old methods, of restraining patients in default of vigilant and unintermitting and impossible inspection. Such a lamentable reaction would not have the sanction of the Medical Officers of any asylum, nor of the Commissioners in Lunacy ; but the opinions of Physicians and the authority of Commissioners may be found as unavailing in such apparent necessity as they have been in resisting the enlargement of asylums to a point incompatible with the proper management and treatment of the patients."

Some remarks then follow on the advantages of the non-restraint system, and Dr Conolly concludes :

"Of all this the superintendent who would abolish or maintain the abolition of mechanical restraints must preserve a firm and earnest conviction, not to be shaken by the misgivings of those whose indolence or indifference makes them insensible to the state of the poor lunatic, whose life is literally in his hands. We can believe in the intensity of feeling which agitated Samuel Tuke, when the struggle had begun at York, more than sixty years since, and which wrung from the good and quiet quaker's heart that earnest prayer recorded in his journal,—"Teach Thou my hands to war and my fingers to fight for these my defenceless and injured fellow-creatures, for Thou alone art the fountain of knowledge, wisdom, and strength." Difficulties, trials, and even griefs may be incurred for a time by all engaged in such a task : few important improvements are effected without these drawbacks, inseparable from all tasks assigned to this mortal state ; but the real, and striking, and happy results on the patients will soon afford encouragements more powerful than them all. Such must have been the experience, such the trials, of Mr Gardiner Hill, at Lincoln ; of Mr Gaskell, at Lancaster ; of the late Dr Hutcheson, at Glasgow ; and of the late Dr Anderson, at Haslar. Their labours have not been fruitless ; and when they were completed, the question of non-restraint was decided, and as respects the insane, the battle of humanity was fought and won."

Mr Buxton Shillitoe describes in the same journal a *New Form of Catheter* for dilating strictures. The form of the catheter recommended is that of a short cone, commencing about one inch and a quarter from the end.

Dr Elliotson contributes to the 'Medical Times and Gazette' of June 30, a paper on *Urethral Rheumatism and Ophthalmia*, which we quote.

"My first knowledge of the occurrence of the disease was obtained from Sir Astley Cooper's lectures, which I attended at St. Thomas's Hospital in 1806-7 and 1807-8. How many years previous he had mentioned or seen it I cannot say. He pretended to no merit of discovery, but related in the most artless manner the communication of the facts to him by a patient. 'An American gentleman,' he said, 'came to me with the clap, and I told him he might think himself well off to be so little affected.' 'Oh,' said he, 'a clap with me is a serious thing. When I had it before, I was attacked a few days after the infection with an obstinate inflammation of the eyes that was followed by rheumatism.' 'I thought,' continued Sir Astley, 'that he might have caught cold while taking mercury, but he said he had taken none. I therefore watched the disease ; and in a few days his eyes became inflamed ; and after that one of his knees swelled, and then the other became affected with chronic inflammation. He was attended by Dr Relph, of Guy's Hospital, and myself for many months. He left this country uncured, but I heard that he got well on his voyage. Since this case I have seen many more such.

"It is very natural to suppose, before our experience became enlarged, that the disease was the result of gonorrhœal contagion : and the appellation gonorrhœal rheumatism, given naturally to it from its alliance with gonorrhœa, must have increased the tendency to this view. We cannot wonder, therefore, at Sir Astley Cooper believing that the ophthalmia was produced, not indeed by the application of gonorrhœal secretion accidentally to the eye, as may happen with any careless patient, but still by the absorption of it into the system, and that the proper treatment of the rheumatism, produced to his view of course by the same poison, was the same as of gonorrhœa — half-a-drachm, according to him, gradually increased to a drachm, of copaiba, with spirits of

turpentine, three times a day. We have no specific remedy for gonorrhœa, any more than for measles, scarlatina, or small-pox: and those drugs must in many cases aggravate gonorrhœa: and they would aggravate many cases of the rheumatism. Copaiba, cubebs, and some analogous drugs, are useful occasionally in gonorrhœa, but not more so than in similar uncontagious affections of the genital passages, and possibly of some other mucous membranes. If there is no reason to ascribe specific powers over gonorrhœa to them, neither is there any to conceive that they can be remedies of the rheumatism bearing the distinction of gonorrhœal. Nor are they (*a*).

"The belief, now generally prevalent, of the rheumatism in question — rheumatism with urethral discharge—and indeed of the ophthalmia, being really the product of gonorrhœal poison, is, I am satisfied, as unfounded as the previous generally prevalent disbelief that rheumatism and ophthalmia are ever connected with gonorrhœa. It was long before this struck me: for I had always read of those forms of disease, and heard them spoken of, with the epithet gonorrhœal: and had not seen them except in gonorrhœal patients. After a time I received the assurance of one or two patients that the affection of their genitals could not have arisen from infection: but it made no impression upon me, because I am familiar with the untruths which are often told upon these subjects, and because patients do really sometimes fondly deceive themselves as to the character of those with whom they intrigue. But, as years passed on, more instances of the alleged impossibility of infection presented themselves to me: and some such patients, I felt certain, could have no reason to deceive me, were too much endowed with self-respect to stoop to an untruth, and were too acute to be themselves in error. Some have told me this long afterwards, when they had ceased to incur the possibility of catching any disease of the genital organs. I knew no one inclined to this view till five years ago, when, accidentally meeting with a surgeon, a married man and a father, who had consulted Sir Astley Cooper and myself twenty years at least previously for what we had all termed gonorrhœal rheumatism, and since which time I had not heard of him, I was told by him that, before he married, he had again suffered a few attacks of rheumatism and urethral discharge, on which occasions the idea of infection was altogether out of the question, as he had not been exposed to the possibility of risk. At this period he had no inducement to deceive me as to his former life; and formerly he had always been candid when suffering for irregularities. He added that since his marriage he had occasionally suffered in the same twofold manner as when he was irregular and single. I was much pleased, and I communicated to him that my convictions of these affections being improperly termed gonorrhœal was as strong as his own. Farther experience up to the present moment has set the question completely at rest in my mind. Indeed, although the circumstance is not noticed by the Profession, some writers clearly entertain this opinion and state facts which establish it, and yet lay no stress upon its difference from the commonly-received views. I have just found that Sir Benjamin Brodie, in his 'Pathological and Surgical Observations on Diseases of the Joints,' published in London in 1818, gives five cases of the disease witnessed by himself, and remarks that in one the patient could not ascribe the discharge to infection, and in another the patient suffered from strictures in the urethra, and, although rheumatism took place twice with gonorrhœa, it took place twice also when there was no gonorrhœa, but the urethra was in a state of irritation and discharge through the mere introduction of bougies employed on account of the strictures. He, therefore, says that it may occur without infection. Brandes also considers that the rheumatism may be re-excited after all gonorrhœa has ceased, if the urethra is irritated by any common cause: and speaks of this rheumatism as *blenorrhagique* (gonorrhœal), and *traumatique* (such as from the introduction of a foreign body into the urethra). Marechal gives a case of rheumatism, long and with all the other characters of gonorrhœal rheumatism, that had followed an urethral discharge produced by nothing but the immoderate use of new beer, and such as had never occurred in the man before.

"My own experience, extending through so many years, renders it impossible for me to doubt that specific and contagious nature is unnecessary to the urethral irritation which in certain persons gives rise to rheumatism and to ophthalmia also in others—that the mere irritation is sufficient, and, in fact, is the cause, and that the gonorrhœal, contagious character is incidental only. The combination of the cases of other writers with my own will, I hope, settle the question. The single case of syphilitic infection of a lady by secondary symptoms in the hand of her maid, recorded by me in the 'Medical Times' of Sept. 4, 1858, removed all possibility of farther doubt respecting the occurrence of infection from secondary sores. The determination of the production of rheumatism by simple urethral irritation is effected by the repeated experience of many of us continued through a large number of years. The impediment to the perfect knowledge of what is known as gonorrhœal rheumatism was its extremely rare occurrence among the instances of rheumatism at large, on account of the comparatively small number of persons affected with irritation of the urethra, and the still smaller number of persons among these that have the unfortunate peculiarity of liability to rheumatism from it. The impediment to the knowledge of simple irritation of the urethra being the cause was still greater, on account both of the great rarity of simple, compared with gonorrhœal, irritation of the urethra, and of very few individuals indeed being the subjects of both simple urethral irritation and liability to rheumatism from irritation of the urethra. Those who from habit regard this kind of rheumatism and ophthalmia when allied with gonorrhœa as therefore gonorrhœal, must remember that in every case of gonorrhœa there are two circumstances united—the irritation of the urethra and the specific nature; and that the latter cannot exist without the former, although the former may exist without the latter. Consequently, no case of gonorrhœal rheumatism or ophthalmia proves that the rheumatism or ophthalmia depends upon the specific—the gonorrhœal—nature of the urethral affection, and not upon the irritation irrespective of specific nature.

"A little experience of this rheumatism impressed me, as it has done many others, with certain characteristics, and I detailed them in clinical lectures above twenty years ago. 1. I saw and see it so frequently in the feet, that whenever a rheumatic man has walked into my library lame from rheumatism of his feet, I have startled him with the question how long he had been suffering under gonorrhœa. It not unfrequently affects the hands—perhaps, as I once saw, a single joint only; the wrists and elbows; but the lower extremities most frequently, the knees as well as the feet; the hips also. It may affect any joints, and several at one time or in succession; the loins also and back of the neck. I saw it once in the joint of the jaw. 2. Its obstinacy and extreme duration are remarkable. The longest case I ever saw was in the jaw, and after two or three attacks imperfect rigidity, I believe, became permanent. 3. I am not aware of ever having seen it in a female. But gonorrhœa is comparatively rare in women, as one loose female contaminates scores of men, and, however great the number of loose women, the number of men who have been occasionally loose is almost equal to the number of all men. 4. But the most important and perhaps an invariable point in its character is its inflammatory nature at first, and for a very considerable time. This struck me before I had seen many instances of the disease, and I did not find that it had been noticed. But Sir Benjamin Brodie, whose book upon diseases of the joints I had never seen, had possibly made the same remark; for previously, in fact above twelve years before I was aware of witnessing the disease, he had written that colchicum was the best remedy for it; and the great utility of this medicine against rheumatism I believe to be in the inflammatory form. Not only is the disease, but its inflammatory nature, disposed to continue very long. Yet at length—after a long period—the time may arrive when the iodide of potassium, tonics, and general and topical stimulants, are the suitable means: and forcible extension of the joint may be proper. Till that time arrives, the treatment should consist of patient abstinence from fermented and distilled liquids and flesh food, the removal of external stimulants, rest, and a position which favours the presence of as little blood as possible in the affected part or parts, the discrete use of colchicum and other purgatives, and the repeated application of leeches. The same kind of treatment is suitable to the ophthalmia, which, however, is seldom so obstinate. I believe that the rheumatism occurs in general earlier than the ophthalmia; it often occurs alone; and there may be differences in these two particulars in the same individual in different attacks. 5. These two affections bear no relation to the intensity of the urethral. The smallest discharge will produce the rheumatism, and perhaps the ophthalmia likewise, in the predisposed; nor is the intensity or duration of these in proportion to the degree of the urethral; and they, or one of them, may continue after the urethral. 6. I have known several persons suffer from gonorrhœa more than once without either of these consequences, and then become subject to them; but only one individual escape an attack of rheumatism after every occurrence of gonorrhœa when once rheumatism had followed the appearance of urethral discharge. I have seen the predisposition to this urethral rheumatism in several men of the same family, whether the irritated state of the urethra was gonorrhœal or not.

"The predisposition is a great misfortune; because, as soon as the urethral affection begins, the patient feels certain of an attack of chronic rheumatism: and, though it may take place in a few days, it may not for a considerable time, but is sure to come: and the mildness of the urethral affection does not foretell a mild attack."

The 'Dublin Hospital Gazette' contains a Report of a *Case of Obscure Aneurism of the Aorta*, occurring in St. Vincent's Hospital, under the care of Dr O'Ferrall:

"The post-mortem appearances were submitted to the Pathological Society by Dr Stokes, who, in bringing it before the Society, said that he did so as one of the Secretaries of the Society, on the part of Dr O'Ferrall, who was unable to attend. Dr Stokes said—

"The case was one of aneurism of a portion of the aorta, and had some important and interesting features in connection with the diagnosis of that disease. The subject was a man aged thirty-six years. From his earlier manhood he had been of dissipated habits, and had led a reckless and intemperate life. He enlisted, and had been sent with his regiment to India; whilst in that country his health gave way. He became affected with cough and pain in the left side. Being found unfit for duty, he was invalided and sent home; and shortly after his arrival in this country he was received as an intern patient into St Vincent's Hospital, in February last, under the care of Dr O'Ferrall. At the time of his admission, he was labouring under severe dyspnœ and a distressing cough, which seemed of a spasmodic character, and attacked him at intervals. During the paroxysms, which were violent, the cough was characterized by a peculiar ringing, and, as it were, metallic sound. The expectoration was scanty. This man complained, especially after an attack of the cough, of sharp, lancinating pains in the region of the right mamma, shooting from thence towards the axilla.

(*a*) For thirty years I have not prescribed copaiba, cubebs, or any special drug in gonorrhœa, but contented myself with ordinary antiphlogistic measures as long as inflammation existed and for some time afterwards, and my practice has been most successful. But then I fully carry out the plan, allowing no fermented or distilled fluid whatever, nor any other stimulating substance; and enjoining the utmost rest of the legs that is possible, as well as abstinence from flesh food, even in the form of broth. In addition, mild aperients, abundant diluents, the application of warm water, a constant suspensory to prevent orchitis, narcotics when indicated by chordee, make up by far the most satisfactory treatment that I ever adopted. I know that copaiba, cubebs, and injections, sometimes arrest uninflammatory and even obstinate gonorrhœa; but perseverance with the plan which I have mentioned, above all with the negative part of it, is almost always sufficient, and is the best preventive of, as well as a most important remedy in, strictures and all inflammatory irritations of the urethra and the rectum. The importance of perfect abstinence from stimulating drinks and from flesh in toxic inflammations is by many not duly appreciated.

Decubitus was generally and by preference on the right side. The man was much emaciated. His countenance was of a sallow paleness, and bore traces of great suffering.

"On examining this patient, Dr O'Ferrall found that the entire surface of the thoracic region, on its left posterior aspect, sounded dull on percussion; muscular movement on the same side was very limited. On measurement of the thorax, no remarkable difference was perceptible between the bulk of its right and left sections respectively. The heart was found slightly out of its normal position, and towards the right side. On careful auscultation no murmur could be detected along the course of the aorta, or, indeed, within the chest at all. Neither could any decided râle be recognised. In the region of the left side of the chest posteriorly, tubular breathing could be distinguished. There were faint vocal fremitus and bronchophony. It was remarkable that there was not the slightest indication of the bellows murmur, either in the region of the heart or along the course of the great vessels, at any stage of this case. There was no dysphagia (although, as it afterwards appeared, nothing would have been more likely to occur under the circumstances). There was no laryngeal stridor. There was no tumefaction above the clavicles. No inordinate cervical pulsations. The respirations ranged from thirty to thirty-eight in the minute. The radial pulse (equal at both wrists) averaged about one hundred. There was no new centre of pulsation established in any part of the chest. There was, in fact, a complete absence of the ordinary symptoms of aortic aneurisms, the absence of anything like murmur being not the least remarkable. Notwithstanding these symptoms, or rather despite of the absence of the indications ordinarily relied on, Dr O'Ferrall unhesitatingly formed his diagnosis of the case, which was, that the left bronchial tube was pressed upon by an intra-thoracic tumour, and, moreover, that that tumour was an aneurism of the aorta. Dr O'Ferrall asserted and maintained this opinion despite of the absence of the ordinarily received rational symptoms of arterial lesion in the chest, and he observed that he was principally sustained and fortified in his opinion by, *firstly*, the fact of the lancinating and darting pains experienced by the patient, shooting from the mammary region towards the axilla; and *secondly*, by the peculiar character of the hard and ringing cough. It was true that analogous symptoms might be produced by an intra-thoracic tumour, not aneurismal—a carcinomatous tumour, for instance; but on reviewing the other symptoms and constitutional condition of this man, Dr O'Ferrall found reason from his own practical experience to adopt and adhere to the conclusion that the disease was aneurismal. The progress of the disease was watched with great care and attention. Eventually the man died suddenly after having ejected a small quantity of blood from the mouth.

"*Post-mortem.*—On laying open the thorax, the left lung was found to be in a state of pneumonic solidity. It should be observed that this man had been in an advanced stage of pneumonia at the time of his admission into hospital. A large aneurism was found occupying the transverse portion of the aorta. The aneurismal sac opened by two perforations into the left bronchial tube, against which the aneurismal tumour, previous to its bursting, must have pressed severely. This was really a false aneurism in the truest acceptation of the term, and this fact rendered more strange the absence of all ordinary indications of its presence during life. In cases of what was termed true aneurism it was not unusual to find the symptoms obscure and ill-defined; but, in cases like the present, the leading indications were generally found sufficiently marked and evident.

"It was truly singular that there had been no symptom of *dysphagia* in this case; for here was the tumour reflected, and bent over the œsophagus. It was not possible but that there must have been some mechanical obstruction experienced in the act of deglutition; yet the man had never complained of any uneasiness of that kind. It would be seen that the margins of the two perforated apertures from the sac into the bronchial tube were edged with fungoid growth. This growth would seem to have become deposited in proportion as the intervening tissues of the aneurismal sac and of the bronchial tube became absorbed by pressure and likely to give way, as if there had been an effort of nature to retard the fatal bursting of the tumour.

"Dr Stokes here exhibited the preparation, pointed out the site of the aneurism, and showed the two apertures whereby the contents of the sac had burst into the left bronchus, causing immediate death."

We quote from the same journal the following remarks, also by Dr O'Ferrall, on the *Use of Larch-Bark in Hæmorrhages*:

"There is no accident which occasions more anxiety to the physician, as well as to the patient or his friends, than internal hæmorrhage, and none that from its suddenness and danger renders empirical treatment more justifiable. In such a case time is everything; life is ebbing away, and we cannot wait for the development of the physiological effects of medicines, the principle of whose action we fancy we understand. There is no occasion therefore in which we require to be provided with so many expedients in the event of failure of those we have already tried. When a new styptic is proposed, it becomes the duty of the clinical physician to avail himself of the opportunities afforded by a large hospital, and to record as early as is consistent with accuracy the results of his experience. The larch-bark has been proposed as a remedy in purpura, and analogy naturally suggested it as a means of controlling similar conditions of the mucous membranes, often of an alarming nature. The first class of cases in which I directed its employment was the intercurrent hæmoptysis of phthisis; in some of those, the usual remedies—ipecacuanha, lead, tannic or gallic acids, &c.—had been employed without effect, when the larch-bark was tried. The hæmorrhage became diminished and soon ceased, and the remedy rapidly began to acquire an importance in our estimation. As confidence in the drug increased, it took an early place in the prescriptions for such cases, and up to the present moment has given such satisfaction, that it is the prevailing remedy in my wards for this affection.

"There is another class of cases, often of an exceedingly obstinate nature, in which it has proved of signal service—cases of uterine hæmorrhage. Some of those cases have depended upon the presence of fibrous tumours connected with the uterus; others upon carcinomatous degeneration of the organ. In both the use of larch-bark has been followed by a cessation of this dangerous accident. In some cases of hæmaturia from various sources—renal or vesical—the blood in the urine disappeared under its use.

"In hæmatemesis I have not yet ventured to try this medicine, as I have not experienced failure from the ordinary remedies—turpentine, gallic acid, &c.—since its introduction.

"The form in which I am in the habit of exhibiting the larch-bark is that of the tincture, in doses of half a drachm every third hour."

OUR NOTE BOOK.

HYDROCEPHALUS.

In the March number of the 'New Orleans Medical News and Hospital Gazette,' Dr Marsh, of Port Hudson, reports a very interesting case of hydrocephalus, in which *paracentesis capitis* was several times performed. At the time of the first operation the patient was about nine months old. "Its body and extremities were emaciated beyond the power of pen to describe. It seemed as though there were nothing but integuments, bloodvessels, and bones left. At the same time, it had the face of an infant, and the head of a man." The head measured 26 inches in its longest diameter. At the first operation "eleven ounces of fluid were drawn off, clear and pellucid at first, and of a slightly saline taste, like perspiration, but turbid at last." Sixteen days later the second operation was performed, and *sixty-four* ounces were evacuated, "with a very strong smell of urine." Eleven days later sixteen ounces of fluid were withdrawn, and three days later the patient died. Dr Marsh says, "It may be proper here to observe, that at no time after an operation could the bones of the head be compressed so as not to leave a cavity between them and the brain. As the water again accumulated, it could be distinctly heard surging from one side to another, as the child was moved."—'American Medical Monthly.'

HÆMATURIA.

In the 'Medical and Surgical Reporter' for March 3rd, Dr E. T. Blackwell reports a case of hæmaturia, which full doses of gallic acid, opium, &c., failed to relieve. He says, "Finding the remedies entirely fail, I ordered the bladder to be injected with a weak solution of alum, at first tepid, afterwards entirely cold. The effect was happy and rapid."—'American Medical Monthly.'

CURE OF FALSE JOINTS.

The Academy of Sciences has been fortunate enough to receive, at a few days' interval, two communications relative to false joints cured by different modes of operation. Our readers will find at the Art. *Learned Societies* the summary of an interesting paper, by M. Jordan, on autoplatsy of the periosteum applied to the treatment of pseudarthrosis. This method consists in the oblique resection of the two fragments, at the extremities of which the periosteum has been previously detached for the purpose of preserving a double ridge for the reproduction of the osseous structure. This method has been known for several years, but it seemed rather adapted to theory than to clinical practice. If it were even easy to apply the process in the operating-room on healthy bone, it seemed very difficult, not to say impossible, to obtain a satisfactory result with bones enveloped with irregular stalactites. M. Jordan, however, was not stopped by this difficulty, and in the case of pseudarthrosis recorded in his memoir, he was enabled to obtain the consolidation of the tibia by inserting the lower fragment into a cap dissected from the superior fragment.

In an analogous case, M. Jobert de Lamballe used with much success a seton, taking care, however, to excite the periostic membrane only, a process different from that hitherto pursued by the Surgeon of the Hôtel-Dieu, whose object it was to promote granulation of the osseous surfaces after after having induced superficial necrosis. The case read by M. Jobert to the Academy was that of a Tuscan commercial traveller, aged 45. This man had never experienced any serious disease, and presented no symptom of confirmed syphilis. In the month of June 1856, his right leg was fractured in a fall from a carriage. The injury of the bone was complicated by a wound of the integument, overlapping of the fragments and inflammatory congestion. For six weeks the leg was kept in Scultet's apparatus, and the following month in a plaster bandage; after three months' treatment, the mobility of the fragments persisting to the same degree, the patient placed himself under the care of M. Scutin. This surgeon had recourse to his ingenious starch bandages, in which an aperture, on a level with the false articulation, admitted of the wound being painted every day with tincture of iodine. This new treatment, protracted for two months, was not, however, more successful than the means of contention previously used, and it was then the patient decided on repairing to Paris. M. Jobert found considerable mobility coinciding with a deep groove in the tibia, a little above the lower third of the bone. It immediately occurred to him to use the seton as a means of excitement of the periosteum, and he proceeded to the operation in the following manner:

A small incision was made on a level with the line of separation of the fragments, *i. e.* on the outer and inner sides of the false joint and extending above the fracture. An iron grooved conductor was inserted between the fragments, and passed from one wound to the other without much difficulty by a to and fro movement. A style bearing a seton, guided by the groove of the conductor, soon occupied the place of the latter. Simple cerate dressings were then applied to each wound, and lint steeped in cold water was laid over the surface. This operation was performed on the 17th January, 1857. On the 20th abundant suppuration escaped from both orifices; no fever or pain was observed. The seton, after having been each day moved in a certain portion of the passage, was withdrawn on the tenth day. On the 16th the suppuration had ceased. On the 12th February the mobility had already much diminished, and on the 20th it was no longer perceptible. The 2nd April the patient was able to make use of his limb, to stand, and even walk a

few steps. At present his state is most satisfactory.

The promptitude of the cure in this remarkable case is explained by the choice of the procedure adopted by M. Jobert. Formerly surgeons obtained but a secondary callus, the formation of which required several months; in the present instance, the callus was formed at once under the influence of mechanical irritation of the periosteum, without exfoliation or previous necrosis. Cicatrization immediately ensued, and M. Flourens's theory on the regeneration of bones by their enveloping membrane has thus received one more brilliant illustration.—'Journal of Practical Medicine and Surgery.'

INJURIES OF THE SKULL.

In the 'Louisville Medical Journal' for March, Prof. Middleton Goldsmith has an article upon the 'Treatment of Injuries of the Skull,' in which he proposes a substitute for the trephine. It is an objectionable feature of the trephine that so much sound bone is necessarily sacrificed. To obviate this objection, Prof. Goldsmith has, for the last ten years, used the "chisel in place of the former instrument." He says, "With a chisel, impelled by the hand, or small hammer, just so much bone may be removed as is necessary for the insertion of the elevator, or for the extraction of the detached pieces, and no more. The dura mater is not endangered in the operation, for the depressed bone protects it. It is never necessary to cut any part of the internal table.; for if the opening in the external table is as large as the fracture of the internal table, then the external opening is large enough to allow the required extraction." To our mind, the chisel or gouge seems to possess such manifest advantages, that the only wonder is, that it had not long since suggested itself, and ere this entirely superseded the trephine. Economy in the loss of skull bone is not a matter of trifling consideration.

Dr Goldsmith says further, "In the next place, the writer has uniformly practised the immediate and perfect closure of the wound in the scalp." He believes "that the safety of the patient is vested more in the exclusion of the atmosphere from contact with the dura mater than in any other thing, and in any other circumstance in the whole operation of trephining." . . . Where there is no scalp wound, or when the latter is small, then the surgeon should make a semicircular flap, large enough to embrace the breach of bone, and to extend from one-half to three-quarters of an inch beyond it." . . . "The incision should have no angles over the breach of the bone."

Dr Goldsmith says he has operated for fracture of the skull, as above, more than twenty times during the last ten years, without losing a single case; and his colleague, Professor Hardin, has operated seven or eight times also, without losing a case. This is certainly unprecedented success, and is, doubtless, in some measure related, as an effect, to the manner of operating and dressing the wound.

BRITISH ASSOCIATION AT OXFORD.

The Association held its concluding meeting a week since, when everybody wished the "Revivalists" and the Museum folk God speed in their good work of giving new life to medical and physiological studies at Oxford—a Hercules work in a new Augean imbroglio, of which we think a few words would be valuable just at present.

The recent revival of the physical sciences at Oxford is, indeed, not without a certain gratifying interest for medical men. The age of Oxford as a seat of physical or "secular" learning is something miraculous. In the buttery at Christ Church one gets a glass of superb pale ale, brewed last week; and they will show you a gridiron belonging to Cardinal Wolsey, and shrines and pictures and pantries belonging, once on a time, to an excellent lady, a daughter of an Oxford alderman, a small matter of 1200 years old! Oxford University itself, thus old, is comparatively poor; but the nineteen modern colleges outside are very rich, due to the patronage of this exemplary Miss Frideswide, the alderman's daughter aforesaid. The property of the colleges available for education is now worth 150,000*l.* a year, which had gradually been swallowed up in a set of sinecures, till Parliament recently overhauled the matter. The Linacre Professorship in Medicine is one of the things got back from the sinecurists, who have been almost as unconscionable, on a large scale, according to Dr Acland and Mr Gladstone, as if they were our own College of Surgeons voting in its own examiners and council. Locke is, perhaps, the man that Oxford is proudest of. We, the doctors, must ever venerate the cradle where Boyle and Harvey, and Sydenham and Radcliffe, were nursed. There are other men, too, of minor note—Brown of the 'Religio Medici,' and Burton ("pancis notus paucioribus ignotus cui vitam dedit Melancholiâ"). Little, poking Pembroke College one esteems, too, as here Dr Johnson entered in his nineteenth year, and, probably, invited Goldsmith to join him in his seventeen cups of tea. Boyle is the man, perhaps, now least known of those already mentioned. He was a curious combination; he was as perfect in classic literature, apparently, as Max Müller or Gladstone, and, in physical science, as Faraday or Davy. Sir Isaac Newton admits, in his letters, he would never have gone on with the 'Principia,' but for Boyle's encouragement and aid. This was about 200 years ago. Boyle, too, founded the "Royal Society," and spent one of his summer vacations at Florence with Galileo.

Oxford has no reason to be ashamed of her science men; but there seems to be a gradual dying out of science at Oxford after the time that Harvey and Boyle lived—the well-known time that Harvey showed Charles II. the valves of the heart, and Boyle invented and discussed on the air-pump. It is a curious historical circumstance, but true, that the origin of the College system at Oxford, as well as at Paris, was due to an effort for the spread of secular or scientific learning, not ecclesiastical; but at Oxford there has always been a tendency to swallow up the former in the latter. Need we mention the well-known story of Merton or New College, told a year or two ago in Parliament by Lord John Russell? Walter de Merton endowed at Oxford a college for the maintenance of twenty boys each year, like our Bluecoat boys, who, in hobnail shoes, were to till and cultivate the College property, and, like Mr Mechi, learn agriculture and other secular sciences. William of Wyckham endowed another college next door over the way of a like kind, the senior pupil of which was to be a model of agricultural industry, plainness, and secular science. How times are changed! Two-thirds of these 542 fellows or scholars of colleges do not now reside at all at Oxford. What were originally eleemosynary foundations of about 20*l.* each have increased wonderfully in value to 400*l.* or 500*l.* a year each, and on the curt maxim, possibly, of charity beginning at home, now all is changed into rich fellowships amongst absentees, beneficed clergymen, barristers, masters of schools, bishops, &c. &c. The science of Boyle, or Harvey, or Merton, has long ago gone to the dogs. William of Wyckham's senior pupil, the expected model of industry, hobnailed shoes, and secular science, is a standing joke, as he drives his magnificent carriage and pair. Many of the men in the Church have never been at Oxford but once, perhaps, in their lives; yet all this money, Parliament decided a year or two ago, was intended for purely secular studies and physical science. These men thus educated were to be the tutors, or "grinders," if you will, to the University, in general science, chemistry, mathematics, physics, &c. Linacre, Radcliffe, Tomlins, even Buckland, in our own day did wonders to encourage this honest intention of the original founders being carried out; but it has been of little use. At Magdalen, in place of half-a-dozen Sydenhams, Linacres, or Bucklands, or Boyles, the chief men have been Gibbon the historian, Hoylyn, Addison, Fox, Collins, and forty-two bishops, all their pictures on the walls. The present writer has no objection to bishops in their right place; but one would rather they did not push the medical men and science men, like those first mentioned, out of the way. We have ourselves, however, and, peradventure, our own colleges, like that in Pallmall and Lincoln's-inn fields, to blame for it.

The new Museum at Oxford, something like our College of Surgeons' Museum of the great John Hunter, has been got up within a year or two, together with the new Linacre Professorship of 800*l.* a year, out of some of this—excuse the vulgarity of the term *pro hâc vice*—this plunder of the old colleges. We owe this reform to Lord John Russell, to whom be all honour for bringing it before Parliament, in opposition to our Medical colleges. Our individual impression is, that Oxford will never be a great Anatomical or Medical school; but the idea of Dr Acland, laid before Parliament, is a most excellent one, and was never so true and valuable as at the present moment. Dr Acland says—As one of the future "schedule" requirements for the "college and hall," let the FIRST YEAR for all students be physical science (not anatomy); the two other years, physiological, anatomical, and other studies. By general or physical science, he means that he would leave it a good deal to the student's own bent or inclination; but it might be a ticket in chemistry, electricity, geology, or botany, but notably either the first or the last the first year; and these could be best learned near the student's home, whether Newcastle, Durham, Cambridge, Liverpool, Oxford, &c. What is the state of things at present? We know as a fact that students enter now as surgical dressers, clinical clerks, &c., in shoals at St Bartholomew's, Guy's, St Thomas's, St George's, "King's," or the London Hospital—in fact, at every large surgical hospital in London—utterly innocent of the A B C of chemistry and pharmacy. One sees these poor young men constantly writing prescriptions for luckless patients, for hydrocyanic acid, emetic tartar, morphia, &c., in a mechanical manner, as if they were "bole armenack," decoction of sarsaparilla, or poppy-heads, that might be ordered by the saucerful or gallon; they have not a shadow of a thought what an acid is, or an alkali, an alkaloid or an incompatible; they laugh at the "rot" (that is the word), that people advise about apothecaries' drugs and fudge of that sort. If their rubbishy doses disagree with the mystified patient, they double or treble them as they like. Dozens or hundreds of these young men are now hanging about the hospitals prescribing, or dressing, or "clerking," having passed the first or anatomical examination at the College. Caring nothing for the "matter of form," they expect the second or pass examination to be on pathological surgery; idling the most precious half-years of their life, and putting off chemistry, pharmacy, botany, &c., they have placed the cart before the horse; in fact, they have neglected Dr Acland's precaution, or rather, in its eagerness for old routine, the College has done so for them. Everything Dr Carpenter's Burlington Arcade University boasts itself pedantically on doing for them three years hence, when they ought to have left London, Oxford or Cambridge could, would, and should have done for them, cheaper and more respectably, two years ago, when they began their anatomy and dresserships, and when chemistry and pharmacy would have been truly valuable to them. Oxford revivalism seeks to correct these blunders and abuses.

The Association held its final meeting a week since (July 4). The Secretary read a report, and said 1,390*l.* had been voted for scientific purposes, and an increase of 400 visitors over the 1,400 at the previous meeting, in the pre-museum period—shall we call it?—of Oxford had taken place. The poor Dean of Christ Church wound up the proceedings by a speech, in which he expressed a hope that by the time another meeting shall have been held at Oxford, the defects in the Oxford system, as regards physical science, the close fellowships and examinerships, whereof Lord Wrottesley had complained (close fellowships so like those of the London College of Surgeons, and appointments such as that of Mr Arnott, by the college bedel, in that day's 'Times'), would be all done away with. Oxford Examinerships and Fellowships should be thrown open to general competition, and a reign of common sense and common propriety be inaugurated! Men who know Oxford and London are, however, not so sanguine as the old Dean. The improvement will be of slow growth indeed; for with Mr Greene and Mr Arnott, Mr Lawrence, and a few others of the old-world men in power in the Educational Council, there is not a chance for the common sense of Dr Acland getting a hearing. Even in the Army Medical Board examinations, where the good sense of Sir Andrew Smith had tinkered up the best kind of practitioner he could, as army assistant-surgeon, half apothecary, half surgeon, to take care of the bottles and pill masses of his garrison hospital, as is the custom of the army assistant-surgeon, one of the last acts of the "Council" has been, as regards the Dublin apothecary "ticket" on the schedule for army assistant-surgeon, at the wise suggestion of Mr Lawrence, who himself despises and knows nothing of pharmacy, to do away with the good work of Sir Andrew Smith, as hitherto we have all opposed the Oxford revivals and Dr Acland's good work of a like kind.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 11, 1860.

THE DUBLIN COW-POCK INSTITUTION.

The ways of Government are passing strange, and continually remind us of the saying of Chancellor Oxenstiern as to the small amount of wisdom necessary to statesmanship. Our Government has professed an anxious desire to extend as widely as possible the blessings of vaccination, and Mr Simon, as its organ, has described in graphic language the horrors of a community unprotected from the ravages of small-pox. Nevertheless, with a singular retroverted logic characteristic of itself, the Government has obstinately persisted in a refusal to give the public vaccinators more than eighteen pence a case, vainly hoping that a parsimonious remuneration would prove a powerful incentive to the fulfilment of its benevolent object. The Government seems to think that the less an Englishman is paid for a case, the more strenuously will he labour to increase the aggregate of his return by multiplying the number of his cases; an ingenious Machiavellian kind of logic, highly satisfactory, perhaps, to the economical understandings of statesmen, but very repugnant to the unsophisticated notions of work-a-day vaccinators. The Government, finding on trial that this system does not quite answer, has with equal wisdom supplemented its liberality to the Doctors with a fine upon the public, and by the help of these two financial thumbscrews it hopes to secure a general obedience to its edicts. Such is the system in this country.

In Ireland matters are in a very different position—and, we are sorry to add, a worse one. A pamphlet has been recently published by Dr Long, exposing the defects of the Dublin Cow-pock Institution; and certainly we are astonished to find that any institution under Government patronage, and supported by its contributions, could be conducted with such an absence of regard for the public interests.

Our readers know that small-pox is a prevalent disease in Ireland, and that for many years there has been but a trifling abatement its virulence in that country. We find that in the decade from 1831 to 1841, the number of deaths from this fell malady were 58,006, the population being 7,039,659; whilst in the next decade the deaths were 38,275, the population being reduced to 5,334,829. This mortality is three times that of England. In short, the deaths from small-pox in Ireland are still one-half of the average rate of mortality when small-pox was allowed to run its course uninterrupted by prophylactic measures.

This is a subject in which Englishmen as well as Irishmen should feel a deep interest, for, owing to the free and rapid communication between the two countries, the liability to infection is kept up in both alike; for not only may there be, and frequently is, a direct importation of the malady into England, but, in consequence of the infusion into the mass of our population of a large number of unprotected persons, the entire community i rendered constantly obnoxious to outbursts of this dreadful scourge. What, then, ought the Government to do to repress small-pox in Ireland? We will show what it has done—or, at least, what is now done under Government patronage.

After the introduction of vaccination by Jenner, a certain number of gentlemen established the Dublin Cow-pock Institution, and, as a mode of getting funds to work it, charged half-a-crown for each "packet of infection," containing two points. By-and-by the Government took the Institution under its patronage, and contributed to it annual donations, which now amount to the sum of four hundred pounds a year: nevertheless, the managers continue to charge 2s. 6d. for their two points as they did at the foundation of the Institution. Now the public have a right to complain that they get no advantage from the Government grant. It is, indeed, very scandalous that the managers should pocket the money and make no return. By their acceptance of the grant they become public servants, and we have a right to expect from them some advantage as a requital for the money they receive. This is a subject into which Parliament might most properly inquire.

Whilst the millions of Ireland are perishing of small-pox, this Institution continues with an inhuman avarice to levy a heavy impost upon the means of prevention, of which they are the appointed dispensers to their fellow-countrymen. This tax has, consequently, acted as a baneful restriction upon the dissemination of the lymph. We find that the London National Vaccine Institution has issued in one year 43,993 charges of lymph more than the Dublin Institution since its commencement, fifty-six years ago!

What is the use of the Government professing a desire to promote the practice of vaccination, when it permits such an incubus as this to oppress the exertions of the Irish Practitioners to spread the blessings of vaccination among their countrymen? Let the Government at once withdraw its grant, and institute a new machinery for effecting the object which the Cow-pock Institution has so lamentably failed to accomplish. Dr Long says:

"Not having any vaccine, I wrote to the Institution for it, but did not send any money. I applied the same day by post to the London Establishment, observing to a medical friend that I would not be at all surprised at getting the lymph from London first. It absolutely did turn out so. I got it from London by return of post. How did I fare at the Dublin Institution? I received for answer, that the supply was short, and was requested to send the following Friday (the third day off), before two o'clock. I sent as directed on Friday: my messenger, however, did not arrive until a quarter past two, when he was told that he should come on the following Tuesday. I, of course, did not send again, as I had received twelve points from London, value in the Dublin Cow-pock Institution for 15s. I wonder would I have got two points of lymph if I had sent half-a-crown. I am inclined to think I would: probably if I had sent 5s., I might have received four. I will not stop to discuss the courtesy of the refusal, or the fact of the supply of lymph being so used up in a so-called Public Institution, that it could not afford to give a Medical Practitioner two points. I confess the Institution presents to my mind more the features of a mercantile establishment for the sale of lymph, than that of a philanthropic association."

Enough, then, upon the shortcomings of this Institution. To it we attribute in an important degree the fact that small-pox continues to be the hideous curse of Ireland, and we hope the Government will, on the first opportunity, either revoke the grant, or insist upon a free supply of lymph to every Professional applicant.

THE ANNUAL MEETING OF THE MEDICAL OFFICERS OF ASYLUMS.

The usual Annual Meeting of the Medical Officers of Asylums has recently been held in London, for the purpose of promoting the improvement of the system for the care and cure of the Insane. No more momentous duty can devolve on any class of persons than that discharged by these gentlemen, who are required to bring to its performance the highest science, associated with the utmost tact, gentleness, and insight into the weakness and perversity of our common nature. As Dr Bucknill happily said, "In the world there is nothing greater than man, and mind is the greatest thing in man." How great the responsibility, therefore, of those whose duty it is to deal with that subtle element of humanity in all its capricious wanderings, and unquiet and loosened perturbations!

We observe that a few topics relative to the status and claims of the Medical Officers themselves were touched upon in the course of the meeting. Dr Bucknill especially dwelt upon the necessity and justice of a "Superannuation Fund" in their behalf—a proposal which has our warmest commendation, for, undoubtedly, there are no men whose mental and bodily frames are subjected to a heavier strain by the incessant anxieties incident to their duties. Surely, after a period—say twenty years—of ceaseless vigils,

it is time that the Medical Officer should be able to retire upon the well-earned bounty of the State. Periods of relaxation, too, during the year are equally necessary for the retention of the elasticity and repose of mind so necessary to the satisfactory and efficient discharge of his onerous functions.

For some time past a question has been in dispute, in Ireland more particularly, with respect to the conflicting authority of the Visiting Physicians and the Resident Medical Officers; a question which, though kept in discussion by the admirers of the *status quo*, is nevertheless settled in favour of the latter officers, in the minds of the most experienced and enlightened friends of the Insane. It is obvious to us, that the Resident Medical Officers should be, in a sense, autocratic; that in order that their patients should have the full benefit of their judgment, and special and local knowledge, they should be exempt from the interference of external authority; that, in short, they should be solely responsible for the due administration of their several establishments. To admit a Visiting Physician to the right of influencing or overruling the decisions of the Resident Medical Officer, is to divide responsibility—the most effectual way of insuring misgovernment. Lord Shaftesbury has condemned this practice, and we are glad to observe that Dr Conolly's personal experience is also opposed to its continuance. We commend the observations of that distinguished alienist to the perusal of our readers.

We are pleased to find that the Annual Meeting will be held next year in Dublin, when, no doubt, as Dr Stewart, of the Belfast Asylum, promptly assured the Members, they would meet with a generous reception. The proverbial hospitality of our Irish friends will not lack cordiality on so interesting an occasion, and we may therefore augur with confidence a pleasant and profitable Meeting in the Irish capital.

SUMMARY OF THE WEEK.

DEATH OF DR ADDISON.

Another illustrious name has been added to the roll of those who are registered on the tablets of the memory, and of whom nothing remains to us but the echoes of a useful life. Dr Addison has departed from the scene of his labours, and his place will know him no more. The manner of his death, sad in the extreme, has increased the shock with which we should naturally have regarded the tidings. Within the past year it has been our painful duty to record the decease of three of the most distinguished cultivators of Medical Science—Dr Bright, Dr Todd, and now Dr Addison. The Profession does not contain three other men of equal intellectual endowments, practical sagacity, and fulness of fame. Guy's Hospital may be considered peculiarly unfortunate in losing in the same year its two most eminent Physicians—men singularly alike in scientific character, and perfect examples of the admirable school in which they were trained, and whose reputation they so nobly sustained.

The devotion to pathology which bore such golden fruit in the case of Bright, was scarcely less fertile of good results in the person of Addison; and each has given a name to a new disease—an honour not attained by any other modern Physician. Dr Addison was in the most characteristic sense a *scientific* Physician: he traced all phenomena back to their causes, and endeavoured to explain every symptom by reference to local lesion. The *fact* had the empire of his mind; he bowed down to it as the only sovereign to which his intellect owed allegiance. He pursued it through all its devious paths and disguises, and made it the goal of his researches. Thus it was that his most recent contribution to science—disease of the supra-renal capsules—was discovered. Like all men capable of developing truth, his love of the fact was associated with a speculative turn of thought, and a disposition to evolve general principles. This combination is, indeed, essential to success in scientific exploration. He was the pattern of a philosophical Physician, and it will be long before we shall see his equal.

Dr Addison was a man of retiring manners, naturally shy and self-denying. He was considered by those who judged of character simply by surface signs, to be proud and haughty; a mistake in his case, as in a thousand others of men who are too sensitive for familiarity, and too timid to confront society with the dash which is often the presumptuous man's only passport. He was highly esteemed by his friends and colleagues, who have recently erected a memorial to him in the Hospital. As a Practitioner he did not win great popularity; but it must be added that he never sought it, content rather to possess the good opinion of the experts in science than to take fees by cultivating popular applause. He was a tall, well-proportioned man, with bold, masculine features: but the most powerfully-knit structure bears within it the elements of its own decay, and Dr Addison, not yet old, was a sufferer from a disease of the liver, the indications of which had long been noticed, and which, probably, quickened his observation of the lesions of that and the adjacent organs. This disease unfortunately induced a melancholic state of mind, which disabled him latterly from following his Professional pursuits, and rendered necessary the vigilance and kindness of an attendant. He could not say with the poet—

> "Insanire putas solennia me, neque rides,
> Nec medici credis, nec curatoris egere
> A prætore dati:"

unfortunately, he needed these aids too much but relief was beyond the reach of the art of which he was himself so accomplished a master; his mind grew rapidly more distraught, and in a moment when the eye of his attendant was withdrawn, he threw himself into an area and received injuries that terminated in death. A bright career was thus suddenly precipitated into darkness, and the veil of "mystery" is drawn across the scene.

THE COLLEGE ELECTIONS.

Whether the Fellows of the College of Surgeons, like the Medical Council, were content with the declaration of the College Council that they were sorry for their bad practices, and did not intend to continue them, or whether they felt that there was no time to send in a new list of candidates in accordance with the bye-laws of the College, we cannot say; but it is certain that no attempt was made to substitute new men for the retiring Members of the Council. As a mere matter of routine, however, what a wretched farce is this College Election! Mr Kiernan, Mr Hodgson, and Mr Partridge have been duly elected; whilst outside the College portals remain Messrs Fergusson, Erichsen, Birkett, Adams, Curling, and several more eminent Metropolitan Surgeons. What are the Provincial Surgeons about, moreover, that they are content to allow the Metropolitan men to monopolise the honours of the Council?

AMENDMENT OF THE MEDICAL ACT.

Medical affairs have fallen into such confusion, that we find it difficult to give our readers timely information with relation to contemplated changes. Moreover, it perplexes us to discover where and how the proposed changes originate. Private individuals and corporate bodies propose amendments just as it pleases them; and the Medical Council does nothing, except the passing of virtuous resolutions. In their turn, the Council concoct their amendments; but the Profession obtain very little exact information of these subterranean proceedings. There is a Bill now in Parliament to repeal a clause in the Medical Act, enabling Scotch and Irish Physicians, practising as such, to be admitted into the English College upon the payment of a small fee. Let the Scotch and Irish Physicians look to this. It is the first step backwards to the old class system, if indeed we can be said ever to have advanced a step out of it. Our readers may depend upon it that the Medical Council will make it their duty to serve the interests only of the Corporations they represent. The Licentiates of the Scotch and Irish Colleges have a claim upon those bodies which, vigorously urged, cannot be treated with indifference. There must not be a sinister policy for Corporate aggrandisement to the injury of the Profession at large.

NEW POOR-LAW MEDICAL RELIEF BILL.

By the time that this number of the MEDICAL CIRCULAR reaches the hands of the Profession, it is probable that Mr Pigott will have introduced a second Bill for the amendment of the system of Medical Relief. It is premature at present to detail the clauses of this Bill; but as soon as it is published, an abstract of it shall appear in this Journal.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, THURSDAY, JUNE 21.

Sir CHARLES HASTINGS took the chair, at three o'clock p.m.

Present—Dr Burrows, Mr Green, Mr Nussey, Dr Acland, Dr Bond, Dr Embleton, Dr Storrar, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Mr Syme, Dr A. Thomson, Dr A. Smith, Dr Leet, Dr Apjohn, Dr Corrigan, Sir James Clark, Mr Lawrence, Mr Teale, Dr Christison and Dr Stokes.—Dr Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. There were brought before the Council several Memorials, in regard to recent admissions by the Royal College of Surgeons of England.

Mr Green, the representative of that body, explained that no one had received the diploma of the Royal College of Surgeons of England without having been examined and found qualified in Anatomy, Physiology, and Surgery, and without having been in practice for some years before the passing of the Medical Act, and without having produced certificates of respectable character.

Mr Green having further stated that the practice of examining candidates who had not gone through a full curriculum of study ceased on the 1st of March, and would not be resumed, the Council did not think it necessary to move in the matter.

2. A memorial from some members of the Royal College of Surgeons of England resident in the Isle of Man, relative to the examination of Dentists by that College, having been read,

Dr Apjohn moved, seconded by Dr Storrar—That this Council has no authority to interfere with the privileges, in relation to Dentistry, conferred upon the College of Surgeons of England by charter, in accordance with the 48th Section of the Medical Act.—Agreed to.

3. A memorial having been received from an Association of Foreign Graduates, praying for the Registration of their Foreign Degrees,

Dr Storrar moved, seconded by Dr Alexander Wood—That, by the 11th Section of Schedule (A) of the Medical Act, the Council have authority only to register such foreign qualifications as were possessed by persons practising, by virtue of them, as Physicians in the United Kingdom before the 1st of October, 1858, and who can satisfy the Council that such qualifications have been conferred after regular examination.—Agreed to.

4. A memorial from the Royal College of Surgeons of Edinburgh, relative to Licences in Midwifery, having been read,

Moved by Dr Andrew Wood, seconded by Mr Watt—That as Midwifery forms a branch of the education and examination of every Physician and Surgeon, and is not mentioned in the body of the Medical Act, apart from the qualification of Physician and Surgeon, it is unnecessary and inexpedient that Licences in Midwifery should be specially registered.

Amendment moved by Dr Alexander Wood, seconded by Dr Apjohn—That the memorial of the Royal College of Surgeons of Edinburgh, in regard to Midwifery Licences, be referred to the Committee appointed to consider what amendments are required in the Medical Act.—Amendment carried.

5. Dr Alexander Wood brought up the first Report of the Committee on special claims for Registration :—

FIRST REPORT OF SPECIAL REGISTRATION COMMITTEE.

The Committee have to report that there are five applications from persons having graduated at Homœopathic Colleges in America, viz.—Henry Thomas and Thomas Smith, Homœopathic College of Pennsylvania; Samuel Eadon, James Coombs, and John Marchant Davison, Homœopathic College of Cleveland, Ohio. Of these, Thomas Smith does not profess to have been examined at the College named, and the Committee have no hesitation in recommending that his application be rejected.

In regard to the cases of Henry Thomas, Samuel Eadon, James Coombs, and John Marchant Davison, who have got their degrees after examination at the Colleges named, a considerable difficulty occurs.

It seems that Charters are granted with very great facility by the Legislatures of some of the States of America, and it therefore becomes a very grave question for the Council to decide, how far they are prepared to recognise the bodies so chartered as Foreign Universities or Colleges in the sense intended by the Medical Act.

Samuel Eadon's claim was rejected by a vote of the General Council on the 6th August last, and he has applied for a re-consideration of his case.

Henry Thomas, who claims to be a Graduate of the Homœopathic College of Pennsylvania, has addressed to the Registrar, and to each member of the Branch Council for England, a letter in the following terms :

"SIR,—I hereby give you notice that I am a Doctor of Medicine by diploma, dated the first day of March, one thousand eight hundred and fifty-five, of a foreign College, to wit, the Homœopathic Medical College of Pennsylvania, in the United States of North America;—That I have been practising in the United Kingdom of Great Britain and Ireland, to wit, at Chester, before the first day of October, one thousand eight hundred and fifty-eight; to wit, from the year one thousand eight hundred and fifty-six, hitherto :—That I have produced or forwarded by post to the Registrar of the Branch Council for England my diploma as Doctor of Medicine, and other documents, and evidence of the qualification in respect of which I claim to be registered as hereinafter stated : That I have produced to the Council certificates of my having taken my degree of Doctor of Medicine after regular examination, and have in all respects complied with, and am ready and willing to comply with, the provisions contained in 'The Medical Act,' 21 & 22 Vict., cap. 90 : I now therefore claim to be registered under, and in accordance with, the provisions of the said 'Medical Act;' and I demand that my name be placed upon 'The Medical Register:' And I hereby further give you notice, that if this my demand be not complied with, or a satisfactory reason be not given for the non-compliance therewith within fourteen days, such proceedings will be taken, either by mandamus or otherwise, against you and the Members of the Branch Council of England, either individually or collectively, or both individually and collectively, as I may be advised

(Signed) "HENRY THOMAS.

"Dated this 27th day of January, 1860."

A claim has been presented by Thomas Airey, under Section 11 of Schedule (A).

The Committee are of opinion that Thomas Airey has failed to establish his claim, and ought not to be registered.

ALEXANDER WOOD, Chairman.

Moved by Mr Syme, seconded by Dr Alexander Wood—That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas be registered, in strict compliance with the Medical Act.

Amendment moved by Dr Corrigan, seconded by Dr Apjohn—That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas be not registered.

The following letter was read from the President :

"14 Savile row, W., June 21, 1860.

"MY DEAR SIR,—I will thank you to express to the Medical Council at their meeting this day, that, in pursuance of the notice which I have already given, it is my wish to resign my office as President of the Council before the conclusion of the present session.

"Although circumstances compel me to take this step, I take it with great reluctance, having had so much experience of the kindness and courtesy shown me by every member of the Council since they first did me the honour of electing me to preside over their meetings.

"I am, dear Sir, yours faithfully,

"To Dr Hawkins." "B. C. BRODIE.

Confirmed—B. C. BRODIE.

MINUTES OF MEETING, JUNE 22ND, 1860.

Royal College of Physicians, London.

Dr BURROWS took the chair, at two o'clock p.m.

Present—Mr Green, Mr Nussey, Dr Acland, Dr Bond, Dr Embleton, Dr Storrar, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Mr Syme, Dr A. Thomson, Dr A. Smith, Dr Leet, Dr Apjohn, Dr Corrigan, Sir James Clark, Sir Charles Hastings, Mr Lawrence, Mr Teale, Dr Christison, and Dr Stokes.—Dr Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. The adjourned debate on the first Report of the Committee on Special Claims for Registration was resumed.

Mr Syme was permitted by the Council to withdraw his motion—"That the names of Samuel Eadon, Jas. Coombs, John Marchant Davison, and Henry Thomas be registered, in strict compliance with the Medical Act;"—and to substitute for it the following motion, seconded by Dr Storrar :—"That the opinion of the Attorney-General be taken on the claims of Henry Thomas to register his degree obtained from the Homœopathic College of Pennsylvania; and of Samuel Eadon, James Coombs, and John Marchant Davison, to register their degrees obtained from the Homœopathic College of Cleveland, Ohio; and that it be delegated to the Executive Committee, after receiving the opinion of the Attorney-General, to take such steps as may seem to them expedient.

The amendment of Dr Corrigan was put and negatived,—viz., "That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be not registered."

The motion substituted by Mr Syme was then put and carried.

2. Moved by Dr Alexander Wood, seconded by Dr Stokes—"That, in accordance with the recommendations of the Report of the Committee on Special Claims for Registration, Thomas Smith and Thomas Airey be not registered."—Agreed to.

Sir Benjamin Brodie, Bart., President, then took the chair.

3. Letters were read from Mr William Gwynn, stating that the University of Dublin had refused to admit him to the Degree of Doctor of Medicine, and to that of Master in Surgery, on the ground that he had adopted a particular theory of Medicine, and requesting "that the Medical Council, in accordance with the Act 21 & 22 Vict., cap. 90, sect: xxiii, will represent the same to Her Majesty's Most Honourable Privy Council."

Moved by Mr Syme, seconded by Dr Andrew Wood—"That the Council resolve that they see no reason for taking any step in relation to the letters of Mr Gwynn."—Agreed to.

4. A Petition was read, which had been transmitted by the Registrar of the Branch Council for Scotland, from Mr J. B. Clarkson, of Melrose, for the reduction of a registration fee.

Moved by Dr Andrew Wood, seconded by Dr Alexander Wood—"That the Council have no power to comply with Mr Clarkson's petition."—Agreed to.

5. A Memorial was read from the Gloucestershire Medical and Surgical Association praying for "better securities for the conviction of illegal Practitioners."

Moved by Dr Alexander Wood, seconded by Sir Charles Hastings—"That the Memorial from the Gloucestershire Medical and Surgical Association be referred to the Committee appointed to consider what amendments are required in the Medical Act."—Agreed to.

6. Information having been laid before the Council, from the Royal College of Physicians of Edinburgh, and also from the Faculty of Physicians and Surgeons of Glasgow, that the name of Mr John Valentine Laverick had been struck off their respective lists of Licentiates;

Moved by Dr Alexander Wood, seconded by Mr Watt—"That in conformity with Clause XXVIII of the Medical Act, the name of John Valentine Laverick be erased from the 'Register,' he having been deprived of the two qualifications in respect of which he has been registered by the Royal College of Physicians of Edinburgh and the Faculty of

Physicians and Surgeons of Glasgow respectively."—Agreed to.

7. Moved by Dr Christison, seconded by Dr Andrew Wood—"That the attention of the Medical Council having been called to Regulations issued under authority of Her Majesty's Privy Council, on December 6, 1859, requiring that all Public Vaccinators shall have undergone in the art of Vaccination, a special education, and a special examination, the particulars of which are minutely laid down in the Memorandum of the Privy Council—the Medical Council resolve that one purpose, and a main one, of the Medical Act, was to ensure that the Members of the Medical Profession shall be duly educated and examined in the various branches of the Profession;—That the Council, with the co-operation of the various Bodies which grant qualifications in Medicine, have assiduously laboured to discharge this function; and do not doubt that, among other results, the important object of the Privy Council will in consequence be fully attained;—That it will be a great discouragement to the Medical Council, and to the Bodies placed by the Medical Act under their superintendence, if other public Bodies issue, for limited branches of professional practice, regulations substantially constituting new and limited branches of the Medical Profession, independent of this Council;—And, therefore, that it be remitted to the Executive Committee to draw up a statement expressing the views of this Council, and to submit the same to the Lords of Her Majesty's Privy Council."—Agreed to.

8. Moved by Dr Christison, seconded by Sir Charles Hastings—"That it be remitted by the Council to the Executive Committee to take such steps as they may consider advisable for promoting the registration of Medical Officers in the Military and Naval Services."—Agreed to.

9. A reference from the Royal College of Physicians of Edinburgh, in regard to the Ordinances of the Universities (Scotland) Commissioners for conferring Degrees in Medicine in the University of Edinburgh, having been read,

Moved by Dr Alexander Wood, seconded by Mr Lawrence—"That the General Council of Medical Education and Registration having taken into consideration the Ordinances of the Scottish University Commissioners for regulating the conferring of Medical Degrees in the University of Edinburgh, dated 6th August, 1859, which were laid before them by Mr Syme, on the 8th of August last, and also the further supplementary Ordinances of the 19th March, 1860, which have been circulated among the Members of the Council, find—

"1st. That having already declared that the higher Degrees in Medicine should be distinguished by corresponding academic rank, obtained by a full, and as nearly as possible equivalent academic education, they are compelled reluctantly to record their opinion that these Ordinances, if carried into effect, will tend to frustrate their efforts in this direction.

"2nd. That having also declared 'That all students should pass an examination in general education before they commence their professional studies,' the Council are of opinion that it is impossible for the generality of students to acquire, before the age of seventeen years (which they must do, if they are to take their Medical Degree at twenty-one years of age), such a general education as shall enable them to prosecute their Medical studies with success, and afterwards to take the position which University Graduates ought to take among the educated classes of the community.

"3rd. That in the opinion of the General Council, the scheme proposed by the Commissioners, by which a Degree in Medicine and a Degree in Surgery are to be given after one Course of Study and one Examination, tends inevitably to establish a fictitious, not a real distinction between a Physician's and a Surgeon's Diploma, and is opposed to the spirit of the Medical Act."

Amendment moved by Mr Syme, seconded by Dr A. Thomson—"That it is inexpedient for this Council to express any opinion at present, with respect to the terms upon which Degrees in Medicine are conferred by the University of Edinburgh."—Amendment negatived.

Dr Alexander Wood required that the names of the majority and minority should be entered on the Minutes.

Majority: Dr Burrows, Mr Green, Dr Acland, Dr Bond, Dr Embleton, Dr Andrew Wood, Dr Alexander Wood, Mr Watt, Dr Smith, Dr Apjohn, Dr Corrigan, and Mr Teale.

Minority: Mr Nussey, Dr Storrar, Mr Syme, Dr A. Thomson, Dr Leet, Sir Charles Hastings, and Dr Christison.

The original motion was then put, and also negatived.

Dr Alexander Wood required that the names of the majority and minority should be entered on the Minutes.

Majority: Dr Burrows, Mr Nussey, Dr Acland, Dr Bond, Dr Storrar, Mr Syme, Dr A. Thomson, Dr Leet, Sir Charles Hastings, and Dr Christison.

Minority: Mr Green, Dr Embleton, Dr Andrew Wood, Dr Alexander Wood, Mr Watt, Dr Smith, Dr Apjohn, Dr Corrigan, and Mr Teale.

Dr Corrigan presented the following Report from the Committee appointed by the resolution of the General Medical Council of June 14, 1860, to consider defects which appear to interfere with the efficient working of the Medical Acts.

REPORT.

"The Committee consider that there will not be sufficient time within the present session to draw up a report that would contain the whole consideration of such an amended Bill as might embrace all the subjects which should be contained in it, and thus obviate the introduction of frequent or partially-amended Bills. The Committee desire in this Report to do no more than draw attention to such points as appear to them, in the limited time they have had for consideration, to require to be amended, feeling assured that, in the interval that will occur between this and the next meeting of the Council, the several Members of the Council will give the subject their attention and deliberate consideration; the Committee also expect that there will be received within the same interval, from the Profession generally, many valuable suggestions. The Committee trust that with these aids, the General Council will be in a position, at no distant time, to prepare such a Medical Bill as may leave little room for alterations for many years to come; and the Committee recommend, with this object in view, that the Council should give the present Act, notwithstanding any acknowledged defects, a full and further trial, in order that they may become thoroughly acquainted with all such defects, and the best means of obviating them.

"The Committee, therefore, in this Report, confine themselves to observations on such Sections as at present appear to them to require removal or amendment.

"Sect. X of the Medical Act of 1858 is the first that appears to require amendment. In this Section, as it nt present stands, the Registrar of the General Council must be also Registrar of the Branch Council of England, and must be paid out of the General Fund such salary as the General Council may direct. The consequence of this arrangement is, that at any time the Branch Council may be left without a Registrar, and it might even be for a long period; for, in the event of a vacancy by death or otherwise, the Branch Council would not have power to appoint a Registrar. And, moreover, the salary of the Registrar of the Branch Council for England, under the present Section, is wholly paid out of the General Fund, to which the Branch Funds contribute; while the salaries of the Registrars of the Branch Councils of Scotland and Ireland are wholly paid out of their respective Branch funds. The Committee, therefore, propose that the Section should stand thus:—'X. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers. The General Council shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council, and shall be paid such salary as the Council shall think fit.'

"The Section as amended will therefore deal only with the appointments of Registrar and Secretary of the General Council. There is nothing in the Section so amended to prevent the Branch Council from appointing to the office of Registrar of that Council the same person who may be the Registrar of the General Council.

"Sect. XI should necessarily be altered to be in accordance with Sect. X, and would relate to the appointment of Registrar, &c., by all the Branch Councils, and would then run thus:—'XI. The Branch Councils for England, Scotland, and Ireland shall each respectively in like manner appoint a Registrar, and other officers and clerks, who shall be paid such salaries as such Branch Councils respectively shall think fit, subject to the approval of the General Council, and be removable at the pleasure of the Council by which they were appointed; and the person appointed Registrar shall also act as Secretary to the Branch Council, and may also act as Treasurer, unless the Council shall appoint some other person or persons as Treasurer or Treasurers.'

"Sect. XIII. To the alteration proposed in this Section, the Committee request the particular consideration of the Council. As the Section at present stands, all the monies received in fees are payable to the respective Branch Councils; but in the Act there is no provision, and the Committee cannot see how any can be made, to determine to what Branch Councils the several registration fees shall be paid; and the consequence is, that it is possible so large a proportion of the registration fees might be paid into the fund of any one Branch Council as to leave the others without sufficient funds to carry out the purposes of the Act.

"Taking these considerations into account, and further considering that there must be only one 'Register' for the United Kingdom, the Committee are of opinion that all the monies should be paid into a common fund, from which all the expenses of General and Branch Councils should be defrayed, subject, as provided for in Sect. X, to the approval and supervision of the General Council.

"The Section thus amended would be to this effect:—'That all monies payable to the General and Branch Councils shall be payable into one common fund, from which all the expenses of the General and Branch Councils shall be defrayed, subject to the supervision and approval of the General Council.'

"Sect. XIV. The proposed addition to this Section is, 'that if any person registered shall notify to the Registrar that he has ceased to practise, and wishes to withdraw his name from the 'Register,' the Registrar shall have power to erase his name.

"Sect. XXV. It is proposed to erase the words commencing 'in the case of,' and ending with 'Ireland,' in the said Section, to make it accord with Sect. X.

"Sect. XXVII. To make this Section more clear, it is proposed to introduce words to this effect:—'And that he is not possessed of any qualification which would entitle him to be registered in accordance with the provisions of this Act,' to be introduced after the word 'Act,' in the said Section.

"Sect. XXIX. To remove obscurity in this Section, it is proposed to introduce the words 'whether before or after registration,' after the words 'professional respect.'

"Sect. XL. It is proposed to substitute 'or' for 'and,' between the words 'Medicine *and* Surgery,' in two places of the Section where the words 'Medicine *and* Surgery' are used; and to introduce the following words after 'or an Apothecary:' 'or who shall wilfully and falsely take or use the title of Physician, Doctor of Medicine, Bachelor of Medicine, or Licentiate in Medicine or Surgery, Surgeon, General Practitioner, or Apothecary.'

"This alteration is suggested, as it appears to the Committee that if a person registered under this Act, under one title, should assume in addition some title, qualification, or degree to which he is not entitled, the Section would not apply to him, as the penalty, in the present words of the Section, would be only recoverable against him for assuming a title implying that he is registered.

"Sect. XLI. It is proposed that the word 'shall' be substituted for 'may,' before the words 'in Scotland;' and that the words 'or by any other person,' after the word 'county,' be erased, in order to render it compulsory on the Public Prosecutor in Scotland to sue for penalties under the Act.

"Sect. XLII. This Section is proposed to be amended by the addition of the following words to the end of Section: 'who shall be authorised, under direction of the General Council, to hand over to the parties prosecuting the whole or any portion of such penalty towards defraying the

expenses of such prosecution, as may seem fit to the General Council.'

"It would also be necessary to ascertain, by legal advice, whether any Local Acts intervene as to the working of the first part of the said Section, as the Committee are informed that in London the magistrates or law authorities have decided that such penalties are legally payable, under a Police Act, notwithstanding this Section, into the Police Fund of London.

"Sect. XLVII. The portion of this Section commencing with the words 'Provided nevertheless,' &c., to the end of the Section, relates merely to arrangements between the three Colleges of Physicians; and these three Bodies have concurred in the propriety of the repeal of this portion of the Section.

"There remain only some observations to be made with regard to the Licences inserted in the Schedule (A).

"There is in this Schedule provision for inserting the title, 'Fellow, or Member, or Licentiate in Midwifery of the Royal College of Surgeons of England;' and although no similar title is set forth as to the other Bodies, it appears that the Executive Committee felt themselves constrained, under legal advice, to insert in the 'Register,' 'Licentiate in Midwifery of King and Queen's College of Physicians in Ireland,' and 'Licentiate in Midwifery of the Royal College of Surgeons of Ireland.'

"This inequality between the Licensing Bodies appears to require to be removed, either by the omission altogether of the title of Licentiate in Midwifery from the Schedule, or by the insertion of similar privileges in regard to all Universities and Colleges which grant Degrees or Licences in Medicine or Surgery. The latter appears to the Committee the preferable plan; for the omission altogether of Licentiates in Midwifery would lead to the renewed issuing of certificates purporting to be Licences in Midwifery from self-constituted examining authorities, or Medical Officers of Midwifery Hospitals and Dispensaries, over whose proceedings the General Council or the Act could have no control; and, moreover, some of the Public Boards issuing regulations as to qualifications for Public Medical Appointments require special certificates or qualifications in Midwifery.

"D. J. CORRIGAN, Chairman.

"June 22, 1860."

Confirmed—JOSEPH HENRY GREEN.

ANNUAL MEETING

OF THE

ASSOCIATION OF MEDICAL OFFICERS

OF ASYLUMS AND HOSPITALS FOR THE INSANE

IN GREAT BRITAIN AND IRELAND.

The stated Annual Meeting of the above important Association of Pyschological Practitioners was held on the 5th inst., at one o'clock p.m., in the Freemasons' Tavern.

An unprecedentedly large and influential attendance of Members was present on this occasion. Amongst those in attendance were the following, viz.:

Sir Charles Hastings, M.D., the outgoing President; Dr Bucknill, Devon Asylum, the incoming President; Dr Conolly, Hanwell; Dr Kirkman, Suffolk Asylum; Dr Lockhart Robertson, Sussex Asylum, General Secretary; Dr Stewart, Belfast District Asylum, Secretary for Ireland; Dr Manley, Hants Asylum; Mr Ley, Littlemore Asylum, Treasurer; Dr Sherlock, Worcestershire Asylum; Dr Lalor, Richmond District Asylum, Dublin; Dr Campbell, Essex Asylum; Dr Davey, Bristol; Dr William Kirkman, Assistant-Physician, Suffolk Asylum; Dr Harrington Tuke, the Manor House, Chiswick; Dr Paul, Camberwell; Dr Flynn, Clonmel District Asylum, Ireland; Dr Meyer, Surrey Asylum; Dr R. H. Sankey, Assistant Medical Officer, Littlemore Asylum, Oxford; Dr William Wood; Dr Thurnam, Wilts Asylum; Dr Down, Earlswood; Dr Jephson, Hanwell Asylum; Dr Sutherland; Dr Wing, Northampton Asylum; Dr Blount, Bagshot; Dr G. Birkett, Stoke Newington; Dr Hitchman, Derby Asylum; Dr Christie, Pembroke House; Dr Stevens, St Luke's Hospital; Dr. J Miller, Bethnal House; Dr Burnett, Alton; Dr Hood, Bethlem Hospital; Mr Brushfield, Chester Asylum; Dr Jarvis, Massachusetts, U.S.A. (Visitor); Dr Fayrer, Burman House; Dr Blandford, Blackland House; &c. &c.

Sir Charles Hastings having occupied the Chair *pro formâ*, stated that nothing in particular had arisen out of their proceedings to take action upon since the Association assembled in Liverpool last year, and now begged to resign his office as President in favour of Dr Bucknill, which he gladly did to a gentleman of such great and deserved eminence and popularity. (Hear, hear.)

The new President being cordially installed into office, said that the first business of the day would be to read the minutes of their last meeting; which having been done, they were confirmed and signed accordingly.

THE PRESIDENT'S ADDRESS.

The President then proceeded to read his address, which was an exceedingly elaborate and able document, being cheered repeatedly during its delivery, which occupied nearly an hour and a half, but was listened to throughout with the greatest attention and interest. In its wide range of subjects the welfare of the insane was first taken up, which embraced, the speaker said, questions of morality, law, and politics; and in connection with this he referred to the Babylonian monarch, whose insanity was recorded in holy writ, in whose hands and at whose mercy were placed the destinies of a great nation. In the world there was nothing greater than man, and mind was the greatest thing in man—there was nothing equal to it. Mental hygiene, then, was of the utmost importance in every point of view, and could not be too earnestly or ardently studied and cultivated. The influence of religion was a powerful one on the mind of man. Some said that the religion of the Gospel never produced insanity, but how often has the reverse of this been seen! Look, for instance, at the recent great Ulster revival in Ireland—how many were its mental victims! He then alluded to the early history of the Association, which was originally founded by the Medical Superintendents of the Public Asylums. After a few meetings, however, it fell into disuse, and was for many years nearly dead, showing no signs of vitality, until in the year 1853, when it was revivified at a meeting held in Oxford under the able auspices of their excellent Treasurer, Mr Ley—(Hear, hear)—who then and there mooted the question of establishing a Journal in immediate connection with the Association, and which from that time to the present had been in existence, with what effect and success the members themselves could best answer. (Hear, hear.) The Medical Superintendents of Asylums, the speaker in proceeding said, lived in a morbid atmosphere of thought and feeling. No man can properly understand the insane except the man that throws, as it were, his mind into theirs. (Hear, hear.) The number of Mental Physicians who have suffered in the discharge of their office would bear comparison with military officers who had fallen in the field of battle. (Hear.) Their duties and responsibilities were confessedly of the most arduous, anxious, and painfully trying nature. (Hear, hear.) The Medical Superintendent was a species *sui generis;* he was struck out from the world, and secluded with his own most interesting but most responsible charge. (Hear.) It was the Medical Superintendent's solemn duty to leave nothing undone to promote the welfare and well-being in every way possible of a charge so sacred and all-important; he was their captain, their defender from all injustice and mistaken and miserable economy on the part of the sane. (Hear, hear.) Having, then, a charge so onerous, and needing the strongest mind to bear up with its many depressing influences, he (the President) felt himself imperatively called upon before that large and influential meeting of his *confrères* to impress on them the absolute necessity of stated relaxation from their never-ending cares, for otherwise it was impossible for them to discharge their office as Medical Superintendents with due efficiency to their patients, in common justice to themselves and those immediately depending upon them. (Hear, hear.) There should be an entire and a complete change of scene, and, in fact, of country, for the mind even shaken was not so easily restored again to its healthy balance. (Hear, hear.) The Medical Superintendent in his seasons of relaxation should devote himself to some study entirely unconnected with his specialty, and thus strengthen his mind, to enable him to begin his labours afresh; and field sports of all kinds should be had recourse to, for his physical reinvigoration. (Cheers.) Referring to the intended new legislation for Asylums next year, the President said that the Superintendents should, both singly and unitedly, use all and their most untiring energies for the new Bill to contain a statutory provision for defined retiring pensions, as a matter of bounden right, after a certain defined period of service; for, as matters at present stood, they were entirely at the mercy of Visiting Justices and calculating County Sessions, who, so long as the unfortunate Superintendent had any remaining power of work in him, and no matter how long or how conscientiously he had been engaged working in his peculiarly laborious sphere of duty, would throw insuperable difficulties in the way of his enjoying his well-merited reward for years of faithful services. (Loud cheers.) After making some excellent and well-received observations in relation to the Medical proprietors of licensed houses, the necessity of those houses being limited to Medical men, the unjust aspersions cast upon that respectable body by those who ought to have known better, and the very remarkable and all-important fact, that a Select Committee of the House of Commons had now been sitting for three years, and receiving evidence from all sources, friendly and unfriendly, in respect of the management of proprietary houses—that no case had been made out of a sane person having been confined as insane, and this, too, borne out by the evidence of Lord Shaftesbury himself, the Chairman of the Commissioners of Lunacy, the President concluded his eloquently-written address (of which the foregoing is the merest outline, our limits enabling nothing more) with the heartiest plaudits of all present. After a short pause,

Dr Sutherland rose, and in very complimentary terms proposed the marked thanks of the Association to the President, for the valuable and inspiriting address with which he had now favoured them. (Hear, hear.)

Dr Stewart seconded the motion, which, he said, afforded him the greatest pleasure, the whole tone of that address redounding in the highest degree to its author, for its noble spirit of independence and exalted philanthropy. (Cheers.)

The motion was carried with loud applause.

NEXT PLACE OF MEETING.

The next business discussed was the place of meeting in 1861.

Dr Robertson then read a letter he had received from Dr Stewart, their Irish Secretary, in which was given a cordial and earnest invitation, on the part of Dr Lalor of the Richmond Asylum and others, for the Association to hold its next meeting in the Irish metropolis. (Hear, hear.)

Dr Thurnam then moved that the meeting of the Association for 1861 be held in Dublin as he felt that this mark of respect and attention was due to their Irish members, and that for his own part nothing would afford him greater pleasure than to be present on that occasion. (Hear, hear.)

Dr Stewart seconded Dr Thurnam's motion, observing that the Association should bear in mind that the number of members now in Ireland was large and influential; besides, the Association had met in the Scotch metropolis, and if they did not afford the same privilege to Ireland it would be making her a kind of step-child, and cause, he feared, much dissatisfaction. (Hear, hear.)

Mr Ley said that, with every desire to meet the wishes of their Irish friends, it was not convenient to the Association to have provincial meetings continued; but rather that London should be the central point of their operations, and this for various cogent reasons. (Hear.) So much had been done to advance the interests of the Association in Ireland by the continued energy of Dr Stewart, that he (Mr Ley) thought that they would gain nothing more by going there.

Dr Stewart, with great respect, begged to correct the last speaker as to the term provincial being applied to a meeting held in Dublin, which was to all intents and purposes a metropolis as much as either London or Edinburgh—(Hear, hear)—and should not be thus ignored. (Hear.)

Dr Burnett said that he did not feel inclined to attend at any other place but London.

Dr Flynn begged to observe that a meeting held in Dublin would accomplish a large amount of good, and be the means of bringing the Resident

Medical Officers of the Asylums there under the immediate eye of Government, they being essentially Government officials appointed by the Executive, and the Asylums, too, under direct Executive control. He further stated that it was a blot on the Asylums in Ireland, that the Resident Physicians were only so by a supplemental warrant of the Lord Lieutenant, and that, as the law at present stood, there was nothing to prevent persons without the smallest particle of professional knowledge being placed in their charge. (Hear, hear, hear.)

After some further remarks from several Members, the question was ultimately put by the President, for the meeting in 1861 to be held in Dublin, which was carried by a large majority.

APPOINTMENT OF PRESIDENT ELECT.

Dr Lockhart Robertson moved, and Dr Harrington Tuke seconded, that Dr Lalor, the Resident Physician of the Richmond District Asylum at Dublin, be the President for 1861, which was carried by acclamation.

Dr Lalor rose and said, that the great honour now conferred upon him by the Association had taken him quite by surprise, as he felt it was quite unmerited on his part. He could only say further, that he felt deeply grateful for the distinction, and that the Association might depend upon a right hearty welcome to the "Green Isle." (Cheers).

PERIOD OF MEETING IN JULY.

Dr Stewart gave notice of motion, that at their next meeting he would move that a day in the month of July be fixed for the annual meeting taking place—namely, the second Thursday—the existing regulation being uncertain in that respect.

APPOINTMENT OF OFFICERS FOR THE YEAR.

Mr Ley was re-appointed Treasurer, Dr Lockhart General Secretary, and Dr Stewart Secretary for Ireland. Dr Mackintosh, Superintendent Physician of the Glasgow Royal Asylum, was appointed Secretary for Scotland, vice Dr Wingett deceased, and whose removal so prematurely, since the last meeting of the Association, the President referred to very feelingly and with much appropriateness.

Mr Ley, in moving that Dr Bucknill be requested to continue the editorship of the Journal of the Association, said that the utmost economy had always been used by Dr Bucknill, and that he felt the Association should consent to more assistance being given to him than had been the case, the funds in hand enabling this to be done. (Hear, hear.)

Dr Hitchman said the Journal was a most refreshing sight to him each quarter, and cordially seconded the motion, which passed unanimously, on the understanding that for the future the Editor should be at liberty to obtain, and as he had himself suggested, a quarterly digest of foreign Psychological literature and statistics for publication in its pages.

Dr Lalor could not allow that opportunity to pass without stating the deep sense which his Irish brethren, with himself, had of the able manner in which the Journal was conducted by Dr Bucknill, its pages being always replete with invaluable matter; and that the addition proposed would greatly increase its worth, but which of course could not be effected without entailing additional expense. (Hear.)

Dr H. Tuke stated that the sale of the Journal had largely and regularly increased, which showed how highly it was thought of by the Profession generally. (Hear, hear.)

Dr Sherlock and Dr Flynn were appointed Auditors of Accounts.

HONORARY MEMBERS.

Dr Jarvis of Massachusetts, Dr Laycock of Edinburgh, and several other distinguished Psychologists, were now duly elected Honorary Members of the Association, their names having been regularly noticed to the General Secretary and circulated amongst the Members.

Dr Stewart gave notice that at their next meeting he would move that Dr Hatchell, one of the Government Commissioners of Asylums in Ireland, be elected an Honorary Member.

ORDINARY MEMBERS.

Fifteen candidates for Ordinary Membership having been submitted and declared duly qualified, they were elected accordingly; amongst whom were Dr Rorey, Medical Superintendent of the Dundee Asylum, in succession to Dr Wingett deceased; Dr Samuel Hobart, Visiting Surgeon of the Cork District Asylum; Dr Burton, Resident Physician of the Maryborough District Asylum; &c. &c.

STATEMENT OF TREASURER'S ACCOUNTS.

The Treasurer's accounts were now read, having been duly audited, and from which it appeared that the finances of the Association were in a very flourishing condition, a large balance remaining in hands after the payment of all current expenses, and no defaulters in the payment of subscriptions to be reported, and which, it should be remembered, were now due for the current year, being payable in advance, according to one of the standing rules of the Association.

READING OF PAPERS.

Dr Conolly said that his name had appeared on the printed programme for a paper "On the Prospects of Physicians practising in cases of Insanity," which he regretted greatly his inability to read to the meeting then, owing to an attack of face neuralgia; but that this was of the less consequence, owing to the truly admirable address of the President that day, which had anticipated him in some of the principal points he had prepared to bring under the consideration of the Association. He was most anxious that a committee should be appointed to watch every movement now making in respect of new Asylum legislation, and this as well for the purpose of communicating needful knowledge to Members of Parliament as to officials themselves on this most important subject. (Hear, hear.) The proprietors of Asylums, Dr Conolly stated, were placed in great jeopardy, and it had been actually proposed to have Medical detectives placed over them in the persons of provincial Commissioners or Inspectors. (Hear, hear.) After a few further remarks, Dr Conolly concluded by saying that the attention of the Medical Council should be directed to the absolute necessity there existed of steps being taken to make it a *sine quâ non*, for some practical knowledge in the treatment of the insane being required of those seeking to become Medical Practitioners. (Hear, hear.)

Dr Kirkman moved that Dr Conolly be requested to permit his paper to be printed in the next number of their Journal. (Hear.)

Dr Burnett seconded this motion, and stated that it was painful to a degree the invidious remarks to which proprietors of Asylums were exposed on the part of officials. He could not sufficiently strongly express his admiration of the President's address in connection with private Asylums. (Hear, hear.)

The President said he hoped Dr Conolly would yield to the unanimous desire of the meeting by having the paper printed. (Hear.)

Dr Conolly thanked the Association for the expression of their feeling, and promised that he would endeavour to make his communication as complete as possible for publication in the next number of the Journal. (Hear, hear.)

Dr H. Tuke and Dr Lalor moved and seconded that a committee, as suggested by Dr Conolly, be now appointed, and that its members consist of Dr Hood, Dr Sutherland, Dr Campbell, and Dr H. Tuke.—Carried.

Dr Lockhart Robertson now read his paper, as announced, "Suggestions towards a Uniform System of Asylum Statistics," which was well received, and called forth an interesting discussion, which we regret our limits preclude us from giving. The President, Dr Thurnam, Dr Campbell, and Mr Ley, all took leading parts in reference to its contents. A paper by Dr Davey, in regard to Dr Purnell's unfortunate case, was read for him by the Secretary in his absence.

THE RESIDENT AND THE VISITING PHYSICIANS OF THE IRISH DISTRICT ASYLUMS.

Dr Sherlock, Worcester, now rose and said that there was still a very important matter to bring under the special notice of that large and influential meeting of the Association, which had reference to the recently-published pamphlet of their President Elect, Dr Lalor—a paper which reflected the greatest credit upon that gentleman for its ability and spirit. (Hear, hear.) The present issue of their Journal had brought it before their whole body, and the question upon which it bore—namely, the continuance in the Sister Country of officials called "Visiting Physicians"—was one that their Irish brethren had a right to know what the views were of the Association in regard to it. (Hear, hear.)

Mr Ley observed that in England it was only in Lunatic Hospitals supported by charitable contributions that such officers as Visiting Physicians were in existence, and that they served without any salary. (Hear, hear.) Dr Sutherland was not paid at St Luke's Hospital, and the Resident Medical Officer was looked upon in the light of a paid pupil seeking for reputation and ultimately a better position. (Laughter.)

In the public Asylums, however, the patients needed the greatest experience for their care and treatment, and that could be alone afforded by the Medical Superintendent. (Hear, hear.)

Dr Conolly begged to make a few remarks on the very important subject now before the meeting, and in reference to which he held in his hands a resolution to submit to the Association. (Hear, hear.) Without taking too much upon himself, he might be considered to be in a position to speak with some force and authority on the question so properly introduced by Dr Sherlock, he (Dr Conolly) having filled consecutively the offices of Resident Physician, Visiting Physician, and Consulting Physician of the Hanwell Asylum—(Hear, hear)—and the result of his experience was this—that the Resident Physician of an institution for the insane should not be interfered with in the discharge of his important duties by any extern official. (Cheers.) When he became the Visiting Physician of Hanwell, it was owing to a change made by the Visiting Justices, who took up the idea that a military man was the fittest person to be at its head—(Hear, hear)—and accordingly they tried this experiment, but had to abandon it; and whilst he acted as Visiting Physician, he found that the less he interfered with the immediate Medical Officers having the oversight of the male and female departments, the better for the interests of both the inmates and the Institution—(Hear)—and ultimately finding his position as such a very disagreeable one, he voluntarily resigned, though at the time the pecuniary sacrifice he thus made he could not well afford. (Hear, hear.) The Visitors then honoured him with the appointment of Consulting Physician, which he still held; but it was almost needless for him to say that it was an entirely honorary one, and that it was the exception to the rule his ever visiting the Institution in that character. (Hear, hear). His decided opinion, therefore, was an opinion founded upon personal and matured experience, that the Resident Superintendent Physician—the man who lived with his patients, and was alone acquainted and could be alone acquainted with the minute phases of their peculiar malady—should have the entire control—be, in fact, the soul and life of the Institution. (Loud cheers.) Dr Conolly then read his resolution, which was to the effect that in the opinion of the Association the Asylum for the Insane in Ireland should, as in England, have but one responsible Medical Officer, in the person of a Resident Physician, and that if an extra Physician were deemed requisite it should only be for consultation in special cases, at the expressed desire of the Resident Physician. (Hear, hear.)

Dr Campbell had great pleasure in seconding Dr Conolly's well-framed and well-timed resolution. (Hear.) He did not wish to occupy the valuable time of the Association, but he must relate what occurred to himself some time since, when in Dublin, and paying a visit to the Richmond Asylum in that metropolis, but before Dr Lalor's appointment. He, after going through some of its wards, did not think much of the general aspect of the place or of its management, and on asking the official who went round with him some questions in relation to its internal conduct, he (Dr Campbell) at once got the clue of this unsatisfactory state of things, for, to his amazement, he was told that the Asylum was favoured with the presence of three visiting Medical Officers daily, and that each gave contrary orders and different medicines to the other. (Great laughter.) This was his personal acquaintance with the Metropolitan Lunatic Asylum of Ireland. (Hear, hear.)

Dr Thurnam and others having spoken in support of the resolution of Dr Conolly, the President put it from the chair, and it was carried unanimously.

After some further business, the proceedings of this interesting and important Association were concluded with a warm vote of thanks to the President for his very able and dignified conduct in the chair during his arduous day's duties.

DINNER IN THE FREEMASONS' TAVERN.

In the evening the Association dined together in the above place, between thirty and forty being present on occasion of this happy reunion, Dr Bucknill presiding, and on whose right and left, respectively, were seated Dr Mayo (President of the College of Physicians), Dr C. J. B. Williams, and Dr Jarvis, who had been invited as guests. The dinner was a most sumptuous one, and the dessert and wines unequalled for excellence and variety. Altogether this social *finale* of the Association's meeting this year was of the happiest and most pleasing kind, and calculated to unite the members of a specialty of such importance in the choicest bonds of friendship and good-will.

MORTALITY OF CHILDREN IN MINES. — It appears from recent reports that the mortality in the mines, of children between the ages of ten and fifteen, is very great. The whole mortality is 11½ per cent.; but that amongst children of the ages above mentioned is 22 per cent.

DR ADDISON.

It is our painful duty to announce the death of Dr Addison, the late distinguished Physician of Guy's Hospital. The melancholy event took place at Brighton, on Friday, June 29th. Within a few months we have had to record the decease of two of our greatest Physicians, Bright and Todd, and now we have to add to them the name of Addison, whose health began to fail soon after Christmas. He used to say about that time that he missed his usual holiday; and soon finding that he was unequal to the discharge of his Hospital duties, he resigned his public appointment, and soon afterwards relinquished altogether his practice.

Addison was born near Newcastle; but in what year we are at present unable to say, though we think his age at death was about sixty-seven. He was sent to Edinburgh to pursue his professional studies, and took his degree in the year 1815. He subsequently came to London, and was appointed House-Surgeon to the Lock Hospital, where he acquired so great an interest in the subject of syphilis that, although scarcely appertaining to his branch of the Profession, he always considered himself an authority on the subject. He afterwards took a house in Hatton-garden, and attached himself to the Public Dispensary, at the same time becoming a pupil of the celebrated Bateman. He by this means became so great a proficient in the knowledge of Skin Diseases, that it was allowed by all his friends that upon Addison had fallen the mantle of the great dermatologist. This, however, was not generally known, as he did not wish to pursue the subject as a speciality; but it is certain that, until within the last few years, Addison had scarcely an equal in the power of discriminating cutaneous eruptions—a statement which scarcely needs corroboration by pointing to the unrivalled collection of wax models of skin diseases in the Museum of Guy's Hospital, and which for so many years were made under his entire superintendence. His great practical knowledge procured him the appointment of Assistant-Physician to the Hospital in 1824, when his fame rapidly spread among the pupils, and he became a brilliant acquisition to the new School. He was among the first to appreciate the great discoveries of Laennec; and while some of his seniors were sneering, he boldly put in practice all the principles of the celebrated Frenchman. Addison thus soon became proficient with his stethoscope, and was distinguished for his splendid diagnosis of chest affections. Here, again, had he made these the subject of a speciality, he might have rapidly risen into public fame; by his not doing so, he has constantly been heard to say, that, as regards worldly prudence, he was very unwise. His clear perception of disease was not all: he was equally ready in imparting his knowledge to others, and his fluency in debate at the Physical Society had not passed unnoticed. He was consequently appointed Lecturer on Materia Medica in the room of Drs Cholmeley and Back in the year 1827, and soon obtained the best class in London. At that time, when Medical Students paid fees for separate courses, they sought throughout the metropolis for the most attractive lecturer; Armstrong was drawing a large class for the Practice of Medicine at the Webb-street School, and most of his pupils remained to hear Dr Addison. His fees for the course could not have been much less than 700*l.* or 800*l.* In the year 1837 he was appointed Physician to the Hospital, and at the same time joined Dr Bright in the Chair of Medicine. At this period he commenced to publish, conjointly with the above-named Physician, a work on "Medicine." One volume only appeared, which was very highly estimated; and now that both authors have departed from their labours, there can be no harm in the statement that the greater portion of the work was from the pen of Dr Addison. On Bright's retirement from the Chair of Physic in 1840, Dr Addison took it wholly, while Dr Golding Bird succeeded to Materia Medica. Addison's other contributions to Medical literature can scarcely be called numerous, considering the vast amount of knowledge which he was capable of imparting to the Profession; these, though few, are mostly to be found in the well-known "Reports" of the Hospital. The most important, no doubt, are those pertaining to the subjects of pneumonia and phthisis; we believe he was the first to announce the doctrine now generally admitted, that the inflammatory exudation in pneumonia took place into the air-cells of the lungs, and not into any supposed parenchyma of the organ; and as regards phthisis he was a powerful advocate for the doctrine that the most important morbid processes in this disease were due to inflammation. He asserted this with the utmost determination, and principally with the view of opposing the prevailing opinion that the whole disorganising process in phthisis is due to tubercle. He maintained that tubercle was very frequently not present; and he was never tired of relating how in some most advanced cases of the disease he had been asked by Practitioners whether he believed tubercle had yet formed or not. Addison also published, in the same work, some eminently practical papers on the cerebral affections of Bright's disease, on fatty liver, &c. There was not, however, one subject relating to his Profession in which he was not deeply interested. His whole thoughts were concentrated on his business; and being a man of wonderful shrewdness and acumen, he was eminently the practical Physician. This is the term by which, above all others, he would no doubt have preferred to be distinguished. All who knew him must remember how strongly his word *practical* was insisted on by him in the study of disease; it is, indeed, the word which constitutes the key to Addison's whole character and Professional career. He was not adverse to novel theories, and was always ready to discuss them; but he never for a moment allowed them to stand in the way of his more matured experience. Having immense perceptive powers—being shrewd and sagacious above the average of men—when he had his patient before him he looked him through and through, so that few diseases could escape his penetrating glance. He never reasoned upon a half-discovered fact, but would remain at the bedside for a period which would often weary his class, determined to search out the malady to its very bottom. If he could then lay his finger on the seat of disease, his victory was complete. Diagnosis was his forte; and those who knew him best are aware that he stood unrivalled in his power of searching into the complex framework of the body, and dragging the hidden malady to light. When this was done, we fear that nearly all was accomplished; for his very meagre and simple prescriptions (if he remembered to prescribe at all) showed that he made no study of therapeutics. It may be clearly discerned from this what the character of his private practice at Spring gardens must have been; why he never obtained public celebrity, and never could have become the fashionable Physician. Instead of having his house full every morning, he was comparatively unknown to the public, who can scarcely do more than appreciate the superficial qualities of the man; but his profound knowledge of disease could not be unknown to the Profession, and thus he acquired the higher honour (though the less remunerative one) of being consulted by his Medical brethren in their most difficult cases, and his decision when pronounced was deemed somewhat oracular. This peculiarity of his practice will explain, in some measure, the charges made against Addison, that he was too apt to regard all maladies as of a too serious kind, and that he was seldom content until he could fix the symptoms upon some local organic disease. His constant work at the Hospital, where few but serious cases are admitted, and the peculiarity of his practice just named, no doubt, produced such a tendency of thought. This was also increased by his daily attendance in the post-mortem room, from which he was rarely absent until the last two years of his life. He was thoroughly conversant with morbid appearances, and, indeed, it may be safely said that few Physicians are ever so good pathologists as Addison was. It might thus be certain that if he had a serious case before him, and failing to find any local organic disease, was forced to use such an expression as anæmia, that it implied something serious; and many a Practitioner could tell of his consternation when Addison pronounced the name "idiopathic anæmia." And this reminds us of his late great discovery, which, although of very little practical importance in connection with Addison's career as a teacher, will do more than any other circumstance to perpetuate his name; and in this again we perceive his wonderful acumen. By power of observation and clear perception, he alighted upon a fact connected with the supra-renal capsules of far more importance than all which the experiments and researches of learned Germans had previously gained by years of labour; one cannot but remark an exemplification of English character in this respect. It were scarcely necessary to state to scientific readers how fallacious is a very popular opinion that discoveries come by chance, but that they are the fruits only of long investigation. In this very matter, no Physician, but one well acquainted with all the ordinarily well-known morbid processes in the body, and at the same time "well up" in cutaneous affections, could have alighted on the discovery, and therefore, although we consider that every novel doctrine should be well exposed to thorough investigation, none but those entirely ignorant of Addison's character could suppose that, after half a century's experience, he would hazard any statements that were not worth profound consideration, or that could at once upset by the most superficial observations. The very last case of the disease which came before Addison in hospital practice, he asserted to be the most perfect which he had ever witnessed, and directed that models should be taken of the dark-coloured skin: the lad soon after died, verifying his positive diagnosis. This was the example related to the Medical and Chirurgical Society at their very last meeting, it being Addison's wish that Dr Aldis should exhibit the models at a Society of which he had once been President. It may be remarked that neither Addison nor his friends ever suggested that his name should accompany this most remarkable affection, it being styled simply *melasma supra-renale*, but being at once recognised in France, the term Morbus Addisonii was applied, we think, by Trousseau. Thus, by a curious coincidence, on adjoining compartments of the Museum at Guy's Hospital may be seen specimens of Morbus Brightii and Morbus Addisonii, perpetuating the names of those who were intimately allied during life.

We must, in conclusion, say a word in respect to Addison's character. Looking upon it professionally, none ever stood higher; we have never heard of a single instance where a word of disparagement passed his mouth against a Professional brother. His whole bearing was honourable in the extreme, and anything like jealousy or ill-will against another man never entered his thoughts. The estimation in which he was held by his colleagues is signified by the fact of their subscribing together to present the Hospital with his marble bust. This, an admirable likeness by Towne, now adorns the Museum. He was for many years recognised as the spirit which influenced all the Medical doings at Guy's Hospital, and to Addison is due in great measure the high character which the Medical department of the Institution has for a long time evinced. It would be unfair to our readers to overlook in Addison a peculiarity in his manner which no doubt militated against his ever attaining an extensive practice, and which was displeasing to many Professional brethren: we allude to a certain bluntness or rudeness, as it was sometimes called, in his expression towards them, or an *hauteur*, as others would designate it. Those who complained were impressed at the same time with his dignity of bearing, and assumed for him a very great physical and moral energy; they regarded his somewhat unapproachable manner as a haughtiness and an assumption of a superior position. Having known Dr Addison for several years, we are convinced that such an estimation of his character was wrong, and we need, indeed, scarcely point to human nature generally to remark that a quick or hasty manner often covers a mind which has not in itself the greatest controlling power. The latter is to be found rather in the placid and even-tempered man. So with Addison—we believe his apparent resolute and energetic manner rather betrayed a weakness, and from conversation with him, we have his word that this was the case. We know that no brain could be more susceptible than his, and that, although wearing the outward garb of resolution, he was, above all others, liable to sink under trial. He used to tell his class how, when a young man and anxious about his future career, a friend touching him on the shoulder in the street would send a thrill of horror through him. During the last two years trivial matters connected with his retirement from the Hospital were a perpetual worry to him, and other matters affected his susceptible

mind. We use the term advisedly and purposely to vindicate Addison's character from the unamiable spirit which we have heard charged against him. A trial in which he was engaged harassed him, and soon afterwards the death of his friend Dr Todd seemed entirely to upset him. He had only lately had an attack of gall-stones, having previously suffered from this distressing complaint, accompanied by jaundice. He became despondent about his health, resigned his office at the Hospital, and soon after retired from his new house in Berkeley square. Probably nothing could have been worse for his health, for being out of harness, he settled down into a state of melancholy from which nothing could arouse him, and closed his career last Friday week. His last communication was a letter which he sent to the pupils of the Hospital, who had written a letter of condolence on his retirement. We have been favoured with this note, and will give it below, as it affords some characteristics of the man. We would say, in conclusion, that in hurriedly writing these few remarks, we have not sat down to pen an eulogy on Addison, but we would say to those who may at any time have been ever vexed with his uncourteous manner, to take the explanation we have offered, and give thanks to God that thay have been blessed with a calmer and less perturbable spirit.

The following is Dr Addison's last letter :—

"March 17, 1860.

"My Dear Sir,—A considerable break-down in my health has scared me from the anxieties, responsibilities, and excitement of the Profession, whether temporarily or permanently cannot yet be determined; but, whatever may be the issue, be assured that nothing was better calculated to soothe me than the kind interest manifested by the pupils of Gny's Hospital during the many trying years devoted to that Institution.

"I can truly affirm that I ever found my best support and encouragement in the generous gratitude and affectionate attachment, as well as my proudest reflections in the honourable and most exemplary conduct, of its pupils. Present my sincere regards and best wishes to every one of them, and believe me, "Yours truly and affectionately,

"E. Galton, Esq." "Thomas Addison."

—*From the* 'Medical Times and Gazette.'

Births, Marriages, and Deaths.

BIRTHS.

Burns.—June 26, at Brompton, near Chatham, the wife of Dr Burns, Surgeon R.N., of a son.

Douglas.—June 20, at Workington, the wife of T. S. Douglas, Esq., M.R.C.S., of a daughter.

Fletcher.—July 3, at Lever street, Manchester, the wife of James Ogden Fletcher, M.D., of a son.

Glissan.—At Leonard square, Finsbury, the wife of J. Glissan, Esq., M.R.C.S., of a son.

Latham.—June 28, at Greenford, Middlesex, the wife of R. G. Latham, M.D., of a daughter.

Sutro.—July 1, at Finsbury square, the wife of S. Sutro, M.D., of a daughter.

MARRIAGES.

Cuddon—Leake. — June 27, at St George's Cathedral, Southwark, Edward, third son of the late James Cuddon, Esq., of Norwich, to Annette Catherine, eldest daughter J. Leake, M.D., of the Old Kent road.

Hulke—Backhouse.—June 28, at St George's, Bloomsbury, Frederick Thomas, fourth son of William Hulke, Esq., M.R.C.S., of Deal, to Charlotte, only daughter of the late Thomas Cuthbert Backhouse, Esq., and granddaughter of the late John Iggalden, Esq., of Russell square.

Nason—Biddle.—June 28, at All Saints, Edmonton, John James Nason, M.B., of Stratford-upon-Avon, to Mary W. Biddle, second daughter of H. Biddle, Esq., M.R.C.S., of Edmonton.

Smith—Campbell.—June 26, at King's College, Aberdeen, Robert Smith, M.D., of Sedgefield, Durham, son of the Rev. Robert Smith, D.D., Senior Minister of Old Machar, to Jane Macdiarmid, eldest daughter of the Very Rev. P. C. Campbell, D.D., Principal of the University and King's College, Aberdeen.

DEATHS.

Dewar.—Recently, Alexander Dewar, Surgeon R.N.

Donnelly.—Felix A. Donnelly, Surgeon R.N.

Eccles.—June 27, at St Thomas's street, Southwark, William Charles Eccles, Medical Student of Guy's Hospital, aged 30.

Francis.—June 28, at St Mary Elms, Ipswich, James Ougham Francis, M.R.C.S, Eng., L.S.A. Lond., aged 63.

Hughes.—Joseph H. Hughes, Surgeon R.N.

Isaacs.—June 16, at Brooklyn, New York, Charles E. Isaacs, M.D.

Macintosh.—July 2, at 6 Bury street, St James's, Andrew Macintosh, M.D., late of H.M.'s Madras Medical Service.

Nicholson.—July 1, at Phœnix street, Somers Town, aged 7 months, Sarah Elizabath, daughter of W. H. Nicholson, Esq., M.R.C.S., late of Old street, St Luke's.

Reeve.—July 3, at his residence, Moreton terrace, Kentish Town, Henry Reeve.

Roberts.—William O. Roberts, Assist.-Surg. R.N.

Somerville. — June 25, at Florence, William Somerville, M.D., formerly one of the Principal Inspectors of the Army Medical Board, and Physician to the Royal Hospital at Chelsea, aged 91.

Strother.—June 27, at Darlington, Durham, Arthur Strother, F.R.C.S. Eng. 1856, M.R.C.S. 1827, L.S.A. Lond., aged 57.

Tanner. — June 27, John Marshall Comins Tanner, of Torquay, Devon, M.R.C.S. Eng., L.S.A. Lond.

Whitmarsh.—John Whitmarsh, Assist.-Surg. R.N.

Young.—June 30, James Forbes Young, of Upper Kennington lane, M.D. Edin., L.S.A. Lond., a Magistrate and Deputy-Lieutenant of the County of Surrey, aged 64.

MEDICAL NEWS.

Royal College of Surgeons.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 4th inst. :—Thomas Bancks, Stourbridge, Worcestershire—diploma of membership dated April 29, 1834; Charles Percy Croft, Woburn square—Dec 13, 1839; Thomas Sunderland Harrison, Frome, Somerset—Dec. 7, 1821.—The following gentlemen were admitted Members on the 22nd ult. :—William Henry Brecknell, Gateshead; Henry Croucher, Bexley; Augustus Frederick Elliott, Exeter; George Harrison, Grosvenor street, Grosvenor square; John M'Donnell, Stoke Newington; James Mark Morris, West Bromwich; Christopher Williams, Williton.

Apothecaries' Hall.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, June 28th, 1860 :—George Henry Case, Fareham, Hants; William Hicks Farrington, Ottery St Mary, Devon; Frederick Griffiths, Huntingdonshire; William Seton Johnson, Maidstone, Kent; Robert Charnley Smith, Great Ancoats street, Manchester. The following gentlemen also on the same day passed their first examination : — William Batho, King's College; George Sealy, King's College.

King and Queen's College of Physicians in Ireland.—Mr John Richards, Bangor, North Wales, was admitted a Licentiate of this College on the 18th ult., having previously undergone the required examination.

Collegiate Election.—The annual election of Fellows of the Royal College of Surgeons into the Council took place on Thursday last, when the retiring members, Messrs Hodgson, Kiernan, and Partridge, were unanimously re-elected.

Appointment.—Dr Christopher Dresser has been appointed Professor of Botany at the London Hospital Medical College.

The Medical Council of Education and Registration.—At a meeting of the Council of the Royal College of Surgeons of England on the 4th inst., Mr James Moncrieff Arnott, F.R.S., President of the College, was elected as the representative of that institution in the Medical Council of Education and Registration, in the vacancy occasioned by the promotion of Mr Green to the President's chair, *vice* Sir Benjamin Brodie, Bart., resigned.

The Rank of Military Medical Officers in the French Army.—An Imperial decree, dated June 18th, fixes as follows the rank of military medical officers in the French army :—Inspectors of Hospitals, as Major-General. Principal Surgeon of 1st class, as Colonel; ditto, 2nd class, as Lieutenant-Colonel. Surgeon-Major of 1st class, as Major; ditto, 2nd class, as Captain. Assistant-Surgeon of 1st class, as Lieutenant; ditto, 2nd class, as Ensign.

Magnesium a Source of Light. — This rare metal inflames at the temperature at which bottle-glass softens. According to M. Bunsen, the light of the solar disc exceeds that of inflamed magnesium only by 524·7. M. Schmitt therefore recommends the use of the flame as a source of light at night for photographers, especially as the photo-chemical power of the sun only exceeds by 36·6 that of the flame of magnesium. M. Nickles (in the 'Journal de Pharmacie) says that M. Schmitt seems not to have considered the volatility of the metal, which, according to Daville and De Bray, has its points of ebullition nearly the same as zinc.

A Ball in the Chest.—The post-mortem examination of the body of Prince Jerome led to the discovery of a ball which had remained in his chest after a duel which he fought in his youth with a brother of Marshal Davoust.

The trustees of Owen's College, Manchester, in connection with the University of London, have resolved to found a chair of Natural Philosophy, in which science is to be taught mathematically and experimentally. The salary is 200*l.* per annum, with a proportion of the fees. Candidates must apply to the trustees, not to any individual trustee.

Ozone.—M. Schrotter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-coloured variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odour resembling hydrochloric acid, and on examination by M. Schrotter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.

Supposed Discovery of the Origin of the Vaccine Matter.—The French Medical papers have, for the last few days, been repeating that M. Lafosse, Professor at the Veterinary School of Toulouse, has *discovered* the origin of the vaccine matter. The sober truth is, that M. Lafosse has inoculated the pus taken from the sores of horses suffering from grease, upon a cow two years old, and obtained fine vaccine vesicles, three children being subsequently vaccinated successfully with the lymph contained in the latter. Now, every one knows that Jenner considered the cow-pox as originating from the grease. He had inoculated the pus of old greasy ulcers, and not the lymph contained in the vesicles which appear at the outset of the disease, and failed. The lymph has now been tried by M. Lafosse, with the results stated above; but it should be recollected that others have failed in the same experiment. It is extremely probable, as very justly observed by the Editor of 'La France Médicale,' that the success and the failures depend on certain peculiarities which have not as yet been ascertained.

Buffon before the Academy of Sciences of Paris.—On the 18th ult., great sensation was excited at the Academy of Sciences of Paris by the following statement of M. Flourens :—In the archives of the Academy a sealed envelope had been discovered, entrusted to the secretary, by Buffon, in 1748; and as more than a century had elapsed since the deposit of the paper had been made, the Academy was entitled to break the seal. The envelope contained a paper relative to the history of generation, being the analysis of the chapters forming the 'Treatise on Generation,' which forms a part of Buffon's great work, 'The Natural History of Animals.' It would appear that the great naturalist had been assisted in his labours by persons who thought proper to take advantage of his original views without acknowledgment; and Buffon therefore states, in the paper lately unsealed, that he entrusts it to the Secretary of the Academy, in order to established his priority.

Defiling Drinking-Fountains. — A case brought before Mr Burcham, at the Southwark Police-court, indicates the necessity for affording legal protection to the public from offence or injury through defilement of the public drinking-fountains. A young costermonger was brought up charged with washing filthy fish in the drinking fountain attached to the church wall in High street. Obviously, if the fountains be not kept clean and wholesome, they will neither attract nor serve the public. Probably, legislation will now take place on the subject, attention having been thus directed to it.

Natural History of Stone in the Bladder. —A fisherman, presented, says M. Zennaro, of Chioggia, ('Gaz. Med. Ital.,' 1859,) symptoms of

stone in the bladder at the age of fifty-four, and refused all surgical interference. Seven years afterwards, a fistulous aperture showed itself in the scrotum, and the man was obliged to keep his bed. During the following fourteen years, five more apertures formed between the scrotum and penis, the patient suffering, in the meanwhile, great torture. When seventy-five years old, he had suddenly a sharp attack of pain, and, during the piercing cries he uttered, a calculus weighing eight ounces escaped from one of the perineal openings. The urine then freely escaped by this aperture; but the man still refused all interference, and put up with this inconvenient mode of micturition.

REVIVALS AND INSANITY.—Dr Howden, in an able Report of the Montrose Lunatic Asylum, says with regard to some cases in which insanity was stated to have originated in religious excitement: "The number of instances in which insanity is said to have originated in religious excitement has been very considerable; but in seven only could I satisfy myself, after the most careful and candid investigation, that such was really the case. In these the patients' relatives had no doubt whatever as to the origin of their attack; and each of them after recovery—for they all recovered—most unhesitatingly corroborated the opinion of others. Four of them were persons of strong religious convictions before the commencement of the revival movement, and I ascertained that the others had led regular and exemplary lives for some years previous to their illness. It is a common impression, and, as far as my limited experience goes, an erroneous one, that in such cases the terrors of hell and of a future judgment, held up to the excited imagination, act immediately in disturbing the mental equilibrium. The individuals alluded to above, on the contrary, either had, or believed they had, 'found peace;' and it was the overwhelming excitement and joy attendant on this belief that produced insanity. The mind constantly occupied with one subject, neglect of regular hours, want of sleep, late and early attendance on prayer-meetings, foolish attempts to teach others—a vocation for which they were ill adapted—in fact, a direct contravention of the laws of mental and physical health, combined to produce their natural result—mental disease. One gentleman succumbed to the anxiety and distress of mind occasioned by unsuccessful attempts to address an audience. Another was so overjoyed by his conversion that he scarcely eat or slept for a week, and his joy culminated in an attack of most violent mania. A man who became affected by powerful emotional disturbance, was considered by those who had seen such cases in Ireland to be a genuine example of 'striking down,' and he was treated accordingly, until his 'physical manifestations' became of too turbulent a character to be controlled out of an asylum. In some instances the insanity assumed the type of violent mania—one of them perhaps the most extravagant case I have ever witnessed during the brief paroxysms of excitement; and it is somewhat remarkable that in one individual only were delusions of a religious cast present accompanying a deep melancholia. As I formerly mentioned, all of these persons recovered; all of them were convinced in their own minds of the cause of their illness, leaving the Asylum with a firm determination to avoid for the future an excitement which had proved so perilous to them."

APPOINTMENTS FOR THE WEEK.

Wednesday, July 11.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, July 12.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2½ p.m.

LONDON HOME.—2 p.m.

Friday, July 13.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 14.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, July 16.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, July 17.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Middle-Class and Non-Gremial Examinations: *Cui Bono?* By A. H. Wratislaw, M.A. Macmillan and Co.

Spinal Curvatures and Deformities of the Chest and Limbs. By Mrs Godfrey. Third Edition. London: John Churchill.

The Wife's Domain. By Philothalos. London: John Churchill.

Diseases of the Heart. By W. O. Markham, M.D. London: John Churchill.

The Causes of Death of many of the Animals at the Zoological Gardens, Regent's Park. By Edwards Crisp, M.D. London: Taylor and Francis.

Benefits of the Agricultural Museum. By Edwards Crisp, M.D.

Thirtieth Annual Report of the Belfast District Hospital for the Insane Poor. 1860.

Rational Medicine, its Position and Prospects. By Stephen H. Ward, M.D. London: John Churchill.

Additional Notes on the State of the Medical Profession. By Edwin Lee, M.C.D., &c. London: John Churchill.

Statistics of Midwifery. By Robert Dunn, F.R.C.S.

The Tegumentary Differences of Man. By Robert Dunn, F.R.C.S.

NOTICES TO CORRESPONDENTS.

A REFORMER, who qualifies his signature by adding "when reform was a reality," has written us a letter "*de omnibus rebus.*" He wishes to know, among other things, "What Sir Charles Locock has done to qualify him to represent the University of London in Parliament?"—a very perplexing question truly. He has gained a large practice, and, perhaps, much money; but we are not aware that he is well acquainted with medical affairs, or that he has added any new fact or principle to science. Again,—"Is Mr Green a reformer or an oligarchist?" Perhaps he will kindly propound his question to Mr Green, for we are unable to answer it. Further, "What is the MEDICAL CIRCULAR about to allow the humbug of a Medical Council to go on extracting money for no useful earthly purpose?" The CIRCULAR is doing its duty: this we can say without fear of a contradiction.

OMEGA.—You are right in your opinion.

Dr J. H.—Either gentleman may be relied on.

Mr WELCH.—Yes.

PHILO-CIRCULAR is thanked for his communication.

X. Y. Z.—The law of the case is not yet determined, but we have no doubt that the judgment will be in favour of a liberal construction. We have nothing to add or amend in the commentary on the Act published in this journal when the Act was first passed.

Dr MCGREGOR.—1st. Yes.—2nd. Yes.

A SUBSCRIBER should write to the War-office for information.

Mr J. H. R.—1st. Not without examination.—2nd. It could not be registered.

A SUBSCRIBER (Lynn).—Certainly.

CHIRURGUS cannot do better than read carefully the numerous papers on the operation in the MEDICAL CIRCULAR. Mr Baker Brown has written a book on the subject, which Chirurgus can obtain.

M.R.C.S. ENG.—You are eligible.

A POOR-LAW SURGEON.—The Guardians may grant the fee; but it is not compulsory on them to do so.

H. H.—The Lectures (so called) were never delivered.

THE MEDICAL COUNCIL.—FOREIGN M.D.s.

To the Editor of the Medical Circular.

SIR,—I took the trouble of wading through the 'London and Provincial Directory' to ascertain how many practitioners had taken the M.D. diploma abroad. I find 196 gentlemen had done so. I then took the 'Medical Register' to see how many of these diplomas the Medical Council would recognise: the result—sixty-four only are on that 'Register'—as follows:

Diplomas obtained.—Erlangen, 71; Giessen, 32; Jena, 14; Heidelberg, 22; Bavaria, 1; United States, 11; Tubingen, 2; Havanna, 1; Bologna, 1; Padua, 1; Placentia, 1; Berlin, 11; Brussels, 1; Paris, 1; Wurzburg, 3; Leipsic, 3; Gottingen, 1; Pavia, 3; Leyden, 6; Pisa, 8; Munich, 3: total, 196.

Diplomas recognised by Council.—Erlangen, 3; Giessen, 13; Jena, 1; Heidelberg, 12; Bavaria, 0; United States, 2; Tubingen, 0; Havanna, 0; Bologna, 0; Padua, 0; Placentia, 0; Berlin, 9; Brussels, 1; Paris, 1; Wurzburg, 3; Leipsic, 2; Gottingen, 1; Pavia, 2; Leyden, 6; Pisa, 5; Munich, 3: total, 64.

From the above statement it will be seen that out of 196 diplomas obtained at foreign universities, only 64 were recognised by the Medical Council. This is weeding with a vengeance. What does it all mean? Yours, &c., PAUL PRY.

LETTERS received from H. S. Leverton, R. Griffin, A. M. Jones, &c. &c.

A Lady wishes to meet with a Re-engagement to take charge of an Invalid or Insane Patient. She can offer undeniable references and testimonials of ability and experience.—Apply, by letter, to "H. P.," Post-office, High street, St John's wood, London.

To Surgeons and Chemists.—To be disposed of, a good Ready-money Retail Business and Practice at the West End, established 20 years. Immediate possession may be had. Terms, under 100 guineas.—Apply to "C. F.," Alpha road, Regent's park, N.W.

The London Home for SURGICAL DISEASES OF WOMEN, 16 Stanley Terrace, Notting Hill.—This Hospital is established for the treatment of surgical diseases peculiar to women, and combines the organisation of a hospital with the comforts of a home.

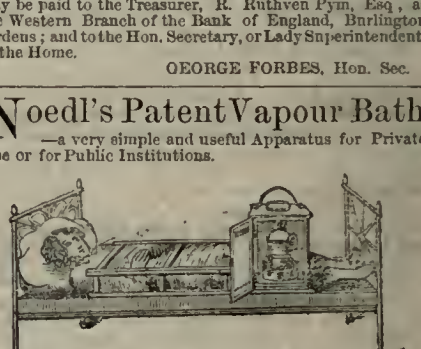
A weekly payment, regulated by circumstances, and varying from 10s. to 40s., must be made by each patient or her friends towards the household expenses, except in the case of those specially recommended by Life Governors.

There are 20 beds, 16 of which are appropriated on the above scale of payments to females of a better class than ordinary hospital patients; and four are reserved for poor patients recommended by Life Governors.

Donations and subscriptions are earnestly solicited, and may be paid to the Treasurer, R. Ruthven Pym, Esq, at the Western Branch of the Bank of England, Burlington gardens; and to the Hon. Secretary, or Lady Superintendent, at the Home.

GEORGE FORBES, Hon. Sec.

Noedl's Patent Vapour Bath —a very simple and useful Apparatus for Private Use or for Public Institutions.



Price reduced to Four Guineas, including japanned outer case.

A liberal allowance to the Medical Profession.

Detailed Prospectuses sent on application.

Manufactured and sold by BENHAMS and FROUD, 40, 41, and 42 Chandos street, Charing cross, W.C.

Huxley's Spiral Abdominal BELT, is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and Band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality.—Measures required: circumference at a, b, c; depth, from a to c.—Priced and Illustrated Catalogues on application to

E. HUXLEY,
12 Old Cavendish street, Oxford street, W.

Burrows and Co., Wholesale WINE MERCHANTS, LIVERPOOL.
Stores: Lime street.
Offices: 54 Duke street.

The Proprietors beg to call the attention of the trade, noblemen, clergy, and the public, to their extensive stock of choice Wines of rare vintages.

Burrows and Co. are not disposed to comment upon the purity of their Wines, which is daily most laudably acknowledged by the public and eminent Medical men of all countries, as the increasing patronage of the highest families in the land is a sufficient guarantee.

They beg to call particular attention to their pure Tonic Wines as being so valuable to invalids and persons of weak stomachs. A sample case containing three full-sized Wine bottles will be forwarded to any address on receipt of Post Office Order for 6s. 6d., or a dozen for 24s. It is a well-known fact that impure and adulterated Wines are the greatest foes to health, producing acidity in the stomach, and debilitating the digestive organs, while pure wines will accelerate the digestive powers, invigorating, strengthening, and bracing the nervous system.

Their Tonic Wine is admitted to be most essential to invalids, both old and young, and should never be absent from the homes of the weak and sickly. Its properties are duly acknowledged and appreciated by the leading men of the Faculty, both at home and abroad.

To prevent imposition, each bottle is sealed with the name of the firm. All orders to be made payable to Henry Burrows.

CLINICAL OBSERVATIONS
ON
CASES OF PYÆMIA:

HOW ARE THEY TO BE GUARDED AGAINST?—IS PYÆMIA ON THE INCREASE?—MR ERICHSEN; MR PRESCOTT HEWETT.

The prevalence of pyæmia in hospitals is a subject full of anxiety to surgeons; peril also as regards a surgeon's fame, say in private practice, in a case of a little sebaceous tumour of the scalp, or trivial incision of skin or fascia, when he does not like to lose his patient or his name; anxiety and mortification very often, as when he finds he has made half of a good cure of such a case, or a case of excision of a knee or elbow, that it ends in pyæmia. The nature of pyæmia is not at all settled amongst surgeons, but its treatment is improved. Mr Arnott and Mr Guthrie, like Mr Rose, very early showed that the particular form of phlebitis from injury of a vein, where there is a tendency to suppuration rather than to adhesive inflammation of the coats, is the most frequent cause of pyæmia. Mr H. Lee has gone farther, and in repeating the experiments of Lebert and others he has shown that the serum of such pus, especially in certain depressed states of the nervous system, is capable of producing the utmost mischief in form of pyæmia. We say, is capable of producing pyæmia, as there is reason to fear this is not the usual mode in which this disease is generated.

Surgery, like many other of the subdivisions of the art Medical, has its changes and fashions. What is practical and useful in one hospital or school, is often put out of the way for what is not practical, but fashionable and profound, in another. The pathological surgeons at present are men of deep erudition; and to show their erudition, in place of giving us practical surgery they offer the public very unpractical pathology; such dim, unreasoning pathology as tells us that growths with cancer-cells are all incurable; that the infectiousness of cancer-poison has passed into a proverb; that pyæmia is, like this infectious cancer-poison, beyond the reach of art; that syphilis is only to be cured, like small-pox, by fresh infection; and a dozen other things of a like kind, that every day's clinical experience in hospitals helps to negative. Those who deny such learned authorities to be surgeons, allow them to be pathologists and microscopists; but this does not get us over the difficulty that they have evidently no acquaintance with things as seen in hospitals.

We have already said, surgery has its fashions; (*a*) but it is curious, under its many guises, how unchangeable is disease. We are no advocates for the "change of type" theory of diseases:

"Quo semel est imbuta recens, servabit odorem
Testa diu."

The words addressed of old to Lollius are miserably true of disease; it remains the same, only altered by associations of early clinical theories. The word "inflammation" in this way has lost all its original meaning: metastatic abscess has not fared much better; it has scarcely gained, under the new word "pyæmia," clearness and utility.

Pyæmia in its treatment is perhaps a more formidable and more frequent disease than tetanus. Both are curable, if surgeons would follow the dictates of old clinical experience. There are no diseases which so test the "stuff of which a surgeon is made," as to whether he is practical or not. A patient receives an injury, or undergoes some surgical operation, very often of a very simple or trivial kind, a fistula to be slit up, a bit of bone to be sawed. He goes on well for a time, but soon there is a fatal "shiver." Probably pus is now on the road to its perfect formation in the blood itself, in consequence of a change in the fibrine, as in the croupous diathesis, actually as a primary affection; there is adynamic fever, and there is oppression. The patient's countenance changes—it may be be but the veriest shadow of a change, but to the eye of the hospital *habitué* that shadow of a change, that emaciation, that cachectic something, is the shadow or mark of Death's hand already passed over his victim. Mr Guthrie, even as early as 1815, though not very erudite in his pathology, describes the disease with his accustomed force and accuracy; and he found on the Continent, where febrile diseases were endemic, this form of constitutional irritation was very great. The stumps opened again and sloughed, and pyæmia was the result.

What the pathologists and museum curators want in every-day, common-place facts, and practical broad inductions, they endeavour to supply by the microscopic and the factitious. Practical surgeons smile at their dreams of infectious cancer-juice, deafness from marriage of first cousins—their doctrines of crasis, syphilisation, and the like. We have seen in hospitals an entire revolution sweep through the once-venerated dogmas of Rokitansky, and now Virchow's star is in the ascendant. Pyæmia raged like a plague in the Russian hospitals at Sebastopol, but was scarcely known in the French hospitals—all due to different schools of surgery, different "fashions" of treatment. Where we want clear light, the theorists, in striving to be frigid but learned on any given subject, analyse, as it were, the clear light of their sunbeam with a prism; they discuss the shades and varieties of pyæmia, or a tumour that ought or might be cancer, and must be malignant, but which Velpeau, or Brodie, or Erichsen, through the unclouded white light of long clinical experience, pronounces to be a tumour non-malignant, though possibly cancerous.

We have been led into this train of thought by some clinical remarks recently made on the nature of pyæmia by Mr Erichsen.

The prevalence of pyæmia in hospitals is one of those things which, as just hinted at, the pure pathologists can always learnedly explain, but never cure; while the disease itself, the simply practical man can nearly always roughly cure, but he does not care very much to explain. We do not seek to explain this "discordia concors," nor seek to discover the occult reason why at one side of this question we should be inclined to place such hospital-surgeons as Mr Erichsen, Mr Prescott Hewett of St George's, Mr Paget, Mr H. Lee, Mr John Adams; and on the other side, M. Pirogoff, and an equal number of learned surgeons picked out of our own Pathological Society Committees: but every one much accustomed to London visitors and London hospitals must in some hospitals look on pyæmia or phlebitis with much less fear and trembling, and very differently from what he would look on this disease in other hospitals much given to Pirogoff fashions. Pyæmia is no doubt more common in operations on the cancellous tissue of bones; but we have known it to arise after scarlatina or typhoid fever, a bad gum-boil or simple gonorrhœa!

Mr Erichsen, on a careful review of the subject, is of opinion that pyæmia is a very old disease; it was quite as prevalent, if not more so, thirty years ago, as it is this year or last year. Many of the low irritative fevers, congestive slow inflammations, metastatic abscesses, &c. then described in hospital-books were all pyæmia, according to his experience; many bad cases of this kind amongst his notes so far back as 1840, he now thinks, on reading them over again, were cases of what is now known as pyæmia.

Professor Carswell was the first person he recollects using the term in London. The utmost obscurity rested on the subject then; but now he believes it is well established, that deficient ventilation, overcrowding in hospitals, and *deficient or improper food*, are the leading causes of this disease. We have made it a point to inquire by letter of all the leading hospital surgeons of the three kingdoms also as to whether pyæmia has anything to do with anæsthetics: all with one voice say the idea or "fashion" as broached recently is perfectly ridiculous. (*b*) There is no doubt that puerperal fever is carried about by surgeons themselves!

An opinion is very strong in hospitals that pyæmia is sometimes endemic; and probably, like erysipelas, or this one form of puerperal fever (another word for pyæmia and phlebitis), in certain patients predisposed by kidney or other malady, the disease of pyæmia may be carried about by pupils, house-surgeons, &c. going directly from dissecting-rooms to their work as dressers. Such students, as observed by some, commonly administer chloroform in the wards; and in this way, as illogically observed by Mr Syme, chloroform gets all the credit of the pyæmia. In clinical notes of 179 cases of puerperal fever (where there is no doubt of this form of endemic mischief), we find pus in the veins in not less than 117, and pyæmic abscess in joints unmistakable in character in 10! Some observations of the surgeons of St George's, agreeing as they do with those by Mr Erichsen and others by the surgeons of St Bartholomew's, some remarks of Mr Adams at the "London," Mr Solly at "St Thomas's," and some curiously enough of Dr Robert Lee, as to puerperal fever, we may give in the form kindly furnished us by Mr Prescott Hewett. The serious graveness of the subject of pyæmia will be our excuse for this extract.

"Mr Cæsar Hawkins does not think that pyæmia is more common at St George's now than it was some thirty years ago. . . As to the causes, &c. of pyæmia, that it is a most difficult question. But thus much I can say: at times, and for months together, our wards may be perfectly free from pyæmia; and then (without any apparent cause) several cases occur in different wards and different parts of the building at the same time. Operations, compound fractures, injuries of the head, wounds of all kinds, then show the same tendency; but the disease is always found to develop itself much more readily in cases where the cancellous tissue of bone has been implicated.

"Chloroform does not, I think, in any way predispose to pyæmia; at least, we certainly have not found it so at St George's. I may mention in connection with this question, that in private practice I have had several cases of pyæmia in which chloroform had not been administered:

(*a*) A favourite fashionable prescription for gonorhœa, of the *suaviter in modo* kind, endorsed by the initials of an eminent Savile-row Surgeon, is the following: "Mist. mucil., 1 oz.; bals. copaibæ, ½ oz.; acid. sulph. dil., 2 dr; infus. rosæ, ad 8 oz." On the principle of Corydon—*nimium ne crede colori*—the patient is supposed, with this red mixture, not to be too much in a hurry to get well. Some surgeons say balsam and cubebs are an abomination, making the disease worse; still these delicacies are much in fashion, made up with roses.

(*b*) We believe kidney disease has more to do with pyæmia. Amongst recent "fashions," we find an Hospital for "Stone." The present observer is forced to admit that he is not amongst those who seek, on account of journalistic jealousy, to decry such an institution. This hospital, of course, includes as its specialty all the thousand-and-one lurking, insidious forms of urinary diseases. Its motto should be, "Principiis obsta:" stop urinary diseases in their early stage, in the manner so well laid down by Dr George Johnson, Dr Bright, Dr Thudichum, &c., before they have produced that state of the blood that favours dropsy or pyæmia. In a tolerably large experience, of ten years, of the out-patients' department of all our London hospitals—especially the small ones, which, as a royal road to cure all diseases, boast of "free" tickets, night and day, to all comers—we know of no class of diseases so neglected and slurred over as renal diseases. We have several times referred, of course, to the curiously small number of actual cases of "stone" seen in the hospitals, compared to Norwich hospitals, but the terrible mortality attending what are termed our brilliant operations. We wish success to this new institution, if it encourages—as it can scarcely fail to do—a more practical use of the test-tube and microscope; if it prevents the earlier forms or ill-defined milder shapes of Bright's disease from passing into incurable disorganisation, and it lessens the practice of random prescribing, at such "free" hospitals, of strong terebinthinate, acid, or cantharides pills and mixtures, for all such mild forms of urinary diseases, which notably require such remedies rather as warm baths, demulcents, diluents, opiates, &c., in hospital. This institution will meet opposition, as everything good and useful meets mischievous opposition; still the men who are accustomed daily to visit the dead-houses of our large hospitals know what numbers of melancholy cases of diseased kidneys, even in young persons, are found; and we should say that more than half of the adult male applicants at hospitals will be found with kidney disease—probably from drinking inferior kinds of adulterated beer, raw gin, &c. In females, the pressure of the enlarged uterus on the ureters and kidney produces albuminuria, in hundreds of instances overlooked, and is a chief cause of puerperal convulsions, peritonitis, and those states of puerperal fever allied to, if not identical with, the disease we have been considering—pyæmia.

Removal of a sebaceous tumour from the scalp, death from pyæmia! suppuration in the gum, pyæmia, recovery; suppuration in one of the tonsils, pyæmia, recovery; suppuration in the axilla, pyæmia, recovery; suppuration in the cavity of the tympanum, pyæmia, recovery; gonorrhœa, pyæmia, recovery. Such are some of these cases, and the subject, as you say, is of vast importance."

HOSPITAL REPORTS.

GUY'S.—Monday, July 3, 1860.

Stone in the Bladder—Lithotomy—Lateral Operation.—Mr Birkett.

The patient, a man about thirty-eight years of age, a tailor by trade, of spare habits and tolerably healthful, came into hospital from the country some time since. After a few weeks, the lithotrite was applied, and a stone was split, as it afterwards proved, into two unequal parts. Remaining a few weeks in hospital, great irritation ensued, and some fragments came away. By the measure of the lithotrite, the stone was found to be about 1¼ inch in diameter; the fragments caused laceration and injury. To restore his health, which became affected, he went home into the country to recruit. On his return to hospital, after a short time, he became again irritable and feverish, with a dry red tongue and quick pulse, and great constitutional disturbance, under which he at present suffers. The operation of lithotomy was now the only resource, anæsthesia being induced by slow and cautious administration of chloroform: the lateral cut into the bladder was made in the usual way, with a rather large knife. The forefinger and forceps brought away the small segment of the stone, and also, on a second introduction, the larger half, which from its position offered a slight difficulty, the blade of the forceps passing over instead of under the stone. The figure of the stone was diamond or flask-shaped, flattened; in short, it was a miniature model of the bladder flattened, the cervix being elongated, or having a projection, and was 1¼ inch diameter at the widest part, very rough and irregular, with projecting spiculæ. It consisted of a distinct lithic acid nucleus, surrounded by phosphatic crust. It was a neat operation, with little hæmorrhage—quickly performed, considering the irregular surface, roughness of the stone, and the number of fragments to be removed. The patient survived only three days. At the post-mortem examination, an abscess was discovered in the kidney, and a stone the size of an almond was found embedded in the lower extremity of the ureter.

Diseased Ankle-joint—Amputation of Leg at Lower Middle Third, with Lateral Flaps.—Mr Hilton.

The patient, a young woman about twenty-five years of age, in good constitutional health, had diseased ankle-joint, including the ends of tibia and fibula. Suppuration had formed at two or three points, and sinuses established extending to the ankle-joint. After anæsthesia became induced by chloroform, the operation, done in the usual way at the lower middle third of the left leg, gave side flaps which covered neatly the stump. Little hæmorrhage followed: great care taken to detach vessels from nerves in applying ligatures by Mr Hilton.

MIDDLESEX HOSPITAL.—Wednesday, July 4, 1860.

Cataract—Anterior Capsular Cataract—Laceration of Opaque Anterior Portion of Capsule.—Mr Moore.

Opacity of the anterior surface of the capsule of the lens is more common with children, not frequently met with in adults. The patient, a young woman about twenty-five years of age, in good health: first operation. Anæsthesia, induced by chloroform, and dilatation of pupil by belladonna. The needle was introduced through the sclerotic coat in the usual way behind the iris, as for depression; the anterior layer of the capsule of the lens was then freely divided and lacerated, and the needle passed once or twice through its substance by rotatory movement; the lens was brought into communication with the aqueous and vitreous humours, so that absorption or solution of the opaque particles by the aqueous humour takes place. Double convex glasses would, upon cure, be required to compensate for the loss of crystalline lens. In these cases M. Velpeau applies belladonna paint, in the proportion of 3i. of ext. (solution of atropia), diluted with one drachm of water, morning and evening, with intermissions. This practice counteracts many untoward accidents in the progress of cure, from adhesion to the iris of lacerated fragments or opaque bodies. The intermissions are to induce a return of contractility of the iris after dilatation. By this return of contractility, sufficient motion occurs to break adhesions formed, by drawing the pupil backwards and forwards like a curtain. After these intermissions or intervals in the application of belladonna paint, dilatation of the iris is again resorted to by the cautious use of belladonna.

KING'S COLLEGE HOSPITAL.—Saturday, July 7, 1860.

Perineal Fistulæ—Lithotomy—Hare-lip—Resection of Hip-joint.—Mr Fergusson.

Fistulæ in Perineo.—The patient, about thirty-five years of age, emaciated and cachectic, had stricture of the urethra and infiltration of scrotum and perineum from abscess and urinary extravasation. Mr Fergusson introduced a grooved sound into the urethra, and made a median division of the tumefied scrotum about half its length down to and through the perinæum, cutting down to the groove of the sound, dividing the stricture, and opening the urethra upwards and downwards. Upon removing the sound, he introduced a flexible catheter, and then a silver grooved director, through which he further laid open the anterior portion of the urethra from the meatus. Lastly, he introduced a silver catheter into the bladder, to remain in the urethra, being fastened by tapes round a bone collar placed upon the penis, and tied on each side by tapes to the thighs and to a circular abdominal bandage. Mr Fergusson called this the compound operation, and preferred it to laying open the several sinuses.

Lithotomy.

This patient, a boy about fourteen years of age, had been operated upon ten weeks before, and a very large stone extracted, four ounces in weight. The following very extraordinary circumstances are to be related: At the first operation the stone came away in two parts, but was only one stone, of very singular formation. When the two portions were adapted to each other, it formed something like a ball and socket joint, the ball and socket of the stone being perfectly smooth and polished. The socket portion, much the smallest, was extracted first; the other, brought away with some difficulty, was found to be bound down in a cyst to the neck of the bladder by mucous bands, running over a groove extending round the cervix of the *ball* of the stone, as was detected by portions of these bands coming away with it. The boy progressed favourably for a fortnight, and Mr Fergusson conceived he would have a remarkably quick recovery. At evening he became attacked with pain and great uneasiness, to an intolerable degree, about the neck of the bladder, extending all over the abdomen, and Mr Fergusson thought he would die of peritonitis. Upon examination, detected a stone. Mr Fergusson did not think any stone was left after the former operation, and was puzzled to account for its presence. He came to the conclusion that a stone had formed in the lower portion of the ureter, had produced inflammation and abscess, and so become discharged into the bladder. The stone was finger-shaped, and on removal, broken in half by the forceps, having imbedded in its centre a loose, smooth, detached nucleus, enclosed by a stony case or calcareous crust. To explain this state of things, the bladder having a strong tendency to form calcareous deposits, and the stone having, as supposed by Mr Fergusson, passed from the ureter, it became thus quickly encrusted and enlarged, and the outer crust, also very tender, was broken on extraction. Mr Fergusson operated by the lateral section, as he had on the former occasion, and cut in the same line and through the same tissues as before. The operation was performed with wonderful precision and celerity, and could not be excelled, being over, and calculi extracted, in little more than a minute. Mr Fergusson spoke of the lateral section as an old operation in the following terms: "I may be twitted for performing such an old-fashioned operation; it was performed by Cheselden, and is going out of fashion, being superseded by new ones of greater pretensions. I apologise," he said, "for naming this, which perhaps will be excused on my part, as performing a sort of decent tribute to the memory of what will shortly become matter of history—a memorial of what has been done in our day." He wrapt up this sarcasm in a quiet and delicate tone of irony all his own. He further remarked that this operation, performed on children or subjects having small perinæums like the one of to-day, was simple and unattended with danger. (*a*)

Resection of Hip-joint.

The patient, a child about four years old, had been under Mr Fergusson's notice for some time. An abscess formed over the hip-joint, and discharged. A deep-seated sinus was discovered, and on being traced was found to communicate with the joint; the articular cartilage gone, the bone being felt by the probe. Mr Fergusson pushed his finger through the sinus down to the head of the femur, introduced a bistoury, and divided the integuments obliquely backwards on the dorsum of the ileum, thus exposing the head of the bone, and forthwith dislocated it from the cotoloyd cavity, and resected it with saw and nippers. After returning the neck of the bone, and vessels secured, water-dressings were applied. Mr Fergusson, holding up the removed head of the bone, remarked that a great portion of it was gone: it had not come away by bits. This is the process called caries, or necrosis. Physiology does not explain these diseases, and we know nothing about the process of caries. When we say absorption removes it, which is all that is suggested, we must fain be content with this explanation. (*b*) He said, in these diseases Nature had been greatly extolled. He had been much abused for this operation, but had performed it often, and with so much success, he could afford to incur a little abuse. Nor was resection of the hip-joint a more formidable operation than amputation of the thigh or elbow-joint, or so much. He confessed he did not know how to cure these diseases. A farmer boasted of the crop of wheat, the produce of which he spoke of as having grown. True, he sowed the seed; but Nature grew the crop, and in season rendered the produce, which the farmer gathered, and appropriated as his own. In these diseases the Surgeon did neither the one nor the other, and could determine nothing concerning the result; but if Nature be not directed and assisted by the Surgeon in treatment after operation, all will go wrong. She is generous; but if help be not afforded by a proper, straight position, and means to obviate truncal gravitation, which, by movements of the axis of the body to and fro, as with children tossing about, disturbs the limb and prevents a good apposition, the patient will necessarily become victim of deformity.

Hare-lip.

Operated on an infant in the usual way, by needle suture and ligature.

ON THE TREATMENT OF GONORRHŒA WITHOUT SPECIFICS.

By J. L. MILTON.

(Continued from page 238, Vol. XVI.)

I believe, also, that those cases of chronic orchitis and neuralgia which are brought on by gonorrhœa, are much more manageable than has been supposed. Citrate of iron and quinine; a moderate use of mercury and chalk; good diet, with an extra glass of wine, stout, or pale ale;

(*a*) We are informed by Dr Conant, of New York, who is at present in England, that the recto-vesical operation is performed with great success in the hospitals of New York, the lips of the wound being brought together by silver wire sutures, in the same manner as for recto-vesical fissure; this plan preventing extravasation or urinary infiltration within the pelvis, or fæcal matter passing into the bladder, or urine through the rectum. Mr Lloyd, we are also informed, performs this recto-vesical operation for lithotomy at St Bartholomew's Hospital.

(*b*) *Vide* Medical Circular, April 25, 1860, 2nd col., line 23.

plenty of fresh air, and a free use of blisters—will generally effect a fair cure. They will, of course, in some cases only arrest the disease; for no sensible person requires to be told that they cannot regenerate destroyed tissue. Still they open up such an encouraging view, that I protest against removing the testicle until they have had a fair trial, especially as the revelations of Romberg, Civiale, Curling, Brodie, and others, leave no doubt that in many cases the testicle has been excised where a judicious employment of curative means would most probably have rendered any operation superfluous. Besides, it is possible that arrest of the disease by treatment leaves the remaining testicle less liable to take on the same action. In the last case of this kind I attended, I had reduced the diseased gland nearly to its normal dimensions, when some one persuaded the patient to have it cut off—and certainly there was fibrinous deposit enough in it; but three months afterwards, when I again saw the patient, I learned that the other testicle, which up to the time after operation had remained quite sound, was now nearly as bad as that which had been removed.

When *fungus of the testicle* ensues, Mr Symo's plan of paring the edges of the aperture, and then uniting them over the replaced protrusion, generally answers so well, that it would be difficult to find a substitute; and now that this method has received the sanction of Mr Fergusson and other excellent surgeons, it is to be hoped that the old system of castrating patients bit by bit will be put down.

Phymosis and Paraphymosis.—The treatment of these complications may be summed up in a very few words. Phymosis seldom calls for more than suspension of the penis, which may be easily effected by any person possessed of the most ordinary mechanical skill. In the more severe cases, such as are occasionally seen when ineffective attempts have been made to check the disorder with specific medicines, and which never ensue when injections are properly employed, evaporating lotions, containing ether and acetate of ammonia, may be used; I have never seen a case which required more than these. The treatment may be continued just the same as if there were no phymosis, for the prepuce can generally be drawn back so far as to admit the syringe. It is quite a mistake to imagine that this complication proves the presence of an amount of inflammation which would render the use of injections dangerous.

As to *paraphymosis* little need be said. The surgeon should carefully cleanse the penis, and then attempt the reduction of the strangulated part, in which, with a little perseverance, he will generally succeed. Some authors, Fricke among the number, profess to have never failed. I have not been so fortunate, and I have seen much better surgeons than myself who have made ineffectual attempts of this kind. This, however, is not of much importance, as in gonorrhœa, if properly treated, the strangulation, when not neglected, is never severe, and rarely attains such severity as to require cutting of the constricting band. If it should, the evil is easily met.

Balanitis is one of the most easy complications to deal with, although some attempts have been made to bring it within the category of complaints requiring extraordinary vegetable astringents. (*a*) M. Ricord advises cauterization; and if the patient is quite indifferent as to the amount of pain he may suffer, or perhaps rather prefers it, it will answer as well as mild injections beneath the foreskin; but according to my experience it is no better way.

Part III.—On some of the more Uncommon Complications of Gonorrhœa.

We now arrive at the consideration of those symptoms which are more calculated to fetter the surgeon's hands. From their extreme importance, I have been led to illustrate them by a few carefully-selected cases, for which I solicit the reader's most earnest attention, as it is these rebellious forms of disease which have cast so much doubt upon the powers of medicine over this complaint.

Under this head I propose to place all those affections which directly or indirectly interfere with the exhibition of proper remedies. They consist of—1. Strong tendency to *fainting*, and great natural or induced *weakness*. 2. Disposition to *inflammation of the lacunæ* of the urethra. 3. Excessive *sensitiveness of this canal*; strong disposition to *stricture*. 4. Extreme *irritability of the bladder* and rectum. 5. *Perincal abscess*. 6. *Inflammation of the prostate*. 7. Gonorrhœal *rheumatism* or *ophthalmia*. 8. *Hæmorrhagic diathesis*.

1. Fainting from the use of injections.—In speaking of a strong tendency to faint from the use of injections, I allude, not to the mere sense of faintness felt on passing the tube of the syringe down the urethra for the first time, as that is quite a common affair, but to that form where the disposition is so strong and recurs so constantly as to constitute an idiosyncrasy. I have seen it in very strong men.

Case.—An acrobat who had contracted a discharge came under my care. He was a healthy, temperate man, a solid mass of bone and muscle. This energetic method of gaining his livelihood was practised "sub Jove," and he developed his powerful frame to the highest pitch of health and strength it was capable of. Yet this man fainted so suddenly on my attempting to insert a short syringe into the urethra, that he fell like a stone. The insensibility was very prolonged; and he felt so ill after it, that he refused to have any more injections.

The plan in such cases is to give the injection to the patient in a sitting or lying posture. This will overcome the most obtinate fainting, as the following instance may show.

Case.—A very tall, delicate young gentleman applied to me with gonorrhœa. About eighteen months previously he had suffered from an attack, which, with all possible care, was not subdued with copaiba and salines in less than nine months: ever since then the urethra had remained extremely tender, and whenever he had a cold, a drop of pus was seen at the meatus on rising. On inserting the syringe he immediately fainted, and so soon as ammonia was applied to his nostrils the contents of his stomach were discharged; but the impression made upon the disease was so evident, that the patient willingly continued the injections, which were given sitting. At the end of eleven days the discharge was so far diminished that they were given only every second day, and then every third, till the twenty-fifth, which was the last; no discharge having been seen for eight days, yet the faintness was present to the last.

Some months later, during an excursion in Austria, he again contracted the disorder; he was treated with specifics, and derived almost as little benefit from them as before. Soon after his return to England he contracted a fresh infection, and six months subsequently he had another attack. On both these occasions the complaint was removed within a week by means of injections, but the tendency to faint was still as strong as ever when beginning with them. After the last gonorrhœa, I recommended the use of a gum-elastic bougie twice a week. To the very last day of using it, he always averted his sight from the instrument, feeling sure that he would turn faint if he looked at it. This treatment, I may observe, answered the end in view: the patient, though he was soon as imprudent as ever, contracted no more gonorrhœas.

Amongst numberless instances, I might point to this case as strong evidence of the superiority of injections over any other treatment. The patient was in easy circumstances, rested as much as he liked, consulted the first surgeons, and yet on one occasion his disorder, when treated by medicines, lasted nine months, and in another three, leaving each time the urethra very tender and irritable; whereas, when met with injections, one attack was cured in eleven days, one in four, and one in five. These cures, too, were more perfect; and that the disparity was not due to a decline in the virulence of the disorder, is shown by the third outbreak lasting so much longer than the second.

24 Castle street, St Martin's-le-Grand.

(To be continued.)

(*a*) 'Medical Gazette, Jan. 6, 1831.

OUR NOTE BOOK.

QUININE IN UTERINE HÆMORRHAGES.

In the March number of the 'Charleston Medical Journal and Review,' Dr J. S. Rich, of Georgia, reports several cases of protracted uterine hæmorrhage of an alarming character speedily relieved by the use of quinine, after the failure of all other known means. The following are his favourito methods of administration:

" ℞.—Sulph. quinine, 5j.
Sulph. ferri, 5j.
Mucil. gum Arabic, q. s. ut ft.
Pillulæ, No. xxx.

' ℞.—Sulph. quinine, 5j.
Sulph. ferri, 5j.-ß
Gum terebinth. 5j.

M. ft. in mass. et div. in pillulæ, No. xxx. S.—Two to be taken morning, noon, and night."—'American Medical Monthly.'

PUERPERAL CONVULSIONS CURED BY REPEATED COMPRESSION OF THE CAROTID ARTERIES.

A woman aged twenty-one, residing at Gourdon (Lot), had reached the end of the eighth month of her first pregnancy, and was in perfect health, when on the 25th of last April, after having worked all day, as usual, in a sitting posture, she stumbled as she rose from her chair, and fell backwards, inflicting at the same time a severe contusion upon the region of the sacrum. An hour after the accident, the signs of premature labour became manifest; a midwife was summoned, natural parturition took place, but scarcely had delivery been effected, when violent convulsions set in.

A physician, who was then called in, prescribed leeches to the temples and mastoids, and mustard-poultices to the lower extremities; but instead of being relieved by these measures, the convulsive attacks returned with increased violence, and with so much rapidity as to be almost incessant, being only separated by short intervals of deep coma. When I visited the woman next day, the 26th, her condition was unaltered, and the fits had then persevered with obstinacy for eighteen hours. The sufferer's vigorous constitution, her full, throbbing pulse, the congestion, and turgid state of the face, seemed to indicate the propriety of copious bloodletting, which I accordingly performed, prescribing also the following mixture, to be taken in table-spoonfuls every hour.

℞—Aq. distill. . . 3 oz.
Liq. ammoniæ . 120 minims.
Syr. minthæ . . 1 oz.

This line of treatment proved as unavailing as that which had been previously instituted. It then occurred to me to have recourse to pressure on the carotids, according to the method of M. Blaud, of Beaucaire, which consists in applying compression to both arteries simultaneously, either by flattening them with the thumb and middle finger against the sides of the larynx, thus approximating them to each other, or by directly forcing them back with the finger and thumb against the anterior aspect of the vertebræ. I adopted the former procedure, and I had the happiness to find that, during my very first experiment, the paroxysm became less violent and shorter. The double pressure exercised upon the blood-vessels of the neck soon enabled me to master the subsequent attacks, and to check them suddenly whenever the convulsive fit appeared on the point of occurring. I must, however, acknowledge that, if I was at length successful in conquering the convulsions, the most formidable I had ever witnessed, it was not without difficulty, for I had to resort to compression not less than 150 times during a struggle of twenty-four hours. I should also add that the unconsciousness and coma persisted many hours after the cessation of the fits, and yielded at last but to the combined action of two large blisters applied upon the legs, and of five grains of calomel in three doses, which were taken at intervals of half an hour.

I am utterly ignorant of the cause of these inexplicable convulsions, and refrain from idle disquisition on the subject. But I must lay stress upon a practical point, which appears to me of paramount importance, viz., the result which was effected by reiterated and persevering pressure upon the carotids. In the case of similar attacks, for which, as M. Pajot recently remarked in a lecture at the hospital of the School of Medicine, venesection alone has always proved unavailing, the method which I found successful should be without delay resorted to, and I am confident that it will render the greatest service when other remedial agents have failed. Inhalations of chloroform at the beginning of the paroxysms, and renewed whenever the convulsions return, have also been found beneficial. MM. Pajot and Blaud

recommend them in preference even to bloodletting. Both chloroform and pressure might be simultaneously employed. Thus the practitioner will at least be supplied with some means of treatment for a morbid condition which has hitherto baffled the most ingenious combinations of the therapeutist.—Dr Labalbary in the 'Journal of Practical Medicine and Surgery.'

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' opens with the Lectures on *Paralysis of the Lower Extremities* by Dr C. E. Brown-Sequard. We quote the following conclusions on myelitis :

"To understand well what we have to say of the symptoms of inflammation of the spinal cord, it is important to bear in mind the following facts :—

"1st. That the grey matter of the spinal cord in its normal condition is not at all excitable, and that irritations upon it are not followed by sensations or movements ; while, on the contrary, when inflamed it is excitable and able to give all kinds of sensations, and to produce cramps or partial convulsions.

"2nd. That the white matter of the spinal cord is not composed of motor and sensitive fibres coming from or going to the brain.

"3rd. That a pressure upon the spinal nerves, or upon the spinal cord, able to produce a paralysis accompanied by cramps, may either produce anæsthesia or not, while it causes various sensations.

"It is not our intention to speak here of the acute myelitis accompanied by fever, as in almost all cases of that kind there is at the same time an acute inflammation of the spinal meninges, and also because we only intend to show what the symptoms are in those cases of paralysis of the lower limbs of long standing that depend upon a chronic inflammation of a part of the spinal cord in the middle or lower parts of the dorsal regions.

"The characteristic symptoms of this local myelitis are :

"1st. A constant pain at the part of the spine corresponding with the upper limit of the inflammation of the cord.

"2nd. Whether a constant pain exists in a very marked degree or not, it is almost always found that pressure upon the spinous process of the vertebræ (sometimes even a slight one), when made at the upper limit of the inflammation, causes an acute pain.

"3rd. The passage of a sponge, filled with warm water, along the spine, gives a normal sensation of heat in all parts above the seat of the inflammation, but a burning sensation at its upper limit.

"4th. The passage of a small lump of ice along the spine gives the natural sensation of cold everywhere, except at the level of the inflammation, where the sensation is that of burning.

"5th. Most patients complain much of a sensation as if there were a cord, or some other ligature, tied round the body, at the limit of the paralysis. In a few patients there is but a very slight sensation of that kind. This symptom seems to exist in all cases of myelitis, and to depend chiefly, but not entirely, upon a state of cramp of some part of the muscles of the abdomen or the chest.

"6th. Various sensations, resembling very much those which follow the pressure upon a nerve, such as formication, pricking by pins and needles, and sometimes a feeling of burning or intense cold in the feet, legs, and thighs, less frequently in the abdominal walls. These sensations exist with as much, if not with greater violence, in parts deprived of sensibility, as in parts which are still sensitive. They originate from the irritation of the grey matter of the spinal cord, and are referred to the limbs and abdomen, just as the pressure upon a nerve produces sensations in its ramifications. They are important indications of myelitis.

"7th. Cramps in the feet or calf of the legs are very frequent. There are more or less of them in every patient. Frequently there are cramps also in the large abdominal muscles, besides the circular and linear cramp that gives the above-mentioned feeling of tightening. A cramp limited to a part of one or several abdominal muscles may remain almost permanently for days and weeks, forming a kind of lump, which may be mistaken for a tumour.

"8th. Whether myelitis exists only in a small zone of the spinal cord, or occupies the whole of the dorso-lumbar enlargement, the paralysis of movement exists in all the parts of the body that receive their nerves from the portions of the spinal cord that are below the upper level of the inflammation. The degree of paralysis varies extremely in different patients, but it is nearly the same in the various muscles of the lower limbs in the same patient.

"9th. Paralysis of the bladder and of the sphincter ani is almost always present in inflammation of the lower part of the dorsal region of the spinal cord ; but when the seat of the inflammation is higher up in the dorsal region, there is rather a spasm than a paralysis in the sphincters of the bladder and anus. Often then there is retention of urine, owing to the paralysis of the bladder while the sphincter vesicæ is more or less in a spasmodic state.

"10th. One of the most decisive symptoms of myelitis is the alkalinity of the urine. There is no patient attacked with myelitis in the dorsal region of the cord whose urine is not frequently alkaline. At times, especially after certain kinds of food, the urine is acid, but the alkalinity soon reappears.

"11th. Anæsthesia, or at least a diminution of sensibility, always exists in myelitis, except when the grey matter is not the seat of the disease, which is very rare. Usually, the inflammation begins in the central parts of the grey matter, and then a diminution of sensibility is one of the first symptoms. That peculiar kind of sensibility of muscles which serves to direct our movements is especially impaired in the very beginning.

"12th. When the dorso-lumbar enlargement is inflamed, reflex movements can hardly be excited in the lower limbs, and frequently it is impossible to excite any. On the contrary, energetic reflex movements can always be excited when the disease is in the middle of the dorsal region, or higher up."

Mr Braxton Hicks contributes to the same journal what is called a *New Method of Version in Abnormal Labour*. We extract the description of it :

"The method I have found successful, and very easy of application, is conducted thus :—We will suppose the simplest condition, a case where the uterus is passive, membranes unbroken, the liquor amnii plentiful, the os uteri expanded sufficiently to detect the presentation, which is cephalic, and in the first or fourth position (occiput to left side) ; the patient is in the ordinary position, the trunk curved forwards as much as possible, to relax the abdominal muscles. Introduce the left hand, with the usual precautions, into the vagina, so far as to fairly touch the fœtal head, even should it recede an inch. (This generally requires the whole hand.) Having passed one or two fingers (if only one, let it be the middle finger) within the cervix uteri, and resting them on the head, place the *right* hand on the *left* side of the breech at the fundus uteri. Employ gentle pressure and slight impulsive movements on the fundus towards the right side, and simultaneously on the head towards the left iliac fossa. In a very short time it will be found that the head is rising, and at the same time the breech is descending. The shoulder is now felt by the hand in place of the head ; it in like manner is pushed to the left, and at the same time the breach is depressed to the right iliac fossa. The fœtus is now transverse ; the knee will be opposite the os, and, the membranes being ruptured, it can be seized, and brought into the vagina.

"Having now the labour at command, the case must be treated according to the circumstances which called for turning. In obedience to the law above stated, when the fœtus is placed transversely, a slight impulse will determine the final position of the head. When the leg is seized, therefore, it is advisable to place the right hand beneath the head in its new position on the left side, and gently press it towards the fundus. The same law renders it very easy to convert the cephalic, shoulder, neck, or even natural transverse, into a breech case. In either of these conditions it is merely necessary to push up the head, and, removing the left hand from the vagina without bringing down the knee or foot, place it on the breech in the right iliac fossa, so as to depress it into the cavity of the pelvis. No extra force should be used, for it will be found to obey a very 'gentle persuasion.' Indeed, the change is completed sometimes spontaneously, and the foot is at hand before it is expected. The breech now presenting, it is advisable to retain it till labour is fairly set in, by a firm bandage placed externally, and, should it be required, a pad on either side of the fundus. It should now be treated as an ordinary pelvic presentation.

"We have in the above case supposed the fœtus to have been placed with the back to the left side (first and fourth positions). Should it, however, be certainly ascertained to be placed in the opposite direction (second and third positions), the only alteration required is to make the pressure and impulses in the opposite directions, following the same rules. But suppose the exact position cannot be made out : in that case it should be considered as being in the first and fourth, and treated as above directed ; and for the following reasons :—1st. The fœtal head presents in that position (back to left side) in from sixty-five to eighty per cent. ; consequently the practice would be correct in that proportion. 2nd. Should the child be turned over on its back, one side is almost certain to be the most dependent ; consequently a knee or a foot will be within a finger's reach. Should the lower limbs not be near, it can be readily converted into a breech case, whereby the foot or breech will be close to hand. Suppose, again, the liquor amnii has escaped—although it certainly does make the operation more difficult, still, as the cases to be quoted will show, it is easily managed even then, the principal impediment being the activity of the uterus ; should that render it troublesome, suspend it for the moment, either by chloroform or opium, and I believe the escape of the waters will be found to be no objection to operation. With respect to other conditions which may retard or interfere with it, they must be treated in the same manner and on the same principles as apply to the ordinary method, and require the same judgment on the part of the operator.

"In considering, secondly, the general advantages of this operation over the ordinary method, I disclaim all intention of unnecessarily depreciating an exceedingly valuable and ancient operation—one which has saved numberless lives, and one with which, at present, we cannot dispense. Still, if it can be shown that in a considerable number of cases requiring version, the operation can be accomplished as quickly, or even more so, without the necessity of introducing the hand into the uterus, with the exception of one or two fingers passed a little way into the os, I am sure that such a modification of this more or less hazardous operation will recommend itself without any panegyric on my part. For in that case it will readily be perceived that we shall avoid—

"1. The addition of the hand, and perhaps arm, to the uterine contents ; and the irritation, present and future, caused by it.

"2. Entry of air within the uterine cavity.

"3. Liability to rupture of uterus.

"4. Much of the pain and distress felt in the ordinary plan.

"5. The removal of the coat, and baring the arm of the operator ; and, as a minor consideration,—

"6. The fatigue and pain endured by the operator while the hand is in utero.

"I think the removal of these objections a matter of considerable importance, even if option were given us in all cases ; but more especially so when we add to this the power the plan I have suggested gives us—namely, of being enabled to turn under circumstances totally impossible by the older method. I feel confident that all impartial practitioners will, after a fair trial, adopt it—I will not say to the total exclusion of the other, but certainly upon every possible occasion in preference ; for there is one thing upon which much stress can be laid, which is, that the unsuccessful attempts to accomplish the new method, instead of increasing the difficulty of delivery by the older plan, tends rather to make

the latter more easy; at any rate, the fœtus can easily be returned to its original position.

"Prof. C. Esterle has shown great skill and patience in endeavouring to detect during the seventh and eighth months of pregnancy the position of the fœtus, and deserves great praise for practically showing the possibility of version at that time; but as such opportunities are rarely to be found in ordinary daily practice, and as it scarcely can be expected his skill and experience are to be met with except in such as devote their time especially to that subject,—and as, coupled with other reasons, it is a practical fact that the majority of the malpresentations and complications of labour do not come to the knowledge of the practitioner till labour has set in, or till, as in hæmorrhage, active interference is necessary,—I think that I am not overrating the value of the above easily-applied and safer method of version; for the finger inside the cervix gives a sure indication as-to progress of the pressure on the breech above.

"It may be noticed as an advantage that the membranes need never be ruptured, as was generally practised, though not always, by the older method.

"The third point I proposed for consideration was the question—To what cases is the above method more peculiarly applicable, and to what conditions is it exclusively so?

"From the foregoing remarks, it will be readily seen that it can be applied at the earliest period a malpresentation is detectable. As soon as the finger can enter the cervix, so soon can version be performed, converting all forms into breech presentations. In malposition of the head, perhaps it may be found capable of improving its position without having recourse to complete podalic version; in puerperal convulsions, diminishing the great risk in such cases from the addition of the hand to the contents of the uterus; in narrow brims, when version is decided upon, it will save the pressure upon the os uteri against the projecting parts of the brim. To these points I shall allude in a future communication, and shall for the present confine myself to the advantages this method gives us in *placenta prævia*—at least, in every form of partial insertion. I have as yet had no opportunity of testing its applicability in absolutely central insertion, and perhaps we can scarcely hope for any peculiar advantage in that condition, which becomes so formidable if the os continue undilated. Although in most writings it is said the hæmorrhage which in these cases has already occurred is generally sufficient to dilate the os, still many will present such a prolonged rigidity of that part, that death may take place before entry of the whole hand can be effected; and it has so happened that this form has in my own experience been by far the more frequent. These cases are the more serious because of the difficulty of obtaining a firm compress on the bleeding part. The contracted cervix generally has been seen where the hæmorrhage has begun some time before the full term (at the seventh or eighth month), when the lower portion of the uterus has not fully expanded.

"The following cases will illustrate the advantages of the method above described, whereby, as soon as the finger can enter the os, it is practicable to bring down the knee or foot, and by that means have the command of the hæmorrhage and labour at the same time; for the conical form of this natural plug is just suited to the requirements of the case. By gentle traction on the limb, the os is completely and circularly filled up; and as it dilates, the size of the plug, as it descends, increases, whereby a continuous pressure can be kept up, its force varying at will according to the requirements of the case. Having then secured this plug, by keeping hold of the limb, we can afford to wait till, on the one hand, the system has rallied to bear the completion of the labour; or till, on the other, the os has dilated to permit the evacuation of the fœtus. Thus we gain an early command of the labour at a time long prior to that permitted us where the hand must be introduced; while we gain much valuable time, save much blood, and husband the patient's strength. But, having so done, my opinion is, that hastening delivery would be highly improper. The only thing that could justify us is the suspicion that hæmorrhage was going on internally. As far as I have seen, this has not occurred; nor is it at all probable, in this condition of cervix, which is pressed upon by the plug for some distance—at least, far above the source of the bleeding."

We need not transfer the cases.

Mr Baker Brown also contributes some Reports on certain *Diseases of the Rectum*, the symptoms of which have been ascribed to uterine disease. We quote one of the cases as representative of the six reported, and as indicative of the character of disease described:

"Case 1.—L. P.——, aged twenty-five, single, admitted into the London Surgical Home Dec. 22, 1858. She complained that she had suffered for a long time from heat and pain in the womb, with pains in the back, and a general feeling of uneasiness in her bowels. She looked ill and worn, and was suffering much from dyspepsia. She had been treated by leeches to the uterus, for dyspepsia, and for the uneasiness in her bowels, but without deriving the least benefit. On examining the uterus, no disease could be found; menstruation was regular; there was slight leucorrhœa. On inquiry if she had more pain at the time of, or after, an action of the bowels, she replied, 'Yes, alwaya; that then she had a sharp shooting pain darting through the womb, and that she was obliged to lie down because the pain and uneasiness were so great in her bowels; in fact, that she dreaded going to the watercloset.' On passing my finger into the rectum she complained of acute pain, and I found a deep fissure just within the sphincter, and opposite to it a small pendulous polypoid body, the pea-like end of which dropped into the fissure.

"*Treatment.*—A dose of castor oil was ordered early in the morning on the following day, and after it had acted freely the rectum was well washed out with warm-water enemas; the fissure was then divided by Copeland's blunt-pointed straight bistoury, the polypus tied, and the rectum plugged with lint soaked in sweet oil. Two grains of opium were given, and generous diet ordered.

"Dec. 25th.—The bowels were opened by a castor-oil enema; afterwards the nurse applied sweet oil on her finger to the whole cut surface, and repeated it once daily.

"Jan. 6th, 1859.—Discharged, quite cured. I have heard of her since as continuing perfectly well.

"*Practical remarks.*—This case well illustrates the proposition which I have just advanced. I would also wish to observe that a very large number of fissures of the rectum are produced by these little polypoid bodies, as they will be found in almost every case if carefully sought for. It will be observed that the dressing of lint and oil was never repeated. This has been my invariable practice for the last twenty-five years, having been taught the great practical fact by my esteemed friend, the late Dr Copeland, that it is never necessary to interfere with the parts by the painful process of reintroducing the lint, if care be taken that the first dressing be left in for forty-eight hours; after that time there is no fear of union by first intention, but, on the contrary, a healthy granulating process is set up, which continues till the end."

The Lectures on *Experimental Pathology* by M. Claude Bernard are continued in the 'Medical Times and Gazette.' The special subject of the lecture is the analogy existing between the action of morbid causes and that of poisons. We quote some paragraphs:

"Our purpose is, therefore, to examine, in the natural order of succession, the phenomena which take place within the living body, when foreign substances have been ingested, in order to learn the mode of action which enables it to produce baneful or salutary effects (as the case may be) throughout the whole system. We have found, for instance, that woorara paralyses all the motor nerves, puts a stop to all motion, suspends the act of respiration, and thus brings on suffocation. The practical result is, that by artificially insufflating air into the lungs during a sufficient length of time, the animal is kept alive till the poison has been eliminated, and all danger is past; now, the same takes place with all poisonous substances which do not produce actual disorganisations of the tissues: strychnia is in the same case as the former poison, for, if all the external excitement which perpetually provokes reflex action, and thereby brings on convulsions, which end in death—if all these irritating causes, which inevitably act upon the animal left in the open air, are cautiously removed, all danger is avoided, and the animal slowly recovers, if the dose of poison has not been too large. Place a frog under a glass bell, in a cellar, after poisoning it with the alkaloid, if left there during a sufficient time, the animal is found to recover perfectly; while another frog, *cæteris paribus*, rapidly dies in violent convulsions, when repeatedly excited. The effects of cold may also be brought forward as an instance; when moderate, they benumb, but do not freeze the tissues: a frog's heart may be brought to stop under the influence of cold; but give it a more favourable medium, and it will recommence beating: if frozen, however, there is an end of all vital properties, its tissues having been disorganised.

"Such is the process of reasoning brought to bear upon physiological questions; an entirely similar method ought to be followed in clinical researches, for nothing resembles so much the action of poisons as that of morbid causes of an ordinary description: the analogy holds good even in those cases in which the disorder is wholly local, and does not end in death. Corvisart, in his celebrated work on Diseases of the Heart, relates the case of a young girl who, in order to commit suicide, swallowed a very large dose of arsenic; some symptoms of poisoning followed, but the patient recovered, and, several months later, died of consumption. In making the autopsy, a large pseudo-membranous cyst was found in the stomach; within this cyst was enclosed a solid mass of arsenic, which might have sufficed to poison nine or ten persons; this was the residue of the primitive dose, a very small portion of which had been absorbed, while the remaining part, incased in this accidental cavity, rested within the stomach without producing other effects than those of an ordinary and inoffensive tumour. Now, if the cyst had been a spontaneous morbid production, instead of resulting from the ingestion of a foreign substance, the consequences would have been identically the same, unless inflammation, suppuration, and resorption had taken place within the tumour.

"If we examine some of the diseases which most frequently produce death, we shall equally be obliged to have recourse to general effects, in order to explain the mechanism through which the ultimate result is attained: numberless patients die of peritonitis, and in a very short space of time too; how does this take place?—for peritonitis, at first sight, does not seem to interfere with any of the higher functions of life. Inflammation of the lungs or pleura frequently proves mortal in a few days; and in such diseases the respiratory functions are of course impeded; yet mere asphyxia is evidently not the cause of death in acute cases of pneumonia; and, in affections which rapidly prove fatal, the animal, although deprived of food, cannot evidently be supposed to die from mere inanition in so short a space of time. It therefore becomes necessary to proceed to a rational investigation of all the diseased tissues, in order to ascertain the mechanism through which death has been produced: both nerves, muscles, glands, and other tissues—both the solids and liquids of the body require to be examined. If, for instance, the substance of the liver is submitted to chemical analysis, it is found to contain no more glycogenic principles; the total disappearance of which is, in our opinion, one of the most ordinary causes of death; for animals kept fasting for several days together still retain a certain amount of sugar in the blood. It therefore seems that life may be extinguished in two different ways: firstly, by the introduction of deleterious principles into the blood; and, secondly, by the total absence of indispensable elements in that fluid. From such instances, it is hardly difficult to judge what degree of scientific accuracy we may expect to find, in ordinary post-mortem examinations: local lesions are exclusively sought for, while the general disturbance passes unperceived; and, even supposing its existence to have been suspected during life, how difficult it becomes, in the human subject, to ascertain the fact after death! Twenty-four hours must have elapsed before we are allowed to touch the corpse: now, although in animals recently slain the natural properties of healthy tissues persist during a

certain space of time, we are perfectly aware that, after a few hours, they are no longer to be found: such, for instance, is the case with respect to the galvanic excitability of muscles and nerves in birds and mammiferous animals. If, therefore, the effects of woorara, digitalis, and other poisons, which act upon these very tissues, had been exclusively studied in the human species, we should never have been able to ascertain by comparison the precise nature of the injury."

A Clinical Lecture by Mr Le Gros Clark is published in the same journal, to which also Dr James Arnott communicates an article on the *Treatment of Rheumatic Affections* by congelation. He thus reports a case:

"A woman, between fifty and sixty years of age, employed as a cook in a gentleman's family, was, after an exposure to cold and dampness, affected with pain, swelling, heat, and slight redness of both ankles. She walked with great difficulty, and her sleep was much disturbed by an increase of pain during the night. There was no fever, nor other symptoms of constitutional disturbance. I saw her nine weeks after the commencement of the disease, had learned that the colchicum, iodine, quinine, and other remedies, which she had taken, had proved of no avail. On the contrary, her sufferings had increased, and it was proposed to send her into the country for change of air. On the 26th of February last, recourse was had to congelation. About three-quarters of a pound of ice, enclosed in a small canvas bag, were, by means of a flat iron, broken into a fine powder, and rapidly mixed with about half their weight of common salt. The mixture was then poured into a piece of gauze, and applied to both sides, successively, of each ankle, while the foot rested on the edge of a basin. The gauze bag covered a circular space of skin of between three and four inches diameter, and was kept in contact with it for about six minutes. During the last half of this period, the skin was white, hard, and insensible. When this congelation had ceased, a small quantity of powdered ice was placed across the ankles in order to prevent the smarting which would have otherwise accompanied the returning sensation, and the patient was desired to keep the ice applied for a quarter of an hour, or longer than this, if the smarting should return on its removal.

"Circumstances prevented my seeing the patient until the third day afterwards, when she expressed in very energetic terms her thankfulness for the relief which had been afforded. There had been no return of pain after the congelation, and consequently no interruption of her rest at night. All that she now felt was a sense of stiffness of the joints. There had been heat and tingling of the skin, particularly on the second day after the frigorific had been used; but this she had quickly removed by sponging the part with iced water. As the congelation had not been kept up so long as it sometimes is, there had been no vesication produced, and, consequently, none of that tenderness of the skin which follows vesication. The stiffness and weakness of the joints continued for some time, but not in such a degree as to prevent her walking; and had the disease been of shorter duration, these effects of it probably would not have existed. On the other hand, when the disease has continued for a very long period, and produced organic change in the joint, though all suffering may be removed, the stiffness will probably be permanent.

"The congelation did not last four minutes; for being desirous to avoid vesication of the skin, I should have preferred repeating the milder application to causing this annoyance from one of greater duration. In determining the proper period during which the part should be kept congealed, it is necessary to take into the account the strength of the frigorific mixture employed. A large quantity of well-pounded ice and salt, applied when the materials are acting strongly on each other, will produce a more deeply-penetrating and a more lasting cold than a smaller quantity not so well prepared. The only instance which I have known of healing by the first intention being impeded after an operation performed under congelation, proceeded from its having been too long continued when produced by a very powerful frigorific; but even under these circumstance there would probably have been no impediment, had an appropriate mode of dressing the wound been adopted.

"To the prevalence of two errors must the imperfection in the treatment of rheumatism be chiefly attributed. One of these is the undue influence which certain theories of the nature of the disease have been permitted to exercise; the other is the false view that has been taken of the disposition which rheumatic inflammation has to extend from one part of the fibrous system to another, or of what has been termed metastasis.

"The theory of the nature of acute rheumatism at present in vogue is a plausible one, but it ought not to be relied upon to the degree that would render those lessons of experience which are apparently contradictory to it less impressive. That an acid exists abnormally in the blood, there can, reasoning from chemical analysis alone, be little doubt; but whether this acid be the cause of the disease, or only one of its numerous effects, or what the importance of each of these effects may be, are points to be yet ascertained. What has been termed by the late Dr Todd the eliminating mode of treatment, and which mainly consists in the administration of large doses of some alkaline substance, accords with this theory; but the well-attested advantages proceeding from what are known as the bark, opium, and lemon-juice modes of treatment are adverse to it. So, also, though the supposed common causes of rheumatism, cold and moisture, are in favour of the idea that the emunctories of the skin are closed by their influence, the immediate occurrence of this disease, and of the analogous disease, gout, after sprains, wounds, and urethral irritations, would lead to a different conclusion. One of the most severe attacks which I have met with of rheumatic fever immediately followed the bite of a horse; and one of the severest attacks of gout was the consequence of sudden dilatation or rupture of stricture of the urethra.

"The common opinion respecting the metastasis of these diseases is founded partly on imperfect observation, and partly on imperfect theory. Inflammation of the heart sometimes precedes inflammation of the joints in rheumatism; and is so common an event during the continuance of the disease, that Dr Watson has only known two cases of rheumatic fever occurring previously to puberty in which the heart was not affected. That rheumatic inflammation of the heart often takes place about the same time that inflammation ceases in a joint, is indisputable; but this coincidence no more shows the connection of cause and effect, than the occasional coincidence of dreams and events shows that dreams are prophetic. Rheumatic inflammation extends to various parts of the fibrous system, just as common inflammation attacks successively various parts of the respiratory mucous system; and, doubtless, the part last affected may act in some degree as a counter-irritant in removing the inflammation previously existing in other parts. If it be true (and the idea is, to a certain degree, supported by the pathological researches of Dr Garrod) that the articular inflammation is produced by the deposition of a *materies morbi*, it must follow that, as inflammation so produced would impede this secretion or deposition, whatever is calculated to moderate or remove it, will, instead of repelling the poison into the blood, not only promote its deposition in the joints, but, by preventing a febrile disturbance of the system from the violence of the local affection, facilitate its excretion by the skin and kidneys. If we take it for granted that rheumatism is a blood disease, we must admit, with Dr Graves, that the poison, in certain favourable conditions of the system, may pass off by the emunctories without exciting local disturbance—just as electricity may pass from the clouds to the earth without injury to buildings on its surface."

Mr Hulme reports an interesting case of *Malignant Disease of the Right Eyeball*, supposed to have been congenital; and Dr Osborne contributes an article founded on a case of *Poisoning by Strychnia*, which we extract:

"Prior to the discovery of Marshe's test for the detection of minute quantities of arsenic in organic mixtures, many cases of arsenical poisoning, probably, occurred which were never brought to light; but whether cases of poisoning by strychnia have been overlooked for want of a delicate process for its extraction, or whether errors in diagnosis occurred, I cannot venture to assert. It is possible, however, that there was a greater difficulty in procuring strychnia by the public formerly than now.

"A few months since a case of poisoning by strychnia occurred in this town, and Mr Lawrence, who was called in, made a correct diagnosis of the case, as it ultimately proved to be by the result of the analysis which I was requested by that gentleman to undertake.

"Mr Lawrence kindly invited me to the post-mortem examination which he performed, and we placed in three jars, the stomach with its contents, a portion of the small intestines, including the duodenum, and a portion of the liver. By keeping the parts separate from each other, we prevented the possibility of transferring any portion of the poison from one part to another. On opening the stomach, about eight ounces of fluid, mixed with a quantity of partly-digested food, was present. The mucous membrane of the stomach presented no appearance of congestion, as is usually observed when death takes place after a full meal; but it exhibited a pale colour, except at the pylorus, which was congested.

"In conducting the analysis I was kindly assisted by Mr Lawrence, and proceeded at once to search for strychnia. One-half of the contents of the stomach and the organ itself were submitted to the chloroform process, as recommended by Messrs Rogers and Girdwood, using sulphuric acid for the solvent. The duodenum and its contents were submitted to the same process, using hydrochloric acid for the solvent; but so much colouring matter was taken up by the acids, that a further process was necessary ere the strychnia could be obtained sufficiently pure for the application of the colour tests. Owing to the difficulty and time occupied in getting rid of the organic matter, I used acetic acid for the solvent for the other half of the stomach and its contents; also for the liver, substituting ether and potash for ammonia, as recommended by Dr Letheby, when the strychnia was obtained at once in a state of purity for the application of the colour tests.

"After washing the potash solution with ether it was treated with chloroform, and the strychnia obtained equally pure by that solvent, thus showing the superiority of acetic acid over the two former acids, at least in the case under consideration; and I trust the observation affords a sufficient excuse for publishing the process which I found to be the most direct for obtaining a satisfactory result.

"It may be necessary to state that in the alcoholic stage of the process we were surprised to find the extract only slightly bitter to the taste (a small quantity only being applied to the tongue), and in order to prove whether the strychnia was taken up by the sulphuric and hydrochloric acids, we resolved upon trying its effect upon animals. For this purpose a kitten was procured, and a small quantity of the fluid extract (deprived of spirit) administered. The first symptom observed was that the hair of the animal stood on end, and within the space of about an hour it died, with all the symptoms of poisoning by strychnia. It may be remembered that Dr Marshall Hall suggested a physiological test for the detection of strychnia; and although Mr Lawrence expressed his satisfaction at the result of the colour tests, he suggested the advisability of trying the strychnia, which I had extracted in a pure state, on a frog; a small quantity being administered, well-marked tetanic symptoms were produced."

The 'Dublin Medical Press' contains an article on the *Chemistry of Pepsine*, by Mr Harry Napier Draper, from which we make some extracts:

"*Composition of the Gastric Juice.*—The best analyses of the fluid which is secreted by the gastric follicles show that it does not contain more than 1·72 per cent. of solid matter, and that while some small portion of this consists of alkaline and earthy chlorides and phosphates, by far the greater part is a peculiar organic body to which the name of *pepsine* has been given. Besides these, the gastric juice contains a free acid. It

would seem at first sight no very difficult matter to decide what this acid really is; but although the question has engaged the attention of many chemists, it can scarcely be looked upon as satisfactorily decided. Opinions have fluctuated between the hydrochloric and lactic, and the nature of the difficulty of forming exact conclusions may be thus shortly stated. The secretion contains, as already mentioned, alkaline chlorides; and supposing lactic acid to be also present, the fluid would, if distilled, give hydrochloric acid, for the reason that slight elevations of temperature cause the decomposition of the chlorides by lactic acid. There are, however, two facts which lead very much to belief in the lactic acid theory. The first of these is, that Professor Graham has long since demonstrated by a process not involving the necessity for distillation that this acid is present in the normal condition of the fluid. The other is, that by a change occurring within the stomach itself, lactic acid is known to be produced. This circumstance I shall again have occasion to advert to.

"*Action of the Gastric Juice.*—It was at one time supposed that the gastric secretion possessed the power of acting upon all the constitutents of the food—that is to say, of acting equally on the nitrogenous, the starchy, and the oleaginous portions. This idea, however, has, since the researches of Frerichs and others with reference to the saliva, been abandoned, and it is now a generally-accepted truth that the proper secretion of the digestive cavity dissolves only the azotized matters which are brought into contact with it. The amylaceous constituents of the food are by means of the saliva, with which the process of mastication impregnates them, converted into *glucose*—a substance which, as far as we are aware, requires no further preparation to be assimilated. The fatty matters are at the same time merely finely divided, and form a kind of emulsion with the chyme, undergoing digestion only after admixture with the biliary and pancreatic secretions. For the proper solution of the food in the gastric juice, heat and motion are two essential conditions. If the temperature of the stomach be lowered, digestion is much impaired; but then, on the other hand, if it be elevated above 120°, the function is altogether checked. The action of gastric juice upon nitrogenized matter has often been carefully observed, not only in cases where the secretion has been obtained by fistulous openings into the stomachs of dogs, but, as in the well-known case of St Martin, in the human subject. If a piece of cogulated albumen, for example, be suspended in a phial containing gastric juice, and the phial be placed in water which is kept at a temperature of 100° Fahr., after a short time the surface of the albumen becomes decomposed, and its edges become rounded. By slightly shaking the phial, the pulpy matter which invests the mass is removed and dissolved in the fluid, exposing a fresh surface to its action; and if this be continued for a few hours the whole will be dissolved. Such a solution of albumen is very different in its constitution and properties to the solution obtained by dissolving albumen in a dilute acid; for while the gastric solution readily passes into the circulation, it has been demonstrated by Bernard that the latter is carried off with the urine. Attempts have been made to estimate the probable amount of the gastric fluid which is secreted in the twenty-four hours, from the assumption that a fixed quantity of the secretion is capable of digesting a certain weight of anhydrous fibrine or albumen. Not only must, in my opinion, such a mode of calculation be deemed fallacious, seeing that there is no evidence that the secretion of the dog, which has always been the subject of the experiments, resembles that of man with sufficient accuracy to admit of the deduction from one of facts which should apply to the other; but I find that the statements of different chemists as regards the solvent power itself differ so widely, that we must cease to regard their results as even approximations to general truth. Thus, for instance, according to Lehmann, about twenty parts of the gastric juice of the dog are required for the digestion of one part of albumen. From these data the amount daily secreted by a healthy man must be from sixty to eighty ounces. But if we are to believe Boudalt, who is one of those who have most recently experimented in this direction, 100 grammes of canine gastric juice will dissolve and digest forty grammes of dried fibrine—a widely different, and, I think, quite irreconcilable result.

"*Nature of Pepsine.*—Pepsine, the organic constituent of the gastric juice, was first isolated and examined by Wasmann. He found that if the mucous membrane of a stomach were treated with cold water and the infusion evaporated to dryness, there remained a viscid, brownish mass, having the odour of glue. The properties of a solution of this substance may be thus shortly stated.

"It is precipitated by the addition of alcohol, tannin, or acetate of lead, forming in the latter case a compound of tolerably definite constitution—peptate of lead. It possesses the power of digesting nitrogenised substances if they are subjected to its action under fit conditions of heat and motion.

"If the peptate of lead be decomposed by sulphide of hydrogen, a solution of pure pepsine is obtained.

"This solution, which is neutral, is of itself incapable of effecting digestion; but if a small quantity of an acid, as lactic or hydrochloric, be added, solution proceeds rapidly. The pepsine seems, therefore, to *dispose* the acid to dissolve the substance, somewhat simulating, in fact, the action of a ferment. Indeed, the ferment theory would seem to be borne out by the action of pepsine upon grape sugar, which it converts into lactic acid. Here I must not omit to allude, in passing, to the manner in which the starchy portions of the food are digested. The action of the ptyalin in the saliva first converts the starch into grape sugar, which is capable of being assimilated without digestion, and by the further action of pepsine upon the grape sugar a sufficiency of lactic acid is produced to carry on the digestion of nitrogenised food. The changes which take place may be thus represented:—

One equivalent of starch = C_{12} H_{11} O_{11} becomes
One equivalent of glucose = C_{12} H_{12} O_{11} which is finally changed into
Two equivalents of lactic acid = 2 (C_6 H_6 O_6).

"*Artificial Pepsine.*—The difficulty of conveniently obtaining the gastric juice of animals for medicinal purposes, and the disgust which many patients not unnaturally felt at its use, soon led to its being altogether discarded, and it is only very recently that, under its new form, it has been reintroduced as a remedy. It occurred to M. Boudalt that if he could separate the active constituent from the inert and useless substances associated with it in the gastric juice, he would be able to produce not only a much less disagreeable medicine, but one of greater certainty of action. This he now effects in the following manner:—The stomachs of sheep are inverted and washed under a very gentle stream of cold water, and with a blunt knife the pepsine-secreting follicles are scraped off and beaten in a mortar with a small quantity of distilled water. The liquid filtered from this, being next treated with a solution of acetate of lead, gives a copious white precipitate—peptate of lead—which is collected on a filter, and after being freed by washing from an excess of the lead, salt is diffused through a small quantity of water. The suspended precipitate is next decomposed by a stream of sulphide of hydrogen, sulphide of lead and pepsine being produced. The former is separated by filtration, and the latter remains in solution. Now, if this solution of pepsine were simply to be evaporated to dryness, all due precaution not to exceed a temperature of 100° being observed, the product would be a gummy, very deliquescent mass, prone to decomposition, and altogether unfit for medicinal use. To obviate these inconveniences and give the pepsine a permanent form, M. Boudalt mixes with the solution, when evaporated to the consistence of a thick syrup, starch powder in certain fixed proportions. This constitutes the 'neutral pepsine' recommended by the inventor in cases where dyspepsia is complicated with abnormal acidity of the stomach. But for cases where there is no undue ascidity a pepsine powder is prepared, to which *lactic acid* is added in such proportion as will give the degree of acidity which canine gastric juice is found to possess. There are also combinations of pepsine with morphia, strychnia, and iron; olla podrida, which I cannot but look upon as being not only unchemical, but calculated to lead to false deductions as to the value of pepsine itself.

"Pepsine should be taken between thin slices of bread, not either before or after, but—in imitation of the natural secretion—*at* a meal. As any excess of temperature beyond 120° Fahr. totally destroys its digestive property, hot fluids should never be taken either immediately before or after its exhibition; and as it is decomposed by alcohol, if spirituous liquids be used at all they should be very much diluted."

Mr Draper is sceptical as to the alleged beneficial use of pepsine, in the small doses given, whilst such large quantities are secreted by the stomach under natural conditions. The Author shows that much of the pepsine sold is absolutely inert.

Schiller as a Surgeon.—Schiller commenced the study of Medicine at Stuttgart in 1775, in the Academy erected by the Duke of Wurtemburg for the benefit of officers' sons. For two years he pursued his Medical studies with great zeal, and wrote a Latin treatise on the 'Philosophy of Physiology,' which was never printed. In 1780 he composed his essay on the Connection of the Animal and Spiritual Nature of Man, which was published in the *Monatsschrift* of Berlin in 1821. In the same year he received the appointment of Surgeon to a regiment in the Wurtemberg army, and performed his duties most satisfactorily. Schiller's intimate friend Scharffenstein has transmitted a ludicrous description of the young Surgeon as he appeared on parade in the full glory of regimentals. His body was squeezed into a uniform cut in the Prussian style. On each side of his face were three thick stiff rolls intended to represent curls; a heavy queue was surrounded by a little military hat, which scarcely covered the crown of his head, and his long neck protruded from a tight horse-hair stock. But the most wonderful part of the costume was the leg and foot attire. The feet were forced into gaiters covered with felt, and two cylinders of great size were compressed into narrow stockings. Schiller studied Medicine rather from compulsion than from choice, and finding that it seriously interfered with his literary labours, he determined to abandon it altogether. This course, indeed, seems to have been forced on him by the Duke, who after the publication of the 'Robbers' sent for him and ordered him to confine his writings to Medical subjects. Feeling this to be impossible, Schiller left his regiment, in consequence of which he was banished from Stuttgart, and was compelled to live under an assumed name in the adjacent towns.

Successful Herniotomy four days after Parturition.—M. Kuhn has published, in the 'Gazette Hebdomadaire,' the case of a woman who was confined of her sixth child whilst affected with inguinal hernia of only a few months' existence. On the fourth day after parturition, symptoms of strangulation showed themselves, and M. Kuhn, finding the taxis extremely painful, operated at once, and succeeded in reducing. The woman did perfectly well.

Small-pox and Vaccination Hospital.—A General Court of the Governors of this Institution was held this week at the hospital. Since the foundation of the hospital, in 1746, it has afforded relief to 273,699 patients; during the year 1859, to 1,185; and during the past six months, to 669, being the greatest number admitted for a similar time since its institution, and several were refused admission for want of accommodation. Under these circumstances it was resolved at the last General Court, that in consequence of the frequent return of epidemics of small-pox and of the crowded state of the hospital, steps should be forthwith taken to provide a separate building or wards to receive the more urgent cases, and thus afford additional accommodation to the public and security to the patients. In accordance with this resolution, applications for plans and estimates were made, and eventually a tender accepted from Mr John Perry for building two additional wards to the hospital for the sum of £3,358, and these wards are to be proceeded with at once. 147,734 persons have been vaccinated at the hospital since the year 1799, and 197 during the last six months, and 120 Medical Practitioners have been supplied gratuitously with 600 charges of vaccine lymph since the commencement of the present year. The receipts for the year 1859 were £2,680 15s. 7d., and the expenditure £2,210 11s. 3d., leaving a balance at the banker's of £469 17s. 4d.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under	3s.	6d.
Per Line Extra		6d.
A Column	2l.	2s.	0d.
A Page or Three Columns	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 18, 1860.

THE NIGHTINGALE FUND.

We suppose it must be admitted that there is a collapse of the design to establish a grand Institution for the Training of Nurses under the superintendence of Florence Nightingale. The best wishes of mankind followed her steps in her pilgrimage to the Crimea; her tenderness and assiduity, her judgment and benevolence, in discharging the duty she had undertaken, won for her the enthusiastic affection of all the men and women of England, whose eyes dimmed with tears as they perused the recital of her self-devotion; and when she returned to the quiet of her home, a general desire was expressed to perpetuate the memory of her heroism by raising a fund, the proceeds of which should be applied to some purpose of public utility in harmony with the character and labours of this courageous and estimable woman. A Committee was appointed, subscriptions were contributed, and a design was formed to establish a large Hospital for the Training of Nurses; but, unfortunately, at a critical period of these arrangements it became known that Miss Nightingale's health had been irreparably injured by the trials to which it had been subjected, and that should she happily survive for any length of time, she would, nevertheless, be unable to undertake the superintendence of a large Institution.

Whether the gentlemen who undertook the responsibility of collecting the funds felt that to found a Hospital for such a purpose without the advantage of Miss Nightingale's directing judgment and large experience would be to entail failure on the scheme, we know not; but we may remark, that if such a notion guided their reflections, it was quite a mistaken one, and has itself led to the failure of one of the most benevolent and useful designs that have been conceived in recent times. The personal attention of that lady to all the details of management would not have been necessary; and we are sure that there are other ladies, her colleagues in duty in the Crimea, who would gladly have embraced the opportunity of working out the project. It is idle to suppose that the Hospital could not have succeeded without the hourly supervision of the lady whose name it would bear—a name that would have proclaimed the benevolent intention it embodied, and rallied round it a host of generous and active friends.

The fault has been in relying too much upon a *name*, and not venturing enough for a *cause*; a want of conviction, though, perhaps, not of heart, that is the certain forerunner of defeat in all undertakings requiring long-continued energy and determination to ensure their success. Some of those gentlemen, we fear, had not the leisure to devote to the work; and others who had, waited upon those who had not, until the glow of eagerness cooled down, and the project crumbled under the mouldering influences of lassitude, disappointment, and delay.

It is certain that the announcement of the illness of Miss Nightingale damped the spirit of those who were promoting the design, and the subscriptions ceased to be collected; thus the idea of establishing a new Hospital especially devoted to the Training of Nurses gradually disappeared, and the proposal to work out the design upon old foundations took its place. This abandonment of the original plan is deeply to be regretted: it is equivalent to an utter defeat of the design of commemorating in an honourable manner, and for the satisfaction of the grateful impulses of the present generation, the noble woman whose name will be the glory of her sex as long as English history shall be written.

It being determined that there should not be a new Hospital, a struggle commenced among the friends of the several existing Institutions as to which should have the benefit of the funds that had been collected. At one time it was projected, under the partial influence of the Horse Guards, to connect the Training Institution with one of the Military Hospitals; but, for very obvious reasons, this notion fell to the ground. After much delay, St Thomas's Hospital has been fixed upon; and that Institution undertakes to instruct fifteen probationers, and to find them board and lodging, receiving only in return a reimbursement of the expenses incurred by the arrangement. St Thomas's is one of those shady places where the idea of a Training Institution will be most appropriately hidden from public view. The design, ashamed of itself, and mortified with the neglect it has received, seems to have fled to the cool retreats of this subterranean Institution to pine away in secret sorrow, and prepare itself for a premature tomb. The funds, perhaps, will suffice to maintain the semblance of the idea originally propounded; but in reality the nurses will be incorporated with the regular staff, and the money will go as a matter of account into a trust fund, but be applied to the general benefit of the Hospital. The idea of a Training Institution will utterly evaporate, and there is no place where it could do so with less probability of exciting the notice or the commiseration of the public than in the quiet wards of St Thomas's.

So far as the forms of an institution can give reality to it, not even these will be preserved under the present arrangements. There will not be a staff apart from the present resident Medical Officer, Matron, and Sisters, to direct the nurses, and the only appearance of separateness will be the occasional visits of the Committee and a Lady Visitor. We do not understand even that there will be an addition of new Governors to represent the Fund at the Board, and to keep a watchful eye over its appropriation. In short, the Training Institution will be practically incorporated with the Hospital, and so will lose all its distinctive characteristics. We do not say that any other engagements could be made consistently with the good administration of the Hospital, and we do not charge the Governors with accomplishing a job for their own advantage or honour, as has been implied; but we do say that the Committee have not done their duty by the Fund, and have let a grand opportunity slip away of founding an Institution that would have been productive of incalculable blessings to suffering humanity.

SUMMARY OF THE WEEK.

THE COLLEGE OF PHYSICIANS *v.* THE SOCIETY OF APOTHECARIES.

The proposal of the College of Physicians to create a new order of Licentiates in Medicine practising Pharmacy, has excited the jealousy of the Society of Apothecaries, who foresee the utter annihilation of their educational authority should such a proposition be carried out. They have therefore resolved to do their utmost to prevent its realisation. A case has been prepared by them and submitted to Counsel; and the opinion given is, that the College of Physicians have no power to carry out their intention. The value of the opinion, of course, depends upon the accuracy of the statements in the case; and experience informs us that there is never any difficulty in framing a new case out of the same elements, and in getting a conclave of Counsel to upset the opinion already pronounced. The College of Physicians seem to be disposed to try this chance. They, too, are preparing a case for submission to Counsel, and no doubt they will obtain a decision favourable to their wishes, or, at least, sufficiently colourable that they may be tempted to test their right in a Court of Law. It is probable, however, that should the College persevere, the Society of Apothecaries will be the body who will first move the Courts. How often must we deplore the anarchical state of our Profession, and the wretched Corporate rivalries that spring out of such a condition! It would appear that the great Profession of Physic was instituted for

the exclusive advantage of the Corporations, and that the Members were only of consequence as they enriched one body or another, or battled for the maintenance of sectional rights. The conventional distinctions granted by these Institutions enlist the entire body of the Profession in the contest, and hence we have the misfortune to see Graduates arranged against Physicians, Apothecaries against Doctors, Members against Fellows, the public looking on meanwhile, and pitying the men who can indulge in such fierce warfare for such unintelligible objects. So far as this present squabble is concerned, our opinion is favourable to the principle enunciated by the College of Physicians. We desire to see the old Society closed as an educational institution, and limited to its ordinary trading functions. The knell of Apothecaryism is sounded. At the same time, we shall not encourage the College of Physicians in an attempt to create a hybrid class—Physicians by association, but not in name; and unless they offer more favourable conditions to the General Practitioners, shall counsel the course of abstention from the struggle. The General Practitioners do not desire to be tacked on as an inglorious appendage to the skirts of the College of Physicians. The bulk of the General Practitioners are quite as good Physicians as the bulk of the Physicians themselves. We observe that the 'Lancet' falls back this week upon the "One Faculty" scheme as a mode of extrication from the difficulties by which we are beset. The 'Lancet' has many times given worse advice. We like to see this journal recur occasionally to its old principles; for it gratifies us to find that we are not wholly alone in the broad views we wish to take of Medical legislation.

THE TITLE CLAUSES OF THE MEDICAL BILL.

Another case has lately been tried, at Bristol, which has ended in a break-down of the Medical Act. A man of the name of Jacques, practising under the *alias* Blake and Co., Physicians and Consulting Surgeons, calling himself "Doctor," and having the title "Surgeon" over his door, was summoned before the Justices to answer the charge of infringing the Medical Act. Evidence in support of the charge having been heard, the magistrate decided that "a man might use every title named in the Act, if he did not use it for the purpose of implying that he was recognised as a practitioner under the Act." We have said that this was a break-down of the Act: this expression was hardly correct; it was a break-down of the case of those who wished to put the Act to a greater strain than it would bear. It is very vexatious, however, to find that the Act is inefficient against unqualified pretenders.

DR MACLOUGHLIN.

Last week Mr Brady brought the case of Dr Macloughlin under the notice of the House of Commons. It appeared that Dr Macloughlin having felt aggrieved at some alleged injustice done him in promoting juniors over his head, went on half-pay; he was afterwards called to active service, and declined to go; he was then cashiered. Mr Brady made the attempt to reinstate him. It was, however, generally felt by the House that the insubordination o which Dr Macloughlin had been guilty did not justify a lenient course towards him, and they allowed the decision of the Board to remain.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

Two brothers, William and John Hunter, having obtained the highest honours and rewards, native and foreign, in the same field and in the same profession, is a circumstance which demands no indifferent or hasty retrospect. At the same time it must be recorded that another brother, the eldest of the family of the Hunters, who had been trained to the law as Writer to the Signet at Edinburgh, became so captivated with the books he found, and the pursuits of anatomy in the dissecting-room, on a visit he made in 1742 to William Hunter in London, that he also devoted himself to the study of physiology and anatomy. His ardour in the prosecution of these studies was such, that impaired health resulted from unremitting application to anatomy in the dissecting-room, and this brother died, from spitting of blood, when he was twenty-eight years of age, at Kilbride, in Scotland. He is described as having been of uncommonly pleasing address and quick parts, and Dr William said, "that if he had lived to practise physic in London, nothing could have prevented his rising to the top of his Profession." Had he lived, the circumstance of three brothers being rivals in the same career of distinction and honour would have occurred, and perhaps the more amiable temperament and seniority of the latter of the three might have moderated the rivalship and mitigated the spirit of emulation, which on many occasions broke out into envy and jealousy between William and John Hunter. This attachment to the Medical Profession was hereditary in the family, and the fame of the Hunters survived, and was represented by the career of a not less distinguished physician and eminent anatomist, their nephew, Dr Matthew Baillie, and the distinguished authoress Miss Joanna Baillie was his sister.

John and William Hunter explored the paths of physiology and natural science, and carried their inquiries where not even a track existed to guide their ambitious aims, entirely at their own cost, with unexampled perseverance and labour. John, more especially, by connecting the art of surgery with natural history and natural science, elevated its teaching to the level of philosophy. He found a large province unexplored, and, with the fresh and vigorous perceptions of an original mind, he eagerly investigated the relations of functional actions with matter and organization, thus erecting a framework upon which to establish new doctrines and general principles. The circumstances attending the early life of John Hunter were widely different from those of William: John was the youngest child of a large family; at his birth his father being seventy years of age.

John, the son of John and Agnes Hunter, was born at Kilbride, in the county of Lanark, on February 13th, 1728. His grandfather on the mother's side, a highly respectable citizen of Glasgow, of the name of Paul, occupied the position of Treasurer of the City of Glasgow. Disputes have arisen about the correct date of his birth, his biographer and relative Sir Everard Home having given July 14th, 1728, which date is observed by the College of Surgeons of London in their celebration of John Hunter's anniversary. The testimony given of his birth by his friend and pupil Dr Adams (who has also published a biography of John Hunter), obtained through the Rev. James French, minister of Kilbride, from the parish register, conclusively decides the first date to be correct. John Hunter's early life was left to the exclusive care of a mother who became a widow when he was ten years old. The doting affection of a mother to an only child, remaining to claim her solicitude, permitted indulgence in every possible way. Village pastimes and recreations, in the absence of the restraint which tuition requires, induced a taste for dissipation incident to country amusements and want of regular occupation. When at the age of seventeen, being placed at a grammar-school, he was totally unfit, from the desultory life he had led, for the application necessary to obtain a classical education or a knowledge of languages; and throughout life John Hunter was deplorably ignorant of the first elements of tuition, and his orthography would certainly not have sustained the competitive examinations of our day. The restraint this discipline imposed became intolerable, and the fascination of country amusements confirmed the distaste he felt at the confinement required by study, in the absence of any emulation from the example of brothers or sisters. Both his sisters were married; and he incurred a fate which marked the career of some men, who, notwithstanding, arrived at eminence. Men of enterprise, when once awoke to the necessity of diligence, by assiduous application, will quickly arrive at an enviable and honourable position. Amongst those who, in defiance of early neglect, have left lasting testimonies to their genius and merits, we may name the philanthropist Howard, the circumnavigator Captain Cook, Dean Swift, and, in our own day, Horne Tooke and Lord Byron. These examples, however, form exceptions to a rule that application and study are essential to attain fame and fortune, the absence of which nothing will compensate.

The youngest sister of John Hunter had, contrary to the wishes of her friends, made an unfortunate marriage with a Mr Buchanan, of London, who had commenced business at Glasgow as a cabinet-maker. Of specious address and fascinating manners, fond of music and a good singer, Buchanan gave himself to society and dissipation, and soon became embarrassed in his affairs. For his sister John Hunter entertained great affection, and, in his seventeenth year, he paid her a visit, to condole with her misfortunes, and, if possible, to help in preventing the ruin in which Buchanan was becoming involved. This incident gives origin to the statement, "a wheelwright or carpenter he (John Hunter) certainly was." (*a*) If true, this can in no degree diminish, but rather enhances, the high merit to which he in after life attained. It is very possible the mechanical skill obtained as a cabinet-maker may explain the wonderful delicacy and proficiency he acquired in making anatomical preparations. How many of our cleverest men of science might envy an accomplishment which could only be arrived at through such a noviciate! If John Hunter served an apprenticeship to his brother-in-law, who was a carpenter and cabinet-maker—as one of his biographers, Jesse Foot, states—when that business failed he was necessarily thrown out of employment. A rumour prevailed that he was compelled to leave Glasgow, on account of a fray he had with some soldiers of the Pretender's army in defending himself from an attempt to steal his shoe-buckles. If so, the youth manifested the same spirit of adventure and resentment which frequently characterised the man, a paroxysm of the last having caused his death. Nevertheless, his incredible labour, assiduity, and perseverance in dissection might, not unlikely, date from the practice of the art of cabinet-making. "In originality of genius and powers of investigation John appears to have surpassed his brother William — industry and perseverance equally belonged to both." (*b*) Dr Adams says, speaking of William, "that, with the mildest manners, and, I firmly believe, with the most upright, and for the most part the kindest intentions, he seems

(*a*) 'Life of J. Hunter,' by Jesse Foot, p. 10.
(*b*) 'Oxford Encyc.'

unfortunately to have considered warm controversy, if not necessary, at least venial, for those who write to become considerable in anatomy or in other branches of natural knowledge." (c) In the state of difficulty John Hunter found his sister's husband, it is probable that he occasionally assisted, by working, to relieve their embarrassment; and in country towns a carpenter and cabinet-maker are usually combined. Buchanan becoming more and more involved, ultimate insolvency induced him to relinquish cabinet-making, and to become a teacher of music and clerk to an Episcopalian church.

(To be continued.)

REVIEWS.

A pile of pamphlets and small books has long been petitioning for a notice, and the cry shall now be responded to. The first pamphlet that meets our eye is the *Annual Report of the Belfast District Hospital*, a very succinct and able statement of the statistics of that well-managed institution. We observe a few significant figures in the tables: thus, during the year ending March 31, 1860, no fewer than sixteen persons, of whom fourteen were females, were admitted into the Asylum from insanity caused by "religious excitement." To what extent is this attributable to the "revivals" in the North of Ireland? We do not find any explanation of these remarkable figures in the body of the Report—an omission that is very unsatisfactory. Dr Stewart, the Resident Medical Officer, has introduced a brass band for the amusement of the patients with much advantage, and he has also afforded them the relaxation of walks in the fields—a liberty which they seem to have enjoyed. We congratulate Dr Stewart on the success of his enlightened administration.—Mr Gay's anniversary Oration before the Medical Society of London on the *Aspects of Medical Science* is a very creditable production. The style is elegant and flowing, and the Author treats his subject in an elaborate and critical manner. —Another Oration, read before the Hunterian Society by Dr Stephen Ward, entitled *Rational Medicine*, and treating of its position and prospects, is philosophical in tone and deserves our commendation.—Mr Robert Dunn has reprinted a paper read before the Obstetrical Society on the *Statistics of Midwifery*, collected from private practice. These statistics afford a fair sample of cases as they occur, and are better qualified to form a foundation for rules of practice than the statistics of cases observed in hospitals alone. Mr Robert Dunn has had extensive experience, the number of cases he has recorded amounting to 4,049 — the total maternal mortality 27, as follows:

"2 deaths from *flooding*, 1 *before* delivery was effected, and 1 four hours *after* it, from internal hæmorrhage; 3 deaths from *exhaustion*, soon after child-birth. In 2 of these there was excessive hæmorrhage *before* delivery, and in the other none, either before or after, but an advanced stage of phthisis: 2 deaths after craniotomy, 1 in whom there existed a tumour at the neck of the womb—the patient sank from exhaustion undelivered, after the head was perforated; the other from sloughing of the bladder and vagina: 1 death from inflammation of the uterus; 3 deaths from puerperal peritonitis; 5 deaths from puerperal fever; 2 deaths from phlegmasia dolens, 3 from puerperal mania. Total 21.— 2 deaths from disease of the liver; 1 death from disease of the lungs; 1 death from disease of the heart; 1 death from disease of the brain; 1 death from scarlatina. Total 6.

"In regard to plurality of children, there were 2 cases of triplets, in one of which each of the children had a separate placenta, but none of them lived. Forty-five cases of twins, in the great majority of which both the children were in connection with one placenta. I met with 3 cases of *monstrosity*."

(c) 'Adams' Memoirs,' p. 133.

Again he says:

"*Of still-born children*, in the 4,049 cases, after subtracting the 228 premature births, there were in all, from whatever cause, 170; including in this number, putrid cases, funis, and preternatural presentations, forceps, and craniotomy cases, as well as deaths from pressure in tedious and difficult labours. Of the last there were 30 cases. Of preternatural presentations I had upwards of 60 instances. Out of 11 cases, in which there was a prolapsus of the funis, 8 were born dead; and of these still-born children, in 3 instances a coil of the cord came down with the head, in 2 with the head and arm, in 1 with the foot, and in 2 with the shoulder. Out of 25 breech presentations, 9 were still-born, and of these 5 of the children were putrid. In breech presentations I have, more than once, lately had an opportunity of testing the value of the *ready method* of Dr Marshall Hall, in cases where animation has been suspended, and in the happy results which followed I can bear a willing testimony to its practical importance and value. I had 3 face presentations, and one of the children was still-born; 11 cases of face to pubes; 2 of head and arm, both dead; 3 of shoulder, and 2 still-born; 3 of hand, and 3 of footling cases.

"I met with one case of natural labour which puzzled me, and I sent for my friend, Dr Waller. The patient was in strong labour when I arrived, and I imagined at first that the child's head was actually entering the world. It did not, however, and upon careful examination, and in attempting to pass my hand around it, I found it was not the head. It turned out to be an *unruptured hymen*, in which Dr Waller detected a small opening, not larger than to admit a crow-quill. A free crucial incision was made, and through this, after the next pain, the os uteri was readily felt, considerably dilated. The pains followed up, and the patient had a safe delivery and a good recovery. I attended her in two or three subsequent labours, which presented nothing abnormal. I need scarcely say, that her husband was well pleased with the results of her first accouchement. I found that he had been aware of an existing impediment to sexual intercourse.

"I must confess that I have had but slender experience in the use of the forceps, not having applied them myself more than twenty times during the twenty years I am now reviewing, and never on any occasion, *save once*, without the presence of a medical friend or my assistant."

What question is there that demands the serious consideration of obstetricians more than the use of the forceps? Dr Pettigrew told the same Society that he used them in one case in seven; and here is Dr Dunn, with, we apprehend, a much larger experience, stating that he scarcely ever resorts to them! Further on Mr Dunn says:

"I had 10 cases of craniotomy: 4, in consequence of distortion of the bones of the pelvis; 5, of impaction of the head; and 1, owing to a tumour at the neck of the womb. Two proved fatal to the mothers; one from sloughing of the bladder. One poor woman had been in labour for two days, and in the care of a midwife, before I was called to her, and was then in a state of great prostration. She died on the third day after delivery. The other was a case of some obscurity. The patient had been subject to gushes of bloody water from the fifth or sixth month after gestation, and to frequent diarrhœa. Her health gave way, though she went her full period. I could not make out the presentation—I thought it was *placental*, and so did other medical friends, as a spongy substance completely filled up the mouth of the womb. Dr Blundell, however, after a careful examination, declared this to be a tumour, and said that he could, with his finger, reach the head of the child, which was still covered by the membranes. These were ruptured, and the head, after some difficulty, opened. But then humanity said, *desist*, for the poor creature was completely exhausted and sinking fast. Cordials and stimulants were useless. She died undelivered. At the autopsy there was found, within the cavity of the womb and at its neck, an *encephaloid tumour*, as Dr Blundell had foretold.

"In two instances craniotomy was had recourse to, for a second time, on the same woman, and in subsequent pregnancies premature labour was induced. In six other cases I brought on labour at the seventh month, by rupturing the membranes; but in no instance, save one, did the child survive. Of placenta prævia I had three cases, and since 1850, and subsequent to the promulgation of Dr Simpson's views and mode of procedure, I have had three more. In about thirty instances I found the placenta adherent, and requiring the introduction of the hand; in four I met with the hour-glass contraction."

Some excellent practical observations follow on hæmorrhage.—The same Author has recently published a pamphlet on the *Tegumentary Differences which exist among the Races of Man*, which is an attempt to prove that these differences are produced by accident, climate, &c. &c. Mr Dunn's reasoning does not satisfy us, though some of the facts, which are well known, are strong and plausible. —A pamphlet styled *A Few Remarks on the False Assumption of Medical Titles* may simply be consigned to the tomb of the Capulets, where it will do no harm.—Mr Edwin Lee favours us with *Additional Notes* on the State of the Medical Profession. The Author, as a reformer and an iconoclast, understands the wants of the Profession, and writes with vigour.— *Spinal Curvatures and Deformities of the Chest and Limbs* is a work by a lady, Mrs Godfrey. This is said to be a third edition, though it is the first that has reached our hands. The Author's mode of treatment consists in what her "patients call *the power of the peculiar touch*." This, of course, it is impossible for us to comprehend or explain, not having come under her peculiar manipulations. There is very much said about *my system* in the book, but no explanation of it is given. We gather, however, that Mrs Godfrey objects to mechanical aids, and is favourable to Ling's movement cure. She points out the evils arising from errors of management in relation to posture, exercise, gymnastics, &c. &c., the meaning of which is that all these things are good if directed by Mrs Godfrey's "peculiar touch." —*The Wife's Domain*, by Philothalos, contains much useful advice conveyed in a sober and reasonable style.—Mr Dale contributes to our medico-political literature a pamphlet on the *Present State of the Medical Profession*, which embraces much practical information about hospital administration and the scholastic curricula.—Dr Cockle has supplied a want very gracefully in this, the first part of a series of Lectures upon the historic literature of the *Pathology of the Heart and Great Vessels*. It will requite perusal; but the form in which it is produced is too unassuming—a fault we do not often condemn.—In a small pamphlet, Mr Lee has given the Profession his view on the *Radical Cure of Varicocele* by subcutaneous incision. His practice may not be known to all our readers. We may state that it consists in placing a needle under the vessels, both below and above the part to be divided, and then winding ligatures, in the form of figure 8, round the ends of the needles and over the vein. He says:

"When this is accomplished, there is no necessity to wait until the vein is obstructed by coagulum before performing the operation of subcutaneous section; and accordingly, at the suggestion of my colleague, Mr Bowman, I have now on many occasions divided the vein immediately after the introduction of the needles. The small quantity of blood situated between the needles at the time of the operation is allowed to escape, the sides of the vein fall together, and the whole heals by first intention.—at least, it has done so in all the cases upon which I have operated. But even should suppuration occur at the seat of the wound, the vein being closed above and below, no morbid secretion can find its way into the circulation."

The following observations should be borne in mind:

"It is sometimes difficult to be sure that the needles introduced pass fairly under the vein; but this object may, in the great majority of cases, be certainly obtained by a little manœuvre. The

vein is first pressed out of its bed with the finger, and the needle is then introduced, so that its point may fall into the bed of the displaced vein. The needle being then left at rest, the vein is allowed to regain its natural position, and in so doing it rolls over the point of the needle. The vein is then pressed with the finger in the opposite direction towards the head of the needle, and its point may be brought out without danger of injuring the vessel.

"When a needle is passed in this way fairly behind a vein, and left there for two or three days only, it is almost impossible that it should excite any mischief in the interior of the vessel, while the pressure it exerts effectually prevents either hæmorrhage or absorption.

"In operating upon large veins, it is a point of primary importance that the needles should always pass fairly behind them; for if they transfix the vessels, an interval may be left between the needle and the side of the vein farthest removed from the surface. Independently of the chance of exciting inflammation by puncturing the coats of the vessel, the channel may then not be completely closed, and a passage to the general circulation may be left for any morbid product that may be present.

"The case is, however, different with regard to small veins: when a needle pierces one of these, its small cavity must necessarily be very nearly, if not quite, obliterated. The same care, therefore, is not necessary in operating upon veins of a small size. Clusters of varicose veins in the legs may, for instance, be pierced by a needle, and tied with impunity. If an '8' ligature is placed round the ends of the needle, the small veins which may happen to be punctured are subsequently as completely closed as if the needle had been made to pass under them.

"After the introduction of this operation for varicose veins in the lower extremities, it was not long before an opportunity presented itself of treating the varicose veins of the spermatic chord in the same manner. It was evident, in this case, that it would be impossible to avoid puncturing the veins occasionallly when the needles were introduced; but, from the comparatively small size of these, no danger was apprehended; nor has any evil, as far as I am aware, resulted."

The Acclimatization of European Troops for Service in India, by Dr James Bird, deals with a subject of considerable interest at the present time. The suggestions of the Author, who has had great practical experience, deserve attention.—Dr Edwards Crisp's work on the benefits likely to accrue from the formation of an *Agricultural Museum* in London is a little out of our line, though we fully recognise the advantages he describes. His second pamphlet, on the *Cause of Death of many of the Animals at the Zoological Gardens*, is more to the purpose of a Medical Journal. The Author observes:

"I may express my *belief that the nature of the diseases of man will not be thoroughly understood, nor appropriately treated, until the deviations from normal structure are fully investigated in plants and in the lowest grade of animals:* a doctrine, I believe, not promulgated before, and one that will be laughed at by many; but I have the greatest confidence that this mode of throwing light on the dark and uncertain nature of the art of medicine will hereafter be adopted.

"For the purpose of pointing out what I believe to be the importance of this matter, I trust I may be pardoned for quoting a short extract from my work on the Spleen, written in 1852:—'Nearly all the great discoveries in physiology have been made by experiments upon living animals, in a state of health; but why should not their diseased conditions be turned to account? Why may not brute pathology hereafter clear up some of the doubts and difficulties of our art? The examination of one of the lower animals that has been kept in confinement is attended with these great advantages:—the exact nature of the food, and the deviations from the natural state of the animal, can be readily ascertained; and if the animal is small (a bird *e.g.*), the morbid parts are revealed at once, and the chain of causes is more apparent than in larger quadrupeds, the investigator always taking into account the peculiarities of structure.'"

We trust that Dr Crisp will follow up this subject. It is a new and very interesting field of research.—*On Diabetes and its Successful Treatment*, records the experience of Mr Camplin in the use of bran bread. Mr Camplin himself has been a sufferer from diabetes, and in relating his case he remarks:

"Having before this seen Dr Prout occasionally, and now telling him of my dilemma, he suggested a kind of bran cake, which was immediately prepared according to his directions: it was by no means a pleasant composition, but that was not the worst, for the bran acted powerfully on the bowels, and it could not be continued in that form. We have all heard that 'necessity is the mother of invention,' and I immediately set a mill-maker to work to make me a mill which should grind the bran into a very fine powder; this means, and careful sifting, overcame the difficulty, and enabled me to succeed in the preparation of a kind of cake which was continued for some years, and with the best effects.

"I had before this been more rigid in my diet than directed by the doctor, who, to use his own expression, 'tolerated things which he did not advise.' My protracted sufferings, however, now determined me to put away everything saccharine or amylaceous to the utmost possible extent, and I therefore gave up wine, at the same time that the bran cake enabled me to discard entirely the use of bread. I now soon became decidely convalescent, and have never had my diabetic symptoms return with violence."

As the dietectic part of the treatment of this affection is of great importance, we have pleasure in extracting the following sentences, which convey Mr Camplin's personal experience:

"To return to the early history of my case.

"Fat meat and eggs were more especially directed for me, and were taken without any immediate ill effects; but I am of opinion that they produce great biliary derangement, more especially the eggs, the free use of which has been laid aside long since.

"Fish is a most important article of diet for the diabetic, but does not require particular notice, as its use only requires the ordinary cautions for those in moderate health.

"I have never found it necessary to disallow the use of milk; the sugar contained in it certainly does not pass into glucose readily, or under ordinary circumstances; and this induces me to notice, that, as to farinaceous substances, their disposition to pass into sugar is not to be estimated simply by their proportions of gluten and starch, and it does not seem to me that anything but experiment will determine the degree in which they do this. Some kinds of bread injure more than others; and in my own person brown bread has often produced greater sweetness in the saliva than that made of fine flour; and it is my opinion that unfermented flour in the various forms in which we use it is less liable to pass into sugar than bread. I have not, however, had opportunity to test this on a sufficiently large scale to be certain of the fact.

"With regard to vegetables, I have almost confined myself to the cruciferæ, as they can be obtained in London during the greater part of the year; the young cabbage is, perhaps, at once the cheapest and best for ordinary use. Cauliflowers, broccoli, Brussels sprouts, &c., give considerable variety. Sea-kale is excellent, but rather too expensive: the late Dr Pereira recommended sour krout to me; but having fresh vegetables at hand, I have never tried it. Since my recovery I have taken French and scarlet beans, without injury; but should consider the cabbage tribe highly preferable for the actually diabetic. Spinach is generally considered allowable, and indeed recommended; and those who reside in the country might add to the list other plants of the same natural order, such as the Chenopodium bonus Henricus, and the younger leaves of the common beet, both of which I have tasted, and found them very agreeable. My friend, Mr Ward, in conversation with him on the subject, suggested that the leaves of the Beta cicla and maritima may be used as pot-herbs; and perhaps the list might be still further enlarged.

"As to tea or coffee, I have no hesitation in giving the opinion that, in a majority of cases, tea is to be preferred. Milk may be taken with it freely; cream sparingly.

"As a beverage at meals, water or toast-water may be used, and, instead of wine or malt liquor, a small quantity of brandy and water, not above a table-spoonful of the former. Wine is better excluded, except claret, which is too expensive for common use. There are several other wines which may be allowable as being free from sugar, but of them I have no experience. The pale French brandy is, no doubt, the best; but I have tried the English eau-de-vie made in imitation of it, and found it to answer very well; and Dr Bence Jones informs me that he has sometimes directed rum, which, being without sugar, is, *quoad hoc*, as eligible as brandy. Sponging with tepid water, followed by friction, has been so beneficial, in more than one case in which I have been consulted, as to call forth the highest encomiums. For myself, I have only practised sponging with cold salt and water in the summer, and an occasional warm bath in the winter: these I have used with great advantage.

"Warm clothing—leather waistcoat, and gutta percha soles to the boots, in winter, are very important. It would be superfluous to descant on the advantages of change of air and occupation; but I may mention that, when restricted to the use of the bran cake, at home, if I left town for a time, and took the prepared bran with me, I seldom used it beyond two or three days, and never felt the worse for taking the liberty of substituting bread under the influence of change of air and scene. When I returned home I continued the bread, until warned by a partial recurrence of symptoms to have recourse to my bran cake. This took place several times before I was able altogether to discontinue its use."

This is a very useful little *brochure*.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, JUNE 23RD, 1860.

Royal College of Physicians, London.

Mr GREEN took the Chair, at one o'clock p.m.

Present—Mr Nussey, Dr Acland, Dr Bond, Dr Embleton, Dr Storrar, Dr Alexander Wood, Dr Andrew Wood, Mr Watt, Mr Syme, Dr A. Thomson, Dr A. Smith, Dr Leet, Dr Apjohn, Dr Corrigan, Sir James Clark, Sir Charles Hastings, Mr Lawrence, Mr Teale, Dr Christison, and Dr Stokes. —Dr Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. Moved by Dr Christison, seconded by Mr Nussey—"That the letter from Sir Benjamin Collins Brodie, which announces his wish to resign his office as President of the Council, is received with sincere regret; that the Council tender their best thanks to him for the various and eminent services which he has rendered to the Medical Council; and that they cannot refrain from adding that he will carry with him the esteem and respect of every Member of the Council, into all the other departments of his honourable career."

The motion was put and carried by acclamation.

2. Moved by Dr Corrigan, seconded by Sir Charles Hastings, and agreed to—"That a copy of the foregoing Resolution be forwarded to Sir B. C. Brodie."

3. Moved by Dr Andrew Wood, seconded by Mr Teale, and agreed to—"That the Resolution of the General Council of August 6th, 1859, No. 5,—'That the General Medical Council have observed that Amendments of the Medical Act have been introduced, at the instance of Bodies represented in the Medical Council, into Bills brought into Parliament without previous communication with the General Medical Council; and that the Council consider it desirable that, in future, such Amendments should be first communicated to the President of the Council'—be amended, by adding 'to be by him communicated to the Members of the Council.'"

Dr Alexander Wood brought up the second Report of the Committee on Special Claims for Registration.

REPORT:

"The Committee had under their consideration the following cases:

"Frederick Theophilus Webster.—This gentleman claims to be registered under Clause XLVI of the Medical Act as 'a Surgeon in the service of a Charitable Institution;' he being Surgeon to several Benefit Societies. Mr Webster was appointed by the Guardians to the office of Medical Officer in the St Alban's Union, there being no other candidate, but the appointment was not confirmed by the Poor-Law Board. Mr Webster supports his application by testimonials, which fully prove both character and ability, and a letter has been received from Messrs Farrer, Ouvry, and Farrer, the Solicitors to the Council, in reference to it. Mr Webster's claim is opposed by Mr Hutchinson, who resides close by him, and who formerly supported the claim of a gentleman no better qualified. On the whole, the Committee are disposed to recommend that Mr Webster be registered."

"Antoine Rischanck claims registration on a Surgical Licence from the Medical Faculty of Vienna. There was produced to the Committee a letter from the Dean of the College of Doctors of the Medical Faculty of Vienna, stating that Mr Rischanck 'absolved the Medical and Chirurgical course of Study, formed for the purpose of educating Country Surgeons; he studied for three years, and passed his examination on the 28th January, 1838, as Patron of Surgery and Midwifery (Surgeon and Accoucheur); he took his oath, and possesses a Diploma of the same date.'"—(Recommended for registration.)

"Albert Günther, M.A., Dr Phil., Tubingen. —Diploma in Medicine and Surgery from the Medical Council at Stuttgart."—(Recommended for registration.)

"Theodore Günther, Emil Becher, and Charles Milner obtained their degrees of Doctors of Medicine at Tubingen, after regular examination, and are recommended for registration.

"Jonathan Sibley obtained his degree as M.D. from the University of New York, after examination."—(Recommended for registration.)

"Frederic Hancorne Prytherch and James Godfrey obtained their degrees, after regular examination, at Heidelberg."—(Recommended for registration.)

"Michael Lambton Este, in addition to his titles already registered, wishes to be registered as M.D. of Erfurt—Diploma produced."—(Recommended to be registered.)

"Daniel B. Bascombe claims Registration, as M.D. of the University of Pennsylvania. The Dean of the Medical Faculty has failed to satisfy the Council that his degree was obtained after regular examination; it is therefore recommended that the consideration of this case be delayed, but that power be given to the Branch Council for England to register Dr Bascombe, should they be satisfied meanwhile that he was duly examined."

The following qualifications are recommended to be rejected:—"William Hitchman, M.D., of the Protestant University of Bavaria—without examination; Theodore Bloomenthal, M.D. Wurzburg, obtained after the passing of the Medical Act; William Leger Erson, claims to be registered as a Licentiate of Midwifery of the Combe Lying-in Hospital.

"ALEX. WOOD, Chairman."

---

4. Moved, separately in each case, by Dr Alexander Wood, seconded by Sir Charles Hastings, and agreed to—"That Theophilus Webster, Antoine Rischanck, Albert Günther, Theodore Günther, Emil Becher, Charles Milner, Jonathan C. Sibley, Frederic Hancorne Prytherch, James Godfrey, and Michael Lambton Este be Registered."

5. Moved by Dr Alexander Wood, seconded by Sir Charles Hastings, and agreed to—"That the recommendation of the Committee respecting Daniel B. Bascombe be adopted."

6. Moved, separately in each case, by Dr Alexander Wood, seconded by Sir Charles Hastings, and agreed to—"That William Hitchman, Theodore Bloomenthal, and William Ledger Erson be not registered."

Dr Smith presented the following Report from the Finance Committee, appointed June 13, 1860:

"The Committee having taken into consideration the matters referred to them, respecting the Financial Affairs of the General Medical Council, report, that the Minutes of the General Council and the Executive Committee, and the Cash Accounts of the General Council, are kept in accordance with the recommendations of the Finance Committee appointed in 1859.

"With the view of bringing all the matters referred to the Committee under the notice of the Council in the most concise manner, they have been arranged as follows:—

1st. "Matters referred to the General Council by the Executive Committee and the Branch Council for England (see Resolution 7).

2nd. "Resolutions suggested by the Committee (see Resolutions 8 and 9).

3rd. "Recommendations of the Committee,—to be referred to the Executive Committee."

---

7. Moved by Dr Alexander Wood, seconded by Mr Watt, and agreed to—"That in striking the Annual Percentage Rate in accordance with Sect. XIII of the Medical Act, the words 'all monies received' be understood to mean, all monies received by the respective Branch Councils, from whatever sources derived."

8. Moved by Dr A. Smith, seconded by Dr Andrew Wood, and agreed to—"That the Scale of Fees adopted on the 3rd of August, 1859, for attendance on the General Council, the Executive Committee, and the Branch Councils, and also for travelling expenses, which was approved of by the Commissioners of Her Majesty's Treasury, be adhered to, until altered by the Council."

9. Moved by Dr Burrows, seconded by Dr Andrew Wood, and agreed to—"That the non-resident Members of the General Medical Council shall be paid Hotel Expenses for every Sunday while in London on the business of the Council."

10. Moved by Mr Lawrence, and seconded by Mr Nussey—"That the Resolution proposed by Mr Syme, No. 3, in No. 21 of the Minutes of the General Council, be rescinded."—Negatived.

Dr Christison presented the following Report on the mode of Conducting the Business of the Council:—

"The Committee appointed on the 20th of June, to extract from the Minutes of Council such regulations as have been passed by the Council for conducting the business of the Council, and to report such alterations and new regulations as may appear to the Committee to be advisable, have to report, that the Minutes contain the following Resolutions passed by the General Council for Conducting Business:—

"1. The General Council shall meet each day at 2 p.m., and shall not sit after 6 p.m. (August 3, 1859, p. 4.)

"2. It is expedient that the proceedings of the Council be recorded in writing, in a book to be kept for that purpose. (August 10, 1859, p. 9.)

"3. That the Minutes of each Meeting of the Council, as well as all Notices of Motions, be printed, and transmitted to each Member of the Council. (November 23, 1858, p. 3.)

"4. That the Minutes of the several Meetings of the Council shall contain simply such Resolutions and Amendments as have been proposed and adopted, or negatived, with the name of the Proposer and Seconder, and without any comment or observation of Members annexed. (November 24, 1858, p. 1.)

"5. That a Programme of the subjects which it is the intention of Members of the Medical Council to bring forward, be forthwith prepared by the Registrar, be printed and distributed by him from day to day, as may be required, and that a Committee be appointed to aid the Registrar. (August 3, 1859, p. 4.)

"6. That any Motion or Motions lying over from the previous day take precedence of new matters, except by special permission of the Council. (August 6, 1859, p. 1.)

"7. That in all cases where a division has taken place, any Member of the Council may require that the names of the majority and minority shall be entered on the Minutes. (August 11, 1859, p. 2.)

"8. The Business Committee shall report as to the form in which New Members shall take their place, both in the Branch Councils and in the General Council. (June 16, 1860, p. 2.)

"9. That whenever a Branch Council shall refer to the General Council the name of any person which it is deemed desirable to remove from the Register, the Registrar of the General Council shall be authorised to obtain the opinion of Counsel on the facts and bearings of the case, before it is submitted to the General Council; and that such opinion of Counsel shall accompany the statement of the case when it is brought before the General Council. (August 10, 1859, p. 9.)

"The Committee have considered whether it is desirable to alter or add to these Regulations. They do not propose that the Council should alter any of the Regulations already passed. They think it undesirable to attempt at present to construct a complete code of Regulations for conducting the business of the Council; that much may be safely left to evident convenience and well-known usage; and that it will be sufficient to provide, by additional Regulations, for those points in the conduct of business which have become the subject of serious difference of opinion among the Members.

"These are two in number: first, the mode of dealing with Motions and Amendments; and second, the reception of Protests.

"(1.) As to the mode of dealing with Motions and Amendments, the Committee find that three usages prevail in various public bodies, in the three divisions of the United Kingdom. One of these has been adopted, and extended into precise Rules, by the London University Convocation. As these Rules have been found by the Convocation to answer well in practice, and appear to the Committee well fitted to bring out the sense of such Meetings as those of the General Medical Council, they are now recommended for adoption, as follows:

"*a.* No Motion or Amendment shall be withdrawn, after being put from the Chair, except by leave of the Meeting.

"*b.* Any number of Amendments may be moved.

"*c.* If there is but one Amendment, the Amendment shall be the first question put to the Vote; and in any case where a Motion and more than one Amendment shall be before a Meeting of the Council, the first question put to the vote shall be 'That the original Motion be amended.'

"*d.* In the case of there being but one Amendment, if such Amendment be lost, or, if in the case of there being several, it be carried that the original Motion be not amended, the original Motion shall then be put to the vote.

"*e.* If it be carried that the original Motion be amended, the Amendments shall be put to the vote in the order in which they shall have been moved.

"*f.* No Discussion and no Amendment shall be allowed after the first question has been put to the vote.

"This mode of procedure differs from the mode recommended from their experience by the Scotch Members of Council, only in so far as it is the practice in the Bodies with which they are connected to put the last Amendment first. The Committee do not consider it material which of the two ways of putting the vote is adopted. But they think either of them better fitted to bring out the true sense of a Meeting of such a body as the Council, than the third which has been brought under the Committee's notice; according to which, no Amendment can be put to the vote at all, or even so much as minuted, unless the previous Amendment, or the Motion itself, be withdrawn.

"(2.) As to Protests, the Committee consider it very undesirable that these should appear on the Minutes, when they can be avoided. But, on mature consideration, they are of opinion that the right of a minority to protest, and to have their Protest entered in the Minutes, is a right which cannot be refused, without risk of substantial injustice to the minority, and eventual damage to this Council in its relations to the public.

"R. CHRISTISON, Chairman."

---

11. Moved by Dr Christison, seconded by Dr A. Smith, and agreed to—"That the Report of the Committee on the mode of conducting the business of the Council be received, and printed in the Minutes."

Letters having been read which had been received from the Devonport Registration Association, relative to the Registration of Edwin Bishop,

12. Moved by Dr Storrar, seconded by Dr Christison, and agreed to—"That the decision of

the Branch Council for England on appeal in this case be not interfered with."

A Letter having been read from Dr Scott, of Boulogne, relative to the Registration of J. M. Cookesley,"

13. Moved by Dr Alexander Wood, seconded by Dr A. Smith, and agreed to—"That Dr Scott's Letter be remitted to the Branch Council for England."

Dr Andrew Wood presented the following Report on the Forms to be observed on the Introduction of New Members of the Medical Council :

"The Business Committee, to whom was committed the duty of preparing a Report as to the forms to be observed when New Members take their place on the Branch Councils, or on the General Council, beg to report that in their opinion it is desirable that the following regulations be followed, viz. :

"1. That it be the duty of the President, on receipt of intimation of the resignation or death of any Member of the General Medical Council, to cause notice of the same to be sent to the Registrar of each of the Branch Councils.

"2. That the President, on receiving from any of the Bodies entitled to send representatives to the Medical Council, or, in the case of Members nominated by the Crown from the Privy Council, an official notice of the election or nomination of a new Member or of new Members, announce the same to the Registrar of each Branch Council.

"3. That the Registrar summon the person so elected or nominated to the first Meeting of the Branch Council to be held after such announcement, and before the new Member present himself at such Meeting, the President's notification of his election or nomination be read, that he then be introduced to the Meeting by some Member of the Branch Council.

"4. That the same forms be observed in the case of persons who have or have not taken their seat in the Branch Council, when they take their seat for the first time in the General Council.

(Signed) "Andrew Wood, Chairman."

---

14. Moved by Dr Andrew Wood, seconded by Dr Embleton, and agreed to—"That the Report of the Business Committee on the Forms to be observed on the introduction of new Members into the Branch Councils and General Council be received and adopted."

15. Moved by Dr A. Smith, seconded by Dr Corrigan, and agreed to—"That the Registrar be instructed to have the Standing Orders of the General Medical Council printed, and circulated among the Members of the Council."

16. Moved by Dr Andrew Wood, seconded by Dr Corrigan, and agreed to—"That the best thanks of this Council are eminently due, and are hereby offered, to the Royal College of Physicians of London for their obliging and courteous accommodation during the present Session of the Medical Council."

17. Moved by Dr Andrew Wood, seconded by Mr Teale, and agreed to—"That a gratuity of Ten Guineas be given to the Servants of the Royal College of Physicians of London."

A letter having been read from Mr Nussey, intimating his resignation of the office of Treasurer of the General Medical Council,

18. Moved by Dr Storrar, seconded by Sir Charles Hastings, and agreed to—"That the Council record their grateful acknowledgment of Mr Nussey's most valuable services."

19. Moved by Dr Andrew Wood, seconded by Dr Embleton, and agreed to—"That Dr Burrows be elected Treasurer, in room of Mr Nussey."

20. Moved by Dr Andrew Wood, seconded by Dr Embleton, and agreed to—"That the Executive Committee consist of the President, Sir James Clark, Dr Burrows, Mr Nussey, and Dr Acland."

21. Moved by Dr Andrew Wood, seconded by Mr Teale, and agreed to—"That in the event of a vacancy, or vacancies, occurring during the recess in the Executive Committee, they be empowered to elect a successor or successors."

Mr Green having quitted the chair,

22. Moved by Dr Burrows, seconded by Dr A. Smith, and agreed to—"That Dr Stokes take the Chair."

23. Moved by Dr Acland, seconded by Dr Corrigan, and agreed to unanimously—"That Mr Green be elected as President of the General Medical Council."

Mr Green then took the chair, as President.

24. Moved by Dr Andrew Wood, seconded by Dr Embleton, and agreed to—"That the Council now resolve itself into a Committee of the whole Council on Education."

The Council having resumed, Mr Teale brought up the following Report of the General Committee on Education :—

"The Committee on Education, composed of the whole Council, have held several Meetings during this Session of Council, the Minutes of which are herewith presented.

"The Committee recommend the Council to defer for the present the consideration of the subject of the 'Visitation of Examinations,' regarding which the Minutes contain a full Report from a Sub-Committee.

"The Resolutions agreed to by the Committee, which they recommend the General Council to adopt, are as follows :

"I.—General Education and Examination.

"The Medical Council are of opinion that it is desirable,

"1. That all Students pass an Examination in General Education before they commence their professional studies.

"2. That, as far as may be practicable, Testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make :—A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council ; Oxford Responsions or Moderations ; Cambridge Previous Examinations ; Matriculation Examination of the University of London ; Oxford Middle Class Examinations, Senior and Junior ; Cambridge Middle Class Examinations, Senior and Junior ; Durham Middle Class Examinations, Senior and Junior ; Durham Examinations for Students in Arts in their second and first years ; Queen's University, Ireland, two years' Arts' Course for the Diploma of Licentiate in Arts ; Preliminary Examinations at the end of the A.B. Course ; Middle Class Examinations ; Martriculation Examinations ; Dublin University Entrance Examination ; an Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

"3. That the Examination on General Education be eventually left entirely to the Examining Boards of the National Educational Bodies recognised by the Medical Council.

"4. That Students who cannot produce any of the Testimonials referred to in the Second Resolution, be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council ; provided that such Examination shall be, in every case, conducted by a Special Board of Examiners in Arts.

"5. That without professing to lay down any complete scheme of General Education for persons intending to become Members of the Medical Profession, the Committee recommend that the scheme of Examination in Arts of the Licensing Bodies be, as nearly as practicable, similar to that of any of the National Educational Bodies above specified.

"6. That after October 1st, 1860, all Medical Students be required to be registered.

"7. That the list of Students registered be closed within fifteen days after the commencement of each Session or Term.

"8. That no Student beginning Professional Study after September, 1861, be registered, who has not passed an Arts Examination, in conformity with Resolution 2 or 4.

"9. That the several Bodies in Schedule (A) of the Medical Act, either jointly or severally, open a Register for Students commencing their Studies in Medicine, in the form annexed.

"10. That the said Register be opened on the first day of each Session or Term, and remain open for fifteen days ; and that within seven days after its close, the Officer in charge be required to transmit a duly-authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the Body or Bodies belong.

"11. That the Registrar of the Branch Council lay the list before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy ; and that it thereafter be transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

"12. That the Executive Committee shall arrange these returns, and publish annually an alphabetical list of the names contained in them.

"13. That the Licensing Bodies shall have power to admit exceptions as to the time of Registration, if satisfactory to them, and shall transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions have been granted, with the grounds stated.

"14. That the various Educational and Licensing Bodies be requested to transmit to the Registrar of the General Council, Returns, embodying any alterations which they may from time to time introduce into their Courses of General Study and Examinations, which qualify for the Registration of Medical Students.

"II.—Professional Education.

"15. That the age of Twenty-one be the earliest age at which any Professional Licence shall be obtained.

"16. That four years of Professional Study be required, after the Examination in General Education.

"III.—Professional Examinations.

"17. That the Professional Examinations be divided into at least two distinct parts ; that the first be not undergone until after the termination of two years of Study ; and the final Examination not until after the termination of four years of Study.

"18. That the first Professional Examination be conducted partly in writing and partly *vivâ voce* ; and that such parts as admit of it be made as practical and demonstrative as may be possible.

"19. That the second Examination be conducted partly in writing, partly *vivâ voce*, and practically as far as may be convenient and attainable.

"20. That the Professional Examinations be held by the several Licensing Bodies (except in Special cases) at stated periods, to be publicly notified.

"21. That Returns from the Licensing Bodies under Schedule (A) be made annually, on the 1st January, to the General Medical Council, stating the number and names of the Candidates who have passed their respective final Examinations, and the number of those who have been rejected."

"The General Medical Council having, in the course of last year, expressed their opinion on the manner in which the General Education of Medical Students ought to be obtained, and stated the principles which appeared to them proper for the regulation of Professional Examinations, consider it undesirable, during the present Session, to enter upon any details upon the so-called higher Degrees and Qualifications.

"But, at the same time, they would record their opinion, that it is not desirable that any University of the United Kingdom should confer a Degree in Medicine, whether that of Bachelor or Doctor, upon Candidates who have not graduated in Arts, or passed all the Examinations required for the Bachelorship in Arts, or the Examinations equivalent to those required for a Degree in Arts."

---

25. Moved by Dr Corrigan, seconded by Mr Lawrence, and agreed to—"That the foregoing Report be adopted."

The Council then adjourned.

Confirmed—Joseph Henry Green.

MINUTES OF MEETING, June 23, 1860.

Royal College of Physicians, London.

Mr Green, President, took the chair, at half-past six o'clock p.m.

Present—Dr Embleton, Dr Andrew Wood, Dr Alexander Wood, Mr Watt, Dr A. Smith, Dr Apjohn, Dr Corrigan, Mr Lawrence, and Mr Teale.

The Minutes of the last meeting were read and confirmed.

Poplar Hospital.—The fifth anniversary of this Institution was celebrated this week at Lovegrove's Brunswick Hotel, Poplar. The subscription list amounted on the occasion to upwards of 1,000*l*.

GENERAL CORRESPONDENCE.

RECIPROCITY OF PRACTICE IN PALL-MALL.

To the Editor of the Medical Circular.

Sir,—Will you allow me to state the following circumstances in your spirited journal? As Mr Headland is again in the field, the Profession is very much interested in what is going on at the College of Physicians at present; it will show you what reciprocity of practice is! I spent five years at the University of Dublin, and took several prizes in Medicine; I am an M.D. of Glasgow University—I resided there two seasons for Medicine; I spent a year at Oxford—(as you have shown it to be) the most insignificant school of medicine in the three kingdoms, but the best school for classics; I took out a year's Practical Midwifery at the Rotunda in Dublin, the best obstetric school in the world; I have two other diplomas, the Hall and College. I have left no opportunity untried to perfect myself as a physician. I went twice to attend the hospitals of Paris and Vienna.

I have been for the last two years Physician, as you know, to a London Dispensary, where I was appointed under a proviso that I should, after a time, join the London College of Physicians; this I did not do, the expense hitherto was so great: but under the recent "year of grace," some one of my medical colleagues at the dispensary—who lives near Brighton!—suggested that as he had joined that august body in London, I ought to do so too, and the Committee of the Dispensary moved and carried a resolution to that effect. Now comes the part that interests your readers who are anxious for that distinction. I sent in my paper to the College, signed by three of the best men perhaps in London; but I heard by a side-wind that I was sure to be rejected, as I was supposed to be favourable or belonged to *a* medical journal; the College were determined not to admit any "Fellows," especially any troublesome Fellows, who might bother them in medical journals. The Dispensary Committee waited a month for the decision; still no answer. Dr Pitman was written to in vain. Then my appointment at the Dispensary was voted to be "forfeited," especially as the College of Physicians would give no reasons for a decision come to, it now turned out, a week before—(learned by accident)—and I had to force Dr Pitman to say whether it were a fact or not that my claim had been rejected. I had not been balloted for at all. I have written again and again, in vain, to be told the reasons which influenced the Board of Censors and Dr Mayo. This, I think, is utterly shameful: five gentlemen will give no reasons, and profess to have none. If this Dr Pitman, their paid secretary, would indicate honestly that it was because I was known to belong to a medical journal, or if he would indicate any reason under Heaven, the Dispensary Committee would reconsider their vote of dismissal; but Dr Mayo, like the King of Naples, seems made of flint. I still beg and entreat of them to state their reasons.

I next offered to go in for examination, to save my dispensary appointment. I was then mystified, or told that I should be an M.D. of Oxford, London, or Durham—save the mark!—but Glasgow would not do. Now, the Medical School at Oxford you have well described as most insignificant. But mark the next stumbling-stone—the examination. I know Italian, French, and German very well; but it was hinted or stated by Dr Pitman, that my examination would consist chiefly of Greek!! which I learned some twenty-five years ago (I am fifty years of age)—ay, and took premiums in, too! But what a farce! what a commentary on what is called "reciprocity of practice!" I would be examined in Greek and pure pathology, and then I should be fit for the dispensary. Now at fifty years, at my age, I would require to "grind" in Greek for six months at least to please Dr Pitman and Dr Mayo; and my hard-earned M.D. at Glagow, that cost me at least 200*l*., is to me so much waste-paper. Even if I did grind in Greek, I am told by one or two Fellows of the College I am sure to be rejected, as having anything to do with journalism: and yet, every public appointment in London requires this degree of Pall mall.

I know another poor fellow, a respectable M.D., with a wife and large family of children, who has gone through identically the same course of snubbing and unfairness at Pall mall, though this "year of grace" was pretended to be a make-weight to make all smooth, and do away with the old cruelty, want of reciprocity in practice: this poor fellow's hospital appointment and bread for his children depend also on whether he knows Greek, Aristotle, or the terrible rubbish of Aristophanes. He is one of the best practical physicians in London, but an occasional writer in journals.

This letter has already stretched to a great length, but it would be incomplete without the following case or corollary—one case out of a dozen of a similar kind—the result of Dr Mayo's conduct, aided by Dr Pitman:

A young lady under my care a year ago, for bad hæmoptysis, with threatened phthisis, a sort of half dispensary patient, got quite well after some steady attention by me to her case. I flattered myself (as indeed it was), that it was a capital cure. More recently (this month) she was frightened, as some one said consumption would still be sure to follow; so she came to me again; but now she learned that I had lost the dispensary, it turned out I was no physician at all. In this strait, she looked about, and she was told of a true physician—one Dr Coffin; and she is now in ecstasies with yarrow-tea and lobelia, under the care of the herbalists' king, Dr Coffin. This fact has been stated to Dr Mayo; it is a fine commentary on the whole matter, and a disgrace to Dr Mayo's College.—Yours, &c., M.D.

P.S.—Is it any wonder that quackery thrives, when honest men struggling as physicians are treated in this manner—every wretched obstruction that old-fashioned Colleges can devise placed in the way of the honest man? Was it any wonder that Jenner hated the very name of this College, as seen by his lately-published correspondence? Some previous magnate of this College also, when Harvey put forward his doctrine of the circulation, was so much of Dr Pitman's mind, that he said in public that he would not give 2d. for Harvey's bills (prescriptions) or discoveries! Men like me do not want to go inside the door at Pall mall; but I ask you, Sir, as the only honest man of our present Medical Editors, is it fair that I am not eligible as M.D. for the poorest dispensary or hospital in London, because College bedels must do all the literary work of the Colleges for the newspapers, and it is thought I might interfere—which I never dreamt of doing—with their proceedings? If Mr Headlam's present Bill should pass, these things will be more provokingly perpetuated.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

Sir,—I should feel obliged by your affording me space in your journal to inform the Poor-law Medical Officers that since the withdrawal of the Bill on Poor-law Medical Relief, I have been in frequent communication with Mr Pigott and the Poor-law Board, and I regret to say there is no hope of any assistance from the latter, as red-tapism reigns paramount, and does not like reform.

I had a long interview with Mr Pigott last Friday in London, and went through every clause in the proposed Bill, when we decided to expunge the coroner's clause, and also that relative to sanitary measures, as a bill on the former subject is now before the House, and we thought it better for the present to leave the health of the community with the Local Boards of Health and the Guardians, and see the working of the Bill just passed the Commons, entitled, "Nuisance Removal and Disease Prevention Bill."

The payment clauses in the proposed Bill will doubtless be severely criticised by those gentlemen who will not gain by them; but I have inserted a clause to exempt all present Medical Officers, who desire it, from coming under its operation, and thus leave them in the enjoyment of their present salaries. To attempt to raise all men to the highest standard now enjoyed would be to ensure a certain rejection of the Bill, and, therefore, I have limited myself to asking for that only which we have a reasonable right to expect will be conceded to us. On trying a variety of modes of calculation, I find the only one that works fairly is that now proposed—viz., 5s. per case up to the first 300 in number, above which 2s. per case only should be paid. In addition to this, a further sum, to be called mileage, is to be paid for all patients requiring to be visited at their own homes; and in order to insure a uniform rate of payment for all the patients in each district, the same mileage shall be paid for each, whether the patient lives next door to the Medical Officer or at the furthest extremity of a district: thus, if the furthest inhabited house in a district be four miles from the residence of a Medical man, then two shillings per case for mileage shall be paid on all those requiring to be visited at their own homes. The Medical Officer of a Workhouse will be paid for his patients on the same plan; but instead of mileage for each case in the Workhouse, he will have one shilling per mile for each visit to the Workhouse. All visits under one mile to be reckoned as one mile, &c. &c. The extra Medical fees are left, as in the last Bill, to be arranged by the Medical Council and Poor-law Board. I have now before me the calculations of nearly all the Unions in England and Wales, and I hope in a short time to complete the rest. These I desire to lay before the Members of Parliament in the form of a pamphlet, and thus show the entire working of the proposed system; but it will depend upon the Profession whether I am to do this or not: at present I have but a few pounds in hand, and must leave the Bill to its fate unless Medical men will come forward speedily and give me the means to set the printers at work. A favourable impression, I am assured, has been made on Parliament, and I know we have in Mr Pigott a zealous advocate of the cause; he works well for the Medical men, because he knows in so doing he will benefit the poor, and what is for their welfare he feels assured is for the benefit of the Ratepayer, and the time will come when the Guardians will view the subject in the same light. In the hope of inducing the Poor-law Board to see the necessity of aiding us in this much-needed reform, I sent them a summary of the calculations of the present and proposed payment in each Union in five whole divisions of the kingdom, with also separate calculations of each Medical Officer's salary in 209 Unions scattered through the Divisions. Hoping the tediousness of looking over these papers might be a little relieved by a few foot-notes, I appended several, of which I give you examples:—"Wolverhampton.—In this Union (the President of the Poor-law Board represents Wolverhampton) the salaries average but 2s. 2d. per case, out of which the Medical Officers have to find the medicines for their patients. The Registrar-General, in his Quarterly Return for April, 1860, writes of this place: 'Several hundreds of the inhabitants are every year disabled by sickness; funerals are a staple trade,' &c. Macclesfield.—In this Union the Guardians pay the Medical Officer of the Workhouse but 3½d. per case, out of which he has to find medicine: the Doctor ought to be a Homœopathic Practitioner. Hexham.—The Medical Officer has a district extending four miles from his residence, and yet he has a salary which, divided amongst his patients, gives an average of only 6½d. per case, out of which he has to find medicines, horses, &c. No wonder 'Punch' writes 'Pill-grinders for Paupers.' Birmingham.—The Guardians find the medicines for the Workhouse at a cost of 1s. 11d. per case; and yet they only pay their six District Medical Officers, who find their own medicines, a salary which averages 1s. 8½d. per case." I offered to send the Board a continuation of my calculations, but on the 5th of this month I received the following communication: "The Board do not desire to impose upon you the trouble of sending to them any further calculations, and they return with this letter those already forwarded for the information of the Board."

Before this is in print, I hope you will have seen by the daily papers that the Bill has been introduced; if not, it doubtless will be before long; but it has to be put into legal form, which may delay it a short time. The expense of this will, I fear, leave me penniless.

I am, &c., Richard Griffin.

Poor-law Medical Reform Association,
12 Royal terrace, Weymouth,
9th July, 1860.

P.S.—As soon as the Medical Officers see the Bill is introduced into the House, I hope they will petition in its favour, and do all they can with their Members.

MEDICAL TITLES.

To the Editor of the Medical Circular.

Sir,—There seems to be a notion prevalent among a certain class of the Profession that none can be a Physician unless he be a graduated Doctor of Medicine of a University: hence their desire to have the charter of the Royal College of Physicians altered to the effect that a person may become a Licentiate in the College of Physicians without being able to call himself a Physician; a gross absurdity in terms, as you remark; for if this can be effected, it will be as likely that a person may be a Licentiate of the College of Surgeons without being a Surgeon.

But this notion proceeds on the ground that none can make Physicians but Universities. Now, let me say that the title of Doctor created by a University is but of recent date comparatively. "It seems to have been established for the Professors of the Roman Law in the University of Bologna, about the middle of the twelth century. Antony à Wood says that the title of Doctor in Divinity began at Paris after Peter Lombard had compiled his Sentences, about the year 1151." (*a*) Then let me ask, who were the Physicians before the twelfth century, before there were University Doctors? It may be answered, the "Masters of Physic" of the Universities. But let me ask again, who were the Physicians before there were Universities? The first University in Britain was Oxford, which is said to have been founded in An. 872, and the title of Doctor was not adopted in the English Universities earlier than the time of John or Henry the Third. (See Hist. and Antiq. Univ. of Oxford, 4to, Oxf., 1792, vol. i, p. 62.)

Now, Sir, let the Doctors tell us who made the Physicians before there were Universities; who made the *Iatroi* of the Grecians, and the *Medici* of the Romans; who made the Physicians of the civilised nations of Europe before there were any Universities. Let me say still further, that when the title of Doctor was created by the Universities, and for long after, it was kept to its original meaning—that is, "a teacher,"—and it was given to none but to teachers. The University Degree of Doctor of Medicine pronounced the person as qualified to teach the science of Medicine, and was given to none but to Professors of the Universities at first; but after the sixteenth century this rule seems to have been broken through, and soon the Doctors became so numerous that all could not be teachers, and the title so common that it did not distinguish the teachers from those who did not teach, so that the title of "Professor" was created to distinguish the latter. But what became of the ancient *Medici*, the Physicians, all this time? The Physicians, you will observe, previous to all these innovations, were the teachers as well as the practisers of Medicine. (*b*) The title of Doctor of Medicine was created to distinguish between the teachers and practising Physicians; but now the title of Doctor of Medicine being applied, not to the teachers but to the practisers of Medicine, and having become so numerous, and their title so common, they wish the ancient Physicians to be annihilated, and themselves to have the exclusive claim to the title of Physician. Now, you will observe farther that the ancient Physicians had the exclusive claim of practising Medicine (by charter), and that the University Doctor held only the honorary title of Doctor, and had no right to practise until he became a Licentiate of the College of Physicians. The Medical Act, however, gives the Doctor of Medicine a legal right to practise which he had not before. But I have to remark farther, that the moment the Doctor of Medicine descended from his chair and became a practiser of Medicine, he put himself again in the place of an ancient practising Physician, and his title of Doctor became no longer the distinguishing title of a teacher; Professor was substituted, and "Doctor" now distinguishes all practising Physicians. But now they tell the pure Physician, "You have no right to the title." He answers, "The English language has so appropriated the title, and custom and judical decision has legalised it; and if the Physician has no right to the title of Doctor, the Doctor has no right to the title of Physician. The Physician has as good claim to the exclusive title of Physician as the Doctor might think he has to his own." Such is the history. Inch by inch the privileges of the ancient Physician have been encroached upon, and now they want him extinguished altogether. But if the title of Physician be extinguished, it is but justice he should have the rights, privileges, and title of the practising Doctor, who has assumed his place.

Please let your readers know as much of this history as you think proper, and you will oblige your obedient servant, MEDICUS.

P.S.—I see that the Committee of the Medical Council, in their Report on their proposed Amendments of the Medical Act, propose that Sect. XL be altered so as to prevent non-graduate Licentiates of the College of Physicians from using the title of Doctor. I hope it will have the effect of also preventing the Doctors of Medicine, not Licentiates of a College of Physicians, calling themselves Physicians.

(*a*) The title of Doctor of Medicine must have been later in being created.

(*b*) The title of Physician does not flow from the Doctor of Medicine, but that of Doctor of Medicine flows from the Physician.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, July 4, 1860.

Dr Rigby, President, in the Chair.

Dr Harley exhibited (for Dr Newman, of Fulbeck) a fœtus of about four months, which had been retained *in utero* for some weeks after its death.

Dr Drage gave a description of a case of

EXTRA-UTERINE PREGNANCY.

An opening formed between the fœtal cyst and the vagina, through which a number of bones were extracted. The woman ultimately recovered.

Mr Joseph Thos. Mitchell read a paper on

SOME OF THE EXIGENCIES CONNECTED WITH PRETERNATURAL LABOUR.

The Author commenced his paper by referring to the ill consequences which often follow the too strict adherence to the axiom in midwifery, that "meddlesome midwifery is bad midwifery." He set this forth by alluding to the history of cases that had come under his notice, in which the lives of some women had been placed in jeopardy, and the future comfort of others had been permanently destroyed, as well as of other cases, in which children had been born dead, whose lives would most probably have been saved had early manual or instrumental aid been applied. He then alluded to his strong objection to the use of the crotchet in cases of craniotomy, and his custom in such cases to rely alone on the craniotomy forceps for delivering, relating a case that occurred in an extremely narrow pelvis, in which the practitioner obstinately refused to use the embriotomy forceps, and would depend alone on the former instrument, by which he extensively lacerated the vagina, in consequence of its often slipping off from the head during the operation, which case terminated in the death of the woman, undelivered; the uterus having been ruptured, and the child having passed into the abdomen, when in all probability, had the embriotomy forceps been used, delivery would have been safely effected, as it had been on a former occasion. He next referred to the culpability which rests on every practitioner who undertakes to attend on any woman in her second or subsequent labour, who had previously been delivered by embriotomy or by the forceps, when the child had been born dead, without inducing premature labour between the seventh and eighth, or at the eighth month of gestation, as the nature of such former labours might seem to indicate. He related a remarkable case in which a practitioner had neglected so to act, and the complicated difficulties which followed, requiring the dismemberment of a very large child at the full period of gestation. The abdomen and chest were eviscerated, and then the lower half of the body was removed at the fourth dorsal vertebra, by which alone room could be obtained to reach the arms and head. The patient did well. She afterwards came under the Author's care, and was delivered safely at premature periods on four different occasions, twice with great difficulty at seven months and a half gestation, and subsequently twice at six months and a half, on each occasion by inducing labour by puncturing the membranes, for which purpose he adopted a peculiar instrument, which he exhibited to the Society, and which instrument he had found useful also in rupturing the membranes in cases of placenta prævia attended with extreme circumstances. The instrument was made by Messrs Millikin and Lawley, of the Strand. In the course of the relation of this case, the Author stated that, on the occasion of the third labour, at seven months and a half gestation, when the head presented, delivery was effected by the forceps, and a child was born that lived fourteen hours; and on that of the fourth accouchement, at the same period, when the arm presented, the woman could not be delivered except by dismemberment of the child. From these circumstances he deduced the conclusion that it was not wise to adopt the modern recommendation of delivery by turning in cases of small pelvic brims, whenever delivery can be effected by the forceps, as by that means a far greater chance would exist of delivering a living child than when turning is adopted. By the latter mode, the protracted pressure unavoidably made on the funis, as the head is passing through the brim, is almost certain to occasion the death of the child; and in cases also where delivery can be effected by craniotomy, it is accomplished with less distress to the mother than by turning. The Author also referred to the fatal consequences to children which often follow doubtful or incorrect diagnosis of presentations in early labour, especially in cases where delivery can only be effected by turning, which he showed in the history of a case in which there was the presentation of the abdomen, with the child doubled up, the head resting on the sacrum, and the hips on the pubis. In this position the practitioner allowed the case to remain for nearly three hours, not knowing the character of the presentation, and what it necessitated, the woman all this time suffering under violent expulsive labour, by which the child was killed; whereas, had turning been adopted at the commencement of this period, which would then have been a perfectly easy operation, the os uteri being then fully open, the child would, doubtless, have been born alive.

Dr Priestley thought that the Society was much indebted to Mr Mitchell for his practical paper, and he believed it would be very advantageous if other gentlemen would record their mistakes and occasional failures, instead of only relating their successful cases. He quite agreed with Mr Mitchell in his denunciations against the crotchet, which he considered a most unsatisfactory instrument; and hence he very generally resorted to the use of craniotomy forceps in the place of it. He considered that Mr Mitchell had increased the difficulty of delivery in one of the related cases by amputating the lower half of the child's body, by which means he had deprived himself of the power of properly employing traction.

Dr Rigby stated that the crotchet certainly did not fulfil the wishes of those who were obliged to employ it. This instrument was always apt to slip; and when it did so, there was great danger of its injuring the soft parts of the maternal passages, or the fingers of the practitioner.

Dr Tanner mentioned that, in two cases of more than usual difficulty, he had found Dr Oldham's small hook of great service in aiding delivery. He confirmed the remarks of the previous speakers with regard to the crotchet.

Dr Waller said that his old teacher always alluded to the crotchet as an atrocious instrument. For his own part he never used it, except by passing it up outside the head; and then sometimes by fixing it in the orbit, he got a good and serviceable hold. He mentioned a case of great difficulty where he had used the craniotomy forceps successfully, when the crotchet was quite useless.

Dr Barnes did not rise to defend the crotchet, but still he had had more success with it than many other Fellows of the Society seemed to have had. In Dublin the most eminent obstetricians use the crotchet, and with success. He had employed Dr Oldham's hook, and found it answer very well. He thought that the Author was wrong in assuming that turning ought to be discarded in cases of contracted pelvis. He believed there were instances when the only resource was craniotomy or turning—the forceps could not be used: in these he had succeeded in

safely effecting delivery, both for mother and child, by turning.

Dr J. Braxton Hicks read an Appendix to a paper on

CONCEALED ACCIDENTAL HÆMORRHAGE.

This was an addition of eleven cases to the ten already described; the majority not having been published, the Author was indebted to the gentlemen whose names were mentioned with each report. These cases, it was observed, might be concealed totally till death or the termination of labour, or temporarily for a longer or shorter time. During the non-appearance of hæmorrhage externally, the diagnosis of the case was as difficult as when wholly concealed. After reporting the cases, an analysis was given, showing that fifteen died and six recovered; and that it was much more fatal at full term than at any other period. The diagnostic symptoms were then pointed out, —namely, 1st, severe fainting or collapse; 2nd, the enlargement and doughy feel of the fundus uteri, the outline of the fœtus being lost, and very frequently a sensation as if about to burst; and, 3rd, in nearly every case the absence of true labour-pains. These, taken together, were held sufficient to point out the true nature of the accident. When no pain was present, the state was very liable to be mistaken for ordinary syncope; and the Author urged that in all cases of severe and protracted faintness during the latter months of pregnancy or labour, the state of the uterus should be carefully watched. It was also advised that the same treatment as is now adopted in all ordinary accidental hæmorrhage should be employed as early as possible in this form, though the usual good results could scarcely be expected, because, although the contents of the uterus were thereby diminished, yet as the effused blood, being bound down by the placenta, prevented the uterus from contracting at that part, the bleeding sinuses were kept patent. This was borne out by the analysis of the twenty-one cases.

Dr Tanner stated that he had recorded a case of concealed accidental hæmorrhage, which had escaped the notice of the Author of the paper. The communication was to be found in the 'Medical Times' of October 18, 1851. In this instance the separation of the placenta was due to a violent fall; and the patient would doubtless have died, had not the labour been hurried, and the delivery effected by the forceps. As it was, large quantities of stimulants were required, and the infant was still-born.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Tuesday, July 10.

DR MACLOUGHLIN.

Mr Brady moved for a Select Committee to inquire into the dismissal of Dr Macloughlin from the Government Medical Service. The hon. member, after detailing the requirements of the Medical Services, said Dr Macloughlin entered it under the existing circumstances, and was sent to Portugal, where he rendered most efficient services, not only to their own soldiers, but to the French prisoners during the Peninsular war. He trusted the Government would grant him the Committee, as Dr Macloughlin had laboured for a number of years in the service of the army. The hon. Member read testimonials from Sir Jas. M'Grigor, Sir Robert Grant, and others, to the ability of Dr Macloughlin, and said that after returning to this country he was recommended by the late Duke of Wellington and Sir Robert Grant for promotion, but in consequence of having no private influence he could not obtain that recognition for promotion which his services deserved. Notwithstanding all he had done, a Mr Lyons, without experience or a particle of qualification, was raised over the head of a man who had faithfully served his country. Dr Macloughlin, indignant at the treatment he received, remonstrated with the Horse Guards, and, contrary to his wishes and inclinations, he was placed on half-pay, upon which he remained for six years without ever being called upon to serve. At the end of six years he was called upon to serve, but under what condition? Why, that he should serve under about 200 others, junior to him, who had been appointed to active service during the time that Dr Macloughlin had been on half-pay. He then declined to enter into active service unless his previous services were acknowledged. He (Mr Brady) found that in consequence of Dr Macloughlin declining to go on active service, he was dismissed by the Commander-in-Chief from the Service. In this case the articles of war were altogether ignored and set at nought; and although Dr Macloughlin had complained of his superior officer from 1814 to 1824, the articles of war were entirely disregarded.

At this stage of the proceedings an hon. Member moved that the House be counted, upon which some members came into the House, and as soon as the required number was made up they as rapidly departed, leaving the House as empty as it was before.

Mr Brady resumed. He contended that Dr Macloughlin's dismissal was not only unjust, but illegal. The Commander-in-Chief stated, through the medium of Sir Charles North, that he saw no reason why Dr Macloughlin should not be reinstated, if Lord Panmure, who was at that time Secretary-for-War, would assent. That assent was withheld, and Dr Macloughlin, who had made a renewed application to the War Office, was still without redress. He therefore begged leave to move that a select committee be appointed to investigate the case.

Sir G. Bowyer seconded the motion.

Mr S. Herbert said all the persons who could have given evidence on this case were dead, and he therefore thought that a committee ought not to be appointed. It was admitted that Dr Macloughlin refused to enter upon active service when called upon to do so. Such insubordination would be disgraceful to any officer in the army, however respectable he might be; and the authorities acted rightly in dismissing Dr Macloughlin from the Service. Mr Alexander, as well as the present Surgeon-General, protested against Dr Macloughlin's reappointment, on the ground that it would be an exceedingly bad precedent. If Lord Panmure, while Secretary-for-War, acted unfairly in refusing to listen to the appeal of Dr Macloughlin for redress, he had certainly many *particeps criminis*, for amongst those who took the same view as the noble lord were Sir Henry Hardinge, Lord Francis Gower, Sir E. Parnell, Sir Thomas Fremantle, Mr Fox Maule, and Mr Vernon Smith. He hoped the House would not agree to the motion.

The motion was negatived without a division.

Births, Marriages, and Deaths.

BIRTHS.

Currie.—July 6, at Queen's terrace, Bayswater, the wife of Samuel Currie, M.D., Deputy Inspector-General of Hospitals, of a daughter.

MacFarlane.—March 14, at Sydney, N.S.W., the wife of the Hon. John MacFarlane, M.D., of a daughter.

Newham.—July 6, at Western House, Winslow, Bucks, the wife of Thomas Newham, M.D., of a daughter.

Scott.—July 9, at Portland villas, Plymouth, the wife of R. T. C. Scott, Esq., of Melby, Zetland, Staff-Surgeon R.N., H.M.S. 'Impregnable,' of a daughter.

MARRIAGES.

Allinson—Farnfield.—July 4, at St Margaret's Church, Lee, John Allinson, Esq., M.R.C.S., of Spital square, London, to Anne Charlotte, eldest daughter of S. Farnfield, Esq., of Wood street, Woolwich.

Tayler—Heale.—July 10, at Cross Church, Winchester, Captain Francis Tayler, of the Royal Military College, Sandhurst, to Eliza, second daughter of J. N. Heale, M.D., of Winchester.

DEATHS.

Carson.—June 17, at the residence of Mr Milroy, in Hamilton, the Hon. Samuel Carson, M.D., Member of the Legislative Council of Newfoundland.

Gallagher.—At Lamhaquqoe, Peru, Hugh Moss Gallagher, M.D., L.R.C.S. Ireland, of Letterkenny, County Donegal.

Moffit.—July 5, at Howdon-on-Tyne, Northumberland; William Moffit, L.S.A. Lond., aged 64.

Rodham.—July 3, auddenly, Richard Rodham, of Sunderland, formerly of Wreath, Yorkshire, aged 43.

Schofield.—May 21, at Brockville, Canada, Dr Peter Schofield, aged 74.

Torr.—June 29, at Barnstaple, Devon, Thomas Berry Torr, M.R.C.S. Eng., L.S.A. Lond., aged 55.

Van Oven.—July 9, at 22 Manchester square, Barnard Van Oven, M.D. Jena, M.R.C.S. Eng., L.S.A. Lond., aged 64.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, July 5th, 1860:—Matthew Blackman, M.R.C.S., Ramsgate; Danvers Ward Bush, Weston, near Bath; Edward Strickland, Kirby Moorside; Edgar Beckit Truman, Poultry, Nottingham.—The following gentlemen also on the same day passed their first examination:—Samuel Armstrong, Woodbridge, Suffolk; Charles Addams Buckmaster, King's College; Stonard Edye, Exeter; H. Dowling Ellis, St Bartholomew's Hospital; Chas. Walter Elwes, University College; Edwin Broughton Fenn, Ardleigh, Essex; Henry Grenfell, King's College; William Froude Langworthy, St Bartholomew's Hospital; Thomas Martin; Manchester School of Medicine; William Henry Julius Murrell, St Bartholomew's Hospital; John Dee Shapland, University College; Thomas Starkey Smith, University College; William Stephenson, St Bartholomew's Hospital; Henry Sutcliffe, University College.

Soiree at the College of Physicians.—On Wednesday evening a brilliant and crowded *conversazione* was held at the College of Physicians. Many objects of scientific interest were exhibited. Amongst them we would especially notice the excellent microscopes of M. Nachet, of Paris, who also contributed an ophthalmoscope, which is said to be the most perfect example of this instrument yet made.

Middlesex Hospital.—The annual Distribution of Prizes took place in the Board-room of this Hospital on Thursday, the 21st ult.,—the Right Hon. J. T. Coleridge in the chair. The proceedings opened with a report from Mr Nunn, the Dean of the College, who gave a very favourable account of its condition, and expressed the thanks of the professors to the governors of the hospital for their liberality in making the extensive enlargements and improvements, which are now nearly completed. The names of the successful candidates were then read by the Hon. Secretary to the College; after which the Chairman gave an address full of excellent advice to the students, founded in great measure on his personal experience in his own profession, which was cordially and warmly applauded by a crowded audience. Thanks to the chairman were then moved by the Hon. Capt. Maude, and carried by acclamation. *Summer Session*, 1859.—Prizes and Certificates of Honour awarded to First Year's Students.—Mr F. W. Spurgin, first prize; Mr J. Harper, second prize.—Materia Medica: Messrs J. Harper, F. W. Spurgin, and T. Gambier.—Botany: Messrs F. W. Spurgin, W. N. Marshall, R. P. Tyley, and A. D. Hunt.—Practical Chemistry: Mr F. W. Spurgin. *Winter Session*, 1859-60.—Messrs W. Eagles and W. D. Spanton, prize (equal).—Anatomy: Messrs E. Morgan, W. Eagles and W. D. Spanton (equal), R. Frean and A. J. Newman (equal), and C. P. Langford.—Physiology: Messrs W. Eagles and W. D. Spanton (equal), C. P. Langford, R. Frean, and E. Morgan.—Chemistry: Mr. R. Frean. *Summer Session*, 1859.—Prizes and Certificates of Honour awarded to Second Year's Students.—Mr T. Jones, first prize; Mr R. Wrixon, second prize.—Midwifery: Messrs T. Jones, R. Williams, R. Wrixon, and W. J. Bonnor.—Forensic Medicine: Messrs T. Jones, W. J. Bonnor, R. Williams, and R. Wrixon. *Winter Session*, 1859-60.—Mr F. W. Spurgin, first prize; Mr W. R. Elsdale, second prize.—Medicine: Messrs J. Harper, F. W. Spurgin, W. R. Elsdale, and J. M. Phillips.—Surgery: Messrs F. W. Spurgin, W. R. Elsdale, J. M. Phillips, and J. Harper.—Anatomy: Messrs F. W. Spurgin, J. M. Phillips, J. Harper, R. P. Tyley, W. N. Marshall, and J. E. Bennett.—Physiology: Messrs W. R. Elsdale, W. N.

Marshall, F. W. Spurgin, J. Harper, J. E. Bennett, and J. M. Phillips.—Prizes to Third Year's Students.—Mr F. H. Watts, first prize in Clinical Surgery; Mr J. Walker, second prize ditto.—Mr T. Jones, Governor's Prize, for the best Reports in Clinical Medicine and Clinical Surgery.—Mr J. Harper, prize offered by the Medical Society for the best paper of the Session.—Messrs F. B. Bell, T. Dane, F. B. Fowler, S. Hayward, T. Jones, T. H. Muncaster, C. H. Rason, J. Walker, R. Williams, and F. H. Watts, Honorary Certificates of general Good Conduct and Diligence.

Militia Surgeons.—Mr Sidney Herbert received a deputation at the War Office on Friday, the 6th inst., when the subjoined requisition, signed by 47 colonels of regiments, and 109 members of the House of Commons, was presented. The following members attended:—Lord Burghley; Colonels the Hon H. B. Bernard, Sir E. Lacon, Sir James Fergusson, Dickson, Vandeleur, and Forde; Major Edwardes, Sir H. Stracey, Capt. Gladstone, Capt. Esmonde, and Mr Beamish. Several other noblemen and gentlemen of the House of Commons had promised to attend, but in consequence of two previous postponements they were prevented doing so. Lord Burghley introduced the deputation, and, after reading the requisition, made some forcible remarks upon the justice and economy of placing the surgeons of militia regiments upon the staff of their respective regiments. He informed Mr Sidney Herbert that, besides those who had signed the requisition, 71 more members of the House had promised to vote for any motion which might be introduced for that purpose, and 30 more colonels were favourable to the step. He then introduced the following militia surgeons: G. B. Childs, Esq., Royal London; J. F. Nicholls, Royal Wiltshire; Dr Barr, and Dr M'Cormack, which latter gentleman, as the representative of the militia surgeons generally, entered very fully and forcibly into the anomalies and injustice under which the service suffers, and showed, from returns carefully prepared, the great saving to the country that would be ensured by placing these gentlemen on the staff. Mr Herbert gave the statement a most careful and patient hearing, but declared his unwillingness to come to any decision at present, as the case was of too important a nature to do so; he, however, promised in a few days to give his answer to Lord Burghley. The deputation, having thanked Mr Herbert for his courtesy and attention, then retired. The following is a copy of the requisition above referred to:—"To the Right Hon the Secretary of State for War. We, the undersigned members of the House of Commons, and colonels of militia regiments, beg respectfully to direct the attention of the Secretary of State for War to the present unsatisfactory position of militia surgeons. In consideration of the valuable services rendered from time to time by these officers during the embodiment of their regiments, and in consequence of the continued duties required of them during the disembodiment of their corps; being also compelled by Act of Parliament to reside at their respective headquarters, and unable (as they have proved before the Royal Militia Commission) to obtain any public appointment, or any amount of private practice, owing to their liability at all times to be called away for active service; a majority of these gentlemen having also served during two embodiments, extending over a period of from four to five years, which in the regular service would entitle them to permanent half-pay; and as the remuneration at present granted to them is insufficient in amount and uncertain in its character; and having carefully considered their case,—we respectfully urge upon you the justice and propriety of introducing into the contemplated Bill for improving and reorganizing the militia a clause placing these officers upon a more permanent and remunerative footing."—(Here follows a list of colonels of regiments and members of Parliament who have signed this requisition.)

Insolvent Debtors' Court, July 7th.—In Re J. O. Wray.—The insolvent, a young man who described himself as a patent medicine vendor, trading as "Henry and Co.," appeared for judgment. The case was before the Court on the previous day, when a novel point of opposition was raised. Mr Sargood opposed on the part of a young man, and Mr Dowse supported. It appeared that the insolvent, who is now only twenty-five, had purchased in 1856 a business in Dorset street, Dorset square, of a Mr Henry. He had carried it on as "Henry and Co.," and had adopted pamphlets issued in the name of "Dr Henry," in which relief was promised to thousands, and the doctor was described as "A.M.," and also as a member of the College of Surgeons. Mr Sargood contended that the petition must be dismissed. His client had paid a fee which he was ordered to refund. Seeing the way in which the insolvent had appeared before the world, it was not sufficient to say he had dealt in quack medicines. Mr Dowse instanced the case of a young man named Sutton, who was required to amend his description, and his petition had been sustained. Mr Commissioner Nichols, on the former hearing, said he would consider the point, and now he said the petition must be dismissed; and if the insolvent should again petition, he must take care and insert the appendages he had used to the name of "Henry," or his petition would share the same result. The protection petition was ordered to be dismissed.

The Liverpool Poisoning.—On Monday morning last the prisoner Thomas Winslow, charged with poisoning the late Mrs James, of Liverpool, by the administration of antimony, was again brought before the local stipendiary, Mr T. S. Raffles. Mr Walters, prosecuting solicitor, stated that, in consequence of the investigation having assumed a much more serious character than was at first anticipated, it was desirable to have a further remand, as poison had been found in each of the bodies which had been exhumed, and it would be necessary to obtain the evidence of the most expert and scientific analysts. To do so would require a fortnight. Mr Raffles remanded the prisoner in the meantime for seven days. The bodies which have been exhumed are those of Mrs Townsend (sister of the late Mrs James) and her two sons Samuel and William.

A Fatal Passion for Hanging.—A lady, inhabiting a pretty little house near Paris, possessed of ample means, of a charitable disposition, and very fond of reading, writing, and purchasing books, was found hanging the other day. She left a document of an extraordinary character, in which she stated that, no sooner had she determined upon hanging herself than she executed the deed. She always had a remarkable predilection for people who had been hanged, and she left in her library a manuscript in which she had inserted accounts of all celebrated persons who had been hanged; and in another MS. all the proverbs and sayings concerning hanging were collected. "Hitherto, however, the idea of hanging myself had not entered my head, but becoming *ennuyed*, and having lost my taste for everything, even for my favourite pastime of reading, the idea of suspension has occurred to me, and as soon as I have completed this note, I shall put it into execution. I desire that the rope I employ may be divided between my two neighbours, and that all my property be realised: First of all, a pension of 40*l.* must be reserved for my old servant, and then all that remains must be so disposed of as to produce ten equal portions, which are to be distributed to the first ten poor families, one of the members of which may happen to hang himself, dating from the day of my death. This is my sole will and testament."

Quarterly Return of the Mortality of the Metropolis.—In the thirteen weeks ending Saturday, June 30th, the total number of 14,894 deaths was registered in London. The mortality was high, for in the corresponding quarters of the four years 1856-9 the numbers ranged from 13,252 to 14,541. That this result was due to unseasonable cold will become apparent when it is stated that, whereas the mean temperature of the air in any of those four quarters was not lower than 52·3°, and in those of 1858-9 exceeded 54°, the mean temperature of the quarter now terminated was only 50·5°. As a consequence of the cold, the deaths from pulmonary diseases, exclusive of phthisis and whooping-cough, rose from 1,974 in the June quarter of 1859 to 2610 in the last quarter. Phthisis was also fatal: it increased from 1993 deaths to 2133. Whooping-cough was rather more fatal than it had been in the same quarter of 1859, but in a much less degree than in those of 1857-8, when the mean temperature was much higher. As might be expected under atmospheric influence, to which all persons are exposed, and of which all more or less are susceptible, the mortality from diseases generally was increased. But there was a perceptible decrease in the aggregate of zymotic complaints, which in two previous spring quarters caused 3604 and 3135 deaths, and last quarter 2917. Though fatal cases of small-pox (240) were numerous, yet they scarcely exceeded those of the same period in 1859. Of the 240, exactly a fourth part occurred at twenty years of age and upwards. Measles, from which 568 young persons and 3 adults (at twenty years and upwards) died, was more fatal than any other zymotic disease. Scarlatina carried off 356 persons, and diphtheria 107; they were both considerably less fatal than in the same quarter of last year. Diarrhœa also exhibited a marked decrease on that of previous springs; and no death from cholera was returned. 5 persons died from privation, 89 infants from want of breast-milk, 15 persons (chiefly young) from purpura and scurvy, 32 from delirium tremens, 24 from intemperance. Deaths from heart disease rose to 685; those from bronchitis to the unusual number of 1456. There were 80 suicides in the quarter.

APPOINTMENTS FOR THE WEEK.

Wednesday, July 18.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, July 19.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2½ p.m.

London Home.—2 p.m.

Friday, July 20.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 21.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, July 23.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, July 24.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

A Poor-law Surgeon.—The Bill has not yet been introduced: we cannot tell whether the clauses relating to the appointment of two Medical Officers to one district will be in the Bill or not.

B. B. (A Metropolitan Medical Officer) wishes to know if "the new Poor-law Medical Relief Bill has received the sanction of the Profession?" We hope the Medical Officers will wait patiently until the Bill is before them. There will be plenty of time to study its provisions. We think it quite time that something was done. Read Mr Griffin's letter in this week's Circular.

M.R.C.S.—1st. No.—2nd. Dr Acland, Dr Rolleston, and Dr Ogle.

Mr John H.—1st. Yes.—2nd. Forwarded.

Medicus.—The new theory of natural selection is really a very old one, the name alone being new. The subject is ingeniously treated by its advocate. The theory means, that certain individuals of a race being placed in favourable conditions not enjoyed by other members of the race, will develop in some extraordinary way, until, in succeeding generations, they become importantly different from the original type. This is essentially the doctrine of external causes acting upon and modifying race.

Gamma.—We are unable to comply with your request.

Mr Wood.—It shall be attended to.

Mr H. Evans is thanked.

A. Z.—Case received. The publisher will write to you.

A Student.—Yes; from the date of apprenticeship.

Mr Wilson.—Send to Millikin and Lawley's in the Strand.

Dr J. B. Nicolson's communication has been received.

Mr Henry W.—The College has no power in such circumstances.

O. F.—Yes.

Mr G. K. H. Paterssen.—Note received. A private letter shall be sent.

M.R.C.S. (Bradford).—Your request shall be complied with.

Letters received from Dr E. Cronin, E. Lyon, C. Enright, B. F. Matthews, Dr R. Crothers, S. W. Sproulle, R. G. Buckley, Dr Nottingham, R. P. Roberts, J. A Young, W. Meadowcroft, B. W. Brwon, &c. &c.

Chlorodyne. — R. Freeman,

Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s.6d. each, and in four-ounce bottles, 6s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Important to the Medical PROFESSION.

GLOVER and Co., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS of first-class quality at a very low figure.—Price Lists may be had on application,

GOODGE STREET, LONDON.

Flour — (Essex) — Warranted

free from adulteration, to any part of London (not less than 14lbs.) carriage free. Whites, for pastry, per bushel (56lbs), 11s.; Households (recommended for bread-making), 10s. 4d.; Seconds, 9s. 8d.; Wheat Meal for brown bread, 9s. 8d. Best fine and coarse Scotch Oatmeal. Address HORSNAILL and CATCHPOOL, Bullford Mill, Witham, Essex, or 97 Goswell road, City road, E.C. Directions for bread-making gratis. Terms Cash. A half sack delivered free to any rail station 200 miles. German Yeast.

Diphtheria, Clerical Sore-Throat,

Loss of Voice, and other diseases of the mucous passages of the throat, successfully treated with Solution of Caustic by Tompson's Patent Hydro-Pneumatic Inhaler (easy of self-use), without pain or inconvenience. To be seen at the Industrial Exhibition of Society of Arts, Adelphi (Art. 155), and the Agents, Milliken and Lawley, Surgical Instrument Makers, 161, Strand, adjoining King's College, London.

Kamptulicon Floor Cloth,

warm, noiseless, indestructible by damp, extensively used at the Houses of Parliament, Somerset House, British Museum, Museum of Patents, South Kensington Museum, and the Great Eastern, and especially adapted for Hospitals, &c.—E. GOUGH and Co., Original Manufacturers and Patentees, 12 Bush lane, London, E.C.

Pure Country Milk and CREAM.

—Messrs EDMONDS and BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the purity and freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16 Marchmont street, Russell square; and at St Petersburgh place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A prospectus free by post.

Galvanic Institute,

52 Euston road.

These rooms have been opened under the superintendence of registered qualified Medical Men, for the legitimate application of Galvanism in the treatment of Nervous Diseases, Paralysis, Rheumatism, Asthma, Indigestion It will also assist in affording the means of taking this branch of practice out of the hands of the unqualified. Hours of attendance twelve to five (Sundays excepted).

Ordinary Medical Attendant, Mr J. Smellie, Surgeon

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 16 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished) of a Weekly Periodical.

WATER BEDS. EDMISTON AND SON,

5 CHARING CROSS (LATE 69 STRAND),

Beg to call the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the price and quality of their Hot or Cold Water Beds.

WATER BEDS, according to size, £4 4s., £5 5s., and £6 16s. 6d.

Water Cushions, all sizes, from 7s. 6d. to 30s. Cotton Elastic Stockings, 4s. 3d.; Silk, 5s. 3d. Knee-Caps, Leggings, Anklets, &c. Day and Night Urinals, from 3s. 6d. to 12s. 6d. Injection Bottles, Bed Sheets, Accouchement Belts, &c.

India-Rubber Chamber Utensils for Lunatic Asylums, 7s. 6d. each, or 75s. per dozen.

INDIA-RUBBER MATS AND SOUNDLESS ELASTIC FLOOR-CLOTH.

Water Beds can be had on hire. Terms 7s. 6d. per week.

LONDON: EDMISTON AND SON, THE POCKET SIPHONIA DEPOT, 5 CHARING CROSS (LATE 69 STRAND).

LEVER ESCAPEMENT.

Benson's Watches. "Perfection of Mechanism."—'Morning Post.'

Gold, 4 to 100 guineas. | Silver, 2 to 50 guineas.

Send two stamps for Benson's Illustrated Watch Pamphlet.

Watches sent free to any part of the Kingdom on receipt of a remittance.

33 and 34 LUDGATE HILL, LONDON, E.C. ESTABLISHED 1749.

London, June 22nd, 1860.

Leeches Wholesale and for EXPORTATION.

GEORGE HERMANN'S LEECH DEPOT,

32 Wilderness lane, Salisbury square, Fleet street, London E.C.

BEST HAMBRO' SPECKLED, 14s. per 100.
BEST GREEN, ... 7s. ,,
SMALLER GREEN, ... 5s. ,,

G. H. don't keep the smallest sizes (best known as Leeches for Hospital use).

The SAME (if desired) sent Carriage Free to all parts of the United Kingdom, 1s. 6d. more per 100.

Testimonials as to quality may be had.

Gazogenes.—Messrs MATHIEU, FRIQUET, and CO.

beg to inform Chemists, Druggists, and all concerned, that from the 15th of July next they will be the SOLE AGENTS for the celebrated BRIET'S PATENT GAZOGENE, or Soda-Water Apparatus; and that they will be ready to execute orders from the above date on the most reasonable terms.—Address, MATHIEU, FRIQUET, and CO., 5A Little James street, Bedford row, London, W.C.

Notice.—To induce a trial of SOUTH AFRICAN WINES,

at 20s. and 24s. per doz., bottles included, the consumption of which has now reached 420,000 doz. per annum ("Vide Board of Trade Returns"), a Case containing four samples, sealed and labelled, will be forwarded on receipt of THIRTY POSTAGE STAMPS, viz.,

Half-pint bottle of best South African Sherry.
Half-pint bottle of best South African Port.
Half-pint bottle of best South African Madeira.
Half-pint bottle of best South African Amontillado.
COLONIAL BRANDY, very superior, 15s. per gallon.
BEST GIN, full strength, 11s. 3d. per gallon.

Price lists free on application.

Address—Mr ANTHONY BROUGH, Wine and Spirit Importer, 29 Strand, London, W.C.

S. Bowles (late Windsor and Co.),

PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6 James street, Covent garden, W.C. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

REDUCTION OF THE DUTY.

WINES AND SPIRITS OF ALL SHIPPERS.

Her Majesty's Wine MERCHANT

— (ESTABLISHED 1811) — JAMES MARKWELL, — CELLARS, 35 to 40, and 45 Albemarle, and 4 and 5 Stafford streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St Péray, 54s.; ditto Burgundy, 60s.: Clarets, 23s. Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liqueurs. Particulars and direct Shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo and Manzanilla.—J. M. is AGENT for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin-Slings; Brandy Cocktails, &c, &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount. — Stock, 16,000 dozen. — Cash or reference. Bankers: Sir CLAUDE SCOTT, Bart.

Wines Reduced.—

EXCELLENT DINNER CLARET, 24s. and 30s.
SHERRY, PALE or GOLD, 24s. and 30s.
CHABLIS, first quality, 36s.
STILL HOCK and MOSELLE, 36s., 42s.
SAUTERNE, 42s.; BURGUNDY, 36s., 42s.
SPARKLING CHAMPAGNE, 42s.; SPARKLING HOCK and MOSELLE, 42s.
OLD BOTTLED PORT, 42s., 48s. per dozen.

Carriage paid by rail. Price Lists on application.

MARSHALL AND SON,

IMPORTERS OF FOREIGN WINES, PURVEYORS TO THE QUEEN,

20 STRAND, LONDON,—W.C.

Reduction of Duty.—

HEDGES and BUTLER having reduced the Prices of their Wines in accordance with the new Tariff, are now selling capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s. Good Port, 30s. and 36s.; fine old Port, 42s., 48s., 54s., and 60s. Pure St Julien Claret, 24s. and 30s.; very superior ditto, 36s. La Rose, 36s., 42s. Finest-growth Clarets, 60s., 72s., 84s. Chablis, 36s., 48s. Red and White Burgundy, 36s., 48s. to 84s. Champagne, 42s., 54s., 60s., 72s. Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c. On receipt of a post-office order or reference, any quantity, with a Priced List of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155 Regent street, London, W., and 30 King's road, Brighton.

Originally established A.D. 1667.

Wood and Watson's South African Port, Sherry, &c., 20s. per dozen.

Pint Samples or 12 stamps each. Excellent Brandy, 16s. per gallon.

Pale India Ale and Stout, 4s. 6d. per dozen quarts, 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts, 2s. 9d. per dozen pints.

Address, 16 Clement's lane, City, E.C.

Kinahan's LL Whisky v. COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

CLINICAL LECTURES.

ON FRACTURES IN CHILDREN.

By M. GUERSANT.

DELIVERED AT THE HÔPITAL DES ENFANTS.

M. Guersant has devoted several of his recent lectures to a practical consideration of fractures in children, and the *résumé* here presented contains the results of a lengthened special practice in and acquaintance with their surgical pathology.

Fractures in children present, especially in their diagnosis, treatment, and progress towards a cure, peculiarities and shades of difference with which the surgeon should be well acquainted. Before entering on questions of a purely practical nature, I shall say a few words on the frequency and the etiology of fractures occurring in the different periods of life.

From long practical observation, we have learned that children become the subjects of fractures as often as adults or old people—a fact about which you may easily satisfy yourselves by walking through the wards of this hospital. A comparative study of the predisposing causes of fractures will easily account for this equality of frequency. Thus, as regards the texture of the bones, we find an important analogy existing between the two extreme periods of life. In childhood, as in age, the medullary canal of the long bones is larger, and the walls of the diaphyses thinner; but whilst the osseous tissue in old persons is hard and fragile, in children the same tissue is soft and flexible. In the latter, the physical properties of the bones might be supposed to render them more capable of resisting the causes that produce fractures; which is not really so—for experience shows that the bones of infants, notwithstanding their elasticity, cannot be bent to any extent without being broken. In adults, the bones, wanting the same anatomical predispositions, owe their relative frequency of fractures to the relative multiplicity of the occasional causes to which they are exposed. Another predisposing cause, common to children and old people, is to be seen in the state of the muscular masses. The muscles in both are, in fact, feeble, and both are consequently more exposed to falls, and, for that reason, to fractures. Let us remark, however, that falls do not so often occasion fractures in children and old persons as in adults; a difference evidently owing to this—that the former fall down as it were in a lump, without making any great effort to save themselves, while the aged experience in their very efforts a new predisposing cause of fractures.

As predisposing causes, the imprudence and rashness of children can only be equalled by the irreflection and bravados of old people. If the former pass before cars and carriages, climb trees, and get on the roofs of houses, without thinking of the danger they incur; the latter, forgetting that their pace has become slower with age, traverse the streets in the midst of carriages, or venture alone on roads that are difficult or dangerous; and hence both become victims to the accidents under consideration. It is thus that most of the accidents that occur in the street happen to children and old people. In children, among the special predisposing causes we may indicate rachitism, which, as we shall see, sometimes has an influence on reunion. If we look next at the determining causes, we shall again have the long list of every sort of external violence which authors assign as the causes of the same accidents in adults. As regards their situation, these fractures present some peculiarities. Thus in children it is the middle part of the bones of the extremities where the solution of continuity occurs almost constantly. It is interesting to observe that, in early years, fractures of the forearm occur most frequently in the middle part, and, contrary to what takes place in adults, you rarely see in children fracture of the lower extremity of the radius. This inverse difference arises from the different ways that children and adults have in opposing external violence. When the latter fall, they throw out an arm in order as much as possible to save themselves; but the former make no sort of resistance, but fall just as any mass would, and with their arms between their bodies and the ground. This difference of instinctive action explains why the wrists are so generally the seat of fractures in adults, and the long bones of the superior extremities in children.

If we next turn to the pathological anatomy, it will be seen that in children the same varieties occur as in adults—fractures more or less transversal, and fractures oblique, and even longitudinal. There is, however, a variety of fracture recently described, that I have not yet encountered in children—I mean the fracture *en coin*. Observe that I do not deny the existence of such fracture, but I believe it is less frequent than in adults—a circumstance I would also point out to your notice.

A variety to which I desire particularly to draw your attention, since it is in some measure peculiar to infancy, is the incomplete fracture, or fracture in which the fragments preserve with each other a certain degree of continuity. As incomplete fractures I consider two states that differ widely in an anatomo-pathological view. In the one, the bony substance is completely broken; but the periosteum, which remains entire, prevents any degree of displacement. In the other, the osseous matter and the poriosteum together resist effectually the traumatic force. You already see all the importance of this fact. The frequency of incomplete fractures in children explains the rareness of displacement and riding of the fractured ends—a circumstance highly favourable to the rapid and even consolidation which we are accustomed to see in the fractures of children. From this fact also is derived the precept of examining with much caution the fractured bones, in order not to aggravate the evil by disuniting parts that are still in their place, with a view to cause crepitation, which it is sometimes difficult, if not impossible, to produce.

Fractures present in children the same complications as in adults; but as the latter are, on account of their occupations, more exposed to graver causes of traumatic violence, so in them complications are more frequent and of a character more serious than in children and old persons. You can imagine, too, that children, being under the eye of their parents, and the aged, being no longer engaged in dangerous occupations, escape usually the frightful mutilations that so often accompany complicated fractures in adults. In the children which we have seen mutilated by wheels in factories or crushed in the street, the complications, other things being equal, have been attended with less danger than the same accidents at any other period of life.

Clinical examination shows that, in the youthful subjects under consideration, fractures of any bone of the skeleton may be produced. You thus see them in the long bones, as well as in the short and broad bones, (just as in adults and in the aged,) and in every situation, excepting the neck of the femur; though this bone I have seen dissevered from its epiphysis—a circumstance essentially different from what takes place in the aged.

As regards the symptoms, it may be said, generally, that the same functional disturbances correspond to the same lesions in children as in other subjects. Yet it is well to add that, whether it be owing to the comparative shortness of the limbs, or to the rareness of displacement, fractures in the former show less to the eye than in adults—a fact owing either to the more limited extent of the members, or to the infrequency of displacement. Hence it is reasonable to look for the fracture in the situation where the greatest pain is felt. It is unnecessary to add, that where there is striking deformity, the significancy of this is the same in all subjects, with this trifling distinction, that in children the reduction is easier. Children usually cry the moment you touch them—some of them even outrageously—and then nothing can be gathered from the effects of pressure in augmenting the pain.

I cannot too strongly inculcate a cautious reserve while making your manual examinations; for, independently of the fatigue which you may occasion the little patient, you run the risk of breaking completely parts that are but imperfectly disunited, and so of changing an incomplete into a complete fracture. It is sometimes difficult to ascertain the existence of fracture in such young subjects; for their resistance on the one hand, and the small dimensions of the limb on the other, added frequently to the firm and elastic state of the cellular tissue covering the injured parts, are so many hindrances to a perfect examination. But in doubtful cases especially, where the pain is acute, I do not try to arrive at certainty, seeing it can serve no purpose. I think it better to be deceived, and apply an apparatus to a limb where there is only a simple contusion, than to complicate a fracture by imprudent tentatives that could but satisfy my curiosity at my patient's expense. Besides, in children consolidation is so rapid that there can be no great inconvenience in treating such accidents as you treat fractures, the requisite time being so short. I would even say, that were the case one of mere contusion, the state of immobility would be an excellent curative means, by hindering the painful concussions and movements which children know not how to avoid.

Now where fracture really exists, what is the prognosis? I do not hesitate to say that non-complicated fracture is, in children, a simple and unimportant accident. You may, therefore, in every case, reassure the patients by saying that fractures at that age are in no respects to be compared with the same lesions in adults and old people. The medium time for consolidation is from eighteen to twenty days; but of this we shall speak again when we come to mention the proper period for the entire removal of the apparatus.

I must further direct your attention to the manner in which consolidation takes place in young subjects. The bones usually re-unite with perfect regularity and without any visible shortening; and where the treatment has been properly directed, no trace even of deformity is perceptible, in such cases at least as are free from serious complications, for these may greatly modify the progress of the lesion.

I am every year visited by conscripts, who come at the time of conscription for certificates; and often I cannot ascertain that a fracture has ever existed but by the house-registers; and my opinion is so much that of the Council of Revision, that these young men are always considered fit for service.

I have said that consolidation takes place without apparent shortening; but there almost always exists a slight diminution of the length of the fractured limb, as may be ascertained by very careful measurement. Yet such individuals do not halt in their gait, but accustom themselves when walking to a compensating degree of deviation in the pelvis.

You may see at this moment, in the Salle St Pauline, a girl of four years, who, in 1858, was twenty-five days in the same salle for a fracture of the thigh. It is impossible now to discover the slightest trace of the accident. When the patients are somewhat older, they walk lame for the first months; but their lameness soon disappears entirely, although there is generally a real but slight shortening of the limb.

FRACTURE OF THE THIGH.

By J. B. NICOLSON, M.D., M.R.C.S., L.S.A.

The sciences of Medicine and Surgery even within a very recent period have still continued, both in theory and in practice, to make great and solid progress, notwithstanding the brilliant discoveries made in former days—a progress corresponding even to that made in the other sciences. The consequence is, that *most* of the cases occurring in the present day, whether they be Medical or Surgical, rarely present the slightest degree either of novelty or of originality. However, the following surgical case may possess some details worthy of notice, inasmuch as it shows, in the treatment even of the *severest* cases of fracture of the thigh, the great superiority of the "straight position," as effected by Desault's long splint, over any other, especially in the periods of youth and of middle age.

A boy of the name of Sanders, fourteen years of age, of a healthy constitution, sustained in the month of April, 1859, a fracture of the right femur, caused by the broad wheel of a heavy waggon having passed over it. The accident occurred in this way:—He was driving a heavy-loaded waggon, and, while walking before it, by an accidental slip of the foot he fell to the ground, and, before he could recover himself, the wheel passed over the thigh. The site of the fracture was about the junction of the superior and the middle thirds of the femur; and, though neither compound nor comminuted, the bone was broken in two places, within two inches of each other, the fissures being oblique, not transverse. Owing to the great breadth and weight of the wheel, the soft parts were much contused, considerable injury having been done apparently to the vascular, nervous, and muscular tissues; consequently great swelling, pain, increase of heat, and lividity of the surface, from the extravasation of blood into the soft parts at the seat of injury, soon followed in the affected part. From the powerful action of the "adductor muscles," the lower fragments of the bone were drawn upwards and behind the upper fragment, causing great shortening of the limb, to the extent of nearly two inches, with inversion of the foot; the iliacus internus and the psoas magnus muscles no doubt also assisting in producing the shortening and the deformity.

Strong and steady extension and counter-extension of the limb, continued for some length of time, were had recourse to. A bandage was first rolled round the foot, ankle, leg, and thigh; Desault's long splint, of an appropriate size and length, extending from a little below the armpit to four or rather five inches beyond the foot, and suitably padded, was applied to the outside of the limb, the perineal bandage, with a pad placed in the perineum, not being omitted. With a view to ensure with the utmost certainty the complete rest of the fragments of the bone, it was thought advisable to apply also another smaller splint, padded, to the inner surface of the thigh, extending to a little below the knee, the whole having then been retained by suitable bandaging. A few turns of a bandage were finally wound round the waist and body, so as to approximate to the side the upper portion of the long splint.

In consequence of the great contusion of all the soft parts, it was necessary to bandage so that easy access might always be had to the seat of the fracture, for the purpose of applying warm fomentations of camomile flowers, &c., with at first an occasional poultice, until the swelling and increased heat had abated. For the first two weeks considerable constitutional disturbance supervened, which was treated with saline mixtures and effervescing draughts; an opiate at night being sometimes required, and strict attention being also paid to the condition of the stomach and bowels. At the end of eight weeks the splints were removed, and he was permitted to leave his bed, and to move about by the aid of crutches, with the foot of the injured extremity supported by a sling round the neck. By-and-by for these was substituted merely a stick, and at the end of three months he was able to walk about without any support.

Owing to the fragments of the bone having been brought into complete apposition and kept so, there was not the slightest shortening of the limb nor the least deformity perceptible, the sole result of the accident at my last examination being a little thickening of the circumference of the femur at the site of the fractures from the previous deposition of callus; and even this result would in the course of time by the process of absorption be gradually lessened, and most probably would ultimately disappear altogether.

As this was a most severe accident, attended with serious injury to the vascular, nervous, and muscular tissues, complicated also with great shortening and deformity, and as a perfect cure was effected by the use of certain means, without either shortening, or deformity, or ultimate weakness of the limb in the slightest degree resulting therefrom, the case has been considered deserving of being recorded. Practical results are the only true and safe criterions whereby we can satisfactorily judge of the superiority of one mode of treatment over that of others.

Robertsbridge, Sussex, July 14, 1860.

THE SPIRIT OF THE PERIODICALS.

We extract the following report of a discussion on *Osteo-Myelitis consequent on Fractures in Gun-shot Wounds*, from the 'Journal of Practical Medicine and Surgery:'

"An important question of surgery, and more especially of military surgery, was raised before the Academy of Medicine by one of its most active and learned correspondents, M. Jules Roux, Head Naval Surgeon at Toulon. Our readers are already aware from the minutes of previous meetings that we allude to the still mooted point of the most eligible part for secondary amputation and for disarticulation, substituted for amputation in the continuity of the limb, to avert the incessant danger of *osteo-myelitis*. Osteo-myelitis is, in M. Jules Roux's estimation, the cause of the commonly fatal issue of secondary amputation performed in the continuity of the shaft. Compelled to resort to a further mutilation, after protracted suppuration, the surgeon has not unfrequently rendered but an unprofitable service to the patient: the bone, still diseased, where the saw has for the second time divided it, does not cease to suppurate, and few subjects can withstand this persevering drain upon their constitution—an inevitable consequence, according to M. Roux, of inflammation, when, from the fractured point, it has reached the medullary membrane and the texture of the entire bone. Hence the precept to amputate to the joint, in obedience to the principle universally accepted in surgery, that an operation, to be rational, must remove the whole of the evil.

"We have recorded the astonishing success which has given authority to M. Jules Roux's theory. Of eight soldiers, consecutively amputated in the continuity of the limb, two only survived. M. J. Roux, on examination of the bones, observed that they were totally invaded by the inflammation, which he denominates *osteo-myelitis*, and he accordingly at once modified his practice: twenty-two patients, who had reached the advanced stage, which he calls *period of osteo-myelitis*, were amputated in the joints, and M. Roux numbered twenty-two cures, four of which were disarticulations of the hip, and thirteen of the shoulder-joint. Assuredly, were these magnificent results alone considered, and were they susceptible of no other plausible explanation than the theory of osteo-myelitis, all surgeons should hasten to adopt M. Roux's ideas; but such does not appear to be the case. The too few speakers who who took part in the discussion raised by our learned fellow-practitioner of Toulon, Messrs Larrey, Robert, Jobert de Lamballe, and M. Legouest, in a letter addressed to the Academy, stated in reply that osteo-myelitis is not so constant as M. Roux imagines; that it is often susceptible of spontaneous cure; that clinically and anatomically it is difficult to discriminate between the first and second degrees, the benign from the grave variety of the inflammation; that surgeons, when amputating in the continuity of the limb, have often found in the medulla and the bone the anatomical characters of serious osteo-myelitis, and yet have saved some of the patients; and finally, that suppuration of the medullary canal itself is not necessarily fatal.

"Such are the objections urged against M. Roux's doctrines; but as it was, however, desirable to account for the success of the eminent surgeon, it was ascribed to the occult influences of medium, season, constitution, *i. e.* the contingencies of chance. This, as M. Jules Guérin correctly observed in the 'Gazette Médicale,' was but imperfect justice to the sagacity and surgical skill of the operator: 'That M. Roux is mistaken in attributing to his principle the excellence of his results may be possible; but why deprive him of the benefit of his unfailing practical instincts, and of the advantages of his great surgical experience? Traditional practice teaches that there are opportunities to be chosen, circumstances to be preferred, precautions to be taken, dangers to be avoided, remedies to be employed; M. Roux is doubtless indebted to his thorough knowledge of these particulars for his constant success.' M. Guérin's opinion was, if we err not, shared by the majority of his colleagues of the Academy. Yet, acknowledging with our eminent fellow-practitioner that M. Roux's sound sense, exquisite tact, and knowledge have considerably contributed to the results he has achieved, one element more must perforce be introduced into their interpretation. Otherwise how are we to account for the disastrous consequences which the same sound sense, the same exquisite tact, the same knowledge were unable to avert in the wounded who underwent partial amputation of the limbs? There is obviously a something beyond the product of these high qualities which distinguish M. J. Roux, and that can scarcely be a mere caprice of chance. Caprice is, from its very nature, trancient; and when it appears to last too long and to recur too often, some unnoticed truth, some disregarded principle lurks beneath the fortunate or unfortunate series of facts, a truth or principle which should be brought to light by dint of patience and perspicacity. In a question involving interests of so momentous a nature, the impatient public observed with painful surprise the silence of Messrs Velpeau, Cloquet, Laugier, Malgaigne, Denonvilliers, Nélaton, Huguier. Was their silence merely the expression of doubt and the sign of philosophical abstinence? We must presume it was, but M. Roux's paper seemed to deserve a more encouraging reception. All possible objections and abstentions united cannot prevail against the significant fact that, in the case specified by the surgeon of Toulon, eight amputations in the continuity of the shaft resulted in death, and success attended the entire number of his twenty-two disarticulations."

The 'British American Journal' contains the following case of *Mechanical Obstruction of th Intestines, and Gastrotomy*, ending in death, by Dr P. O. TESSLER:

"Mrs C. G., a young woman of good constitution, took sick on the 8th of last month. I was sent for in the afternoon, and I found her with a slight fever, a hot but not very dry skin, a quick pulse, headache, a glossy and slightly furred tongue, with an irritable stomach, and colicky pains around the navel; her bowels had been moved the previous evening. She blamed getting her feet wet for all this difficulty. I prescribed chloride of mercury and compound ipecacuanha powder for the evening, to be followed by some evacuant medicine in the morning.

"On the 9th, she was a great deal worse; her stomach, more irritable, had rejected the medicine, and her bowels had not been moved. Sixteen ounces of blood were abstracted from the arm, a prescription of chloride of mercury and opium was ordered, and low diet enjoined.

"On the 10th and the 11th, the patient was a good deal better, but her bowels had not been moved. I ordered castor oil, which the stomach rejected.

"On the 12th, purgative doses of chloride of mercury were administered with olive oil enemata, but all to no purpose; she threw up the contents of the stomach and had no passage through her bowels, though her urine was free all the time. The train of symptoms observed at the onset of the malady returned with increased violence. After having ascertained that the abdominal and pelvic apertures were all right, and having made a close examination of the rectum and vagina, I began to suspect the pre-

sence of an internal mechanical obstruction, although the symptoms were not well defined. I was advised to try frequent fractional doses of sulphate of magnesia, with turpentine clysters, fomentations over the abdomen, and general hot baths, all which was strictly carried out.

"On the 13th, she threw up some stercoraceous matter and presented an aggravation of all the symptoms previously noticed, but as yet there was no evidence of the precise locality of the internal mischief. Dr Lemieux had been called in by the family, and I suggested the names of Drs Blanchet and Bardy, jr., who were immediately sent for. We agreed to resume the purgative doses of chloride of mercury, the enemata, and the baths.

"On the 14th, the distress of the patient was greater; and as I felt something like a tumour on the left side of, and a little below the navel, I came to the conclusion that I had to deal with a volvulus of the flexure of the colon, causing a mechanical obstruction irremoveable by any but operative interference. My professional brethren confirmed my judgment, and I and they apprized the patient and her friends of the precarious state she was in, and told her what a small chance of life an operation would leave her. She wasted six valuable hours in deciding upon submitting to the operation. At first her vital depression was not very great.

"When her mind was made up, she was placed on a table, in a good position, and in a room properly heated. As soon as she was fully under the influence of chloroform, I placed myself between her knees and made an incision in the mesial line, from the umbilicus to about an inch of the pubis, through the cellular tissue, the sheet of the left rectus,—the relation of parts having been deranged by the intumescence,—and then through the aponeurosis of the oblique muscles, when I reached the peritoneum, which I divided on a director with a probe-pointed bistoury; a gush of serum ensued, followed by coils of thickened, distended, and discoloured intestine, curling over the wound, so much so as seriously to interfere with a proper examination. I then extended my incision to about two inches and a half above the umbilicus, whilst the intestines were supported by my assistants.

"I immediately searched for the flexure of the colon, which I found readily, but so convoluted that I could hardly recognise the direction of the twist. Whilst examining it, a softened patch above the constriction gave way, which allowed the contents of the intestines to flow out; but a ligature was immediately placed on the aperture, which was about a quarter of an inch large. I then divided an adventitious band crossing the convolution, and the obstruction was at once relieved, when another patch gave way at the twist, which allowed the contents of the intestines to flow out, a small quantity of which fell into the abdominal cavity. This was sponged out as carefully as possible, a ligature was applied to the rupture, and the intestines were replaced. The wound was closed and dressed with twisted sutures and long strips of plaster across the abdomen, the whole supported by a broad bandage round the body. After the operation was over, the patient was put to bed, quite exhausted. She was given stimulants, which rallied her for a while, but she sank again and died about two hours after the operation.

"The case was not very satisfactory in its results; but I had a duty to perform, and the moment I could satisfy myself as to the nature and the seat of the obstruction I operated, and I do not regret having done so. Under similar circumstances, I have no hesitation in saying I would act in the same manner.

"The only thing I regret is the length of time the patient took to decide on submitting to the operation."

The 'London Medical Review' is a new candidate for popularity. Its first number does not contain any papers of particular interest, most of them being on subjects already worked out in the other journals. The following observations, however, on a philosophical arrangement of *Tumours and New Growths*, by Dr Wilks, deserve attention:

"The leading idea which pervades the writings of Surgeons and Pathologists with respect to new growths is that they consist of two kinds, the malignant and innocent; the former corresponding to cancer, or to a mass of nucleated cells, according to the microscopists, or to an heterologous formation, if we adopt the expression of Carswell; the latter being the opposite of all these. This great division of tumours into malignant and benignant is no doubt a natural one, and to understand the distinction and have a thorough knowledge to which class any given example belongs, is of the utmost importance to the Surgeon as well as the unfortunate subject of it. Moreover, this division involves in its consideration the whole pathology of the subject of tumours, including the question of the respective influences of constitutional and local causes in their production, as well as their physical and microscopic characters.

"What is meant by a new growth? We make use of the term growth to express that constant reproduction of the tissues which we suppose is always in progress throughout the body; that as the various structures are in a state of perpetual decay, so are they as constantly being renewed, either from a plasma supplied by their blood-vessels, or by some more subtle method of growth from their own elements. This process, of whatever kind it may be, is *physiological;* now if we suppose this plasma or exudation from any part should occur in excess, a *pathological* process is in operation and a tumour is the result. The difference between the two cases is this, that in the first every structure produces its like, whereas in the latter the affinity is in great measure lost between the exudative material and the tissue whence it springs, and consequently development is impossible except into structures of the simplest kind. For example, we find that no exudation from the viscera, as from brain, liver, lung, or from a tissue, as the muscle, can produce a tumour resembling in the slightest degree the original organ whence it has its origin, but one which consists only of the simplest elements, viz., cells or fibres in various combinations and degrees of development. And thus it is that the great majority of tumours are composed of nothing else than these constituents. If, however, the structure from which the exudation takes place be of a simple kind, or not of that complex organization seen in the viscera, a developmental process may occur in it, and thus it is that a tumour growing from bone may become osseous, or (since cartilage precedes bone in growth) enchondromatous; or, if arising in the medullary structure, myeloid. For the same reason, if the growth be near the female breast an adenocele is produced; if in the uterus or prostate, a muscular tumour; if in the skin, an epithelial or sebaceous one: again, should pigment be present in any part this may be reproduced, as in melanosis.

"We should inquire in the next place, what are the causes in operation which produce the exudation which we style pathological, and which results in a tumour or new growth? The general answer to such a question is in accordance with the idea already alluded to, respecting the malignancy and benignancy of all tumours, that in one case a constitutional, and in the other a local cause is in operation for their production. This is no doubt in great measure correct, for we cannot but distinguish between a tumour arising, for example, from an injury in a healthy person, and the case of manifold growths existing in a patient whose ancestors were the subject of the same disease. It will also necessarily follow from what was just now said, that owing to the modifying influences of the various parts of the body upon the new growths, every feature of the latter which resembles the part from which it springs is due to a local cause, and as far as that local element is concerned the tumour is innocent. If this be not admitted, it must necessarily follow that the same structures as bone are at one time malignant and at another time innocent, as in the case of osteoid cancer and exostosis. Also in the case of those more complex structures which cannot produce tumours resembling themselves, we must take, as evidence of the innocency of the latter, the attempt at production of a tissue of the highest possible grade which the circumstances will allow. We will start then from this proposition, that the fact of the production, in any new growth of elements similar to the healthy part whence it springs, exhibits a healthy influence in operation; and if from the complexity of the original organ the formation of a growth resembling it be not possible, then that the highest grade of tumour under the circumstances be taken as evidence of the same fact. On the contrary, all morbid products which have no developmental power, but consist simply of cells, show a want of healthy influence, whether these cells arise in a complex organism or in a simpler structure. Such are generally styled cancer, and evidencing some fault or vice in the constitution, are also called malignant. It will be seen that this opinion tends to the belief that a cell growth exhibits a malignant, and a fibrous an innocent influence in operation, and that the production of one rather than the other depends on a constitutional cause. It would be too much to assert this dogmatically, seeing that the subject is beset with many difficulties, but we shall see, as we advance, to what extent we think local causes alone may influence the character of tumours.

"Suppose, then, that from some cause an exudation should occur from a soft organ, or from the surface of the body, and that this blastema or plasma should produce nothing but a mass of cells or nuclei which show no tendency to develop either into tissue or any higher formation, and that these are constantly increasing in number; we see in this a state of things which is so far removed from every healthy action that no other term can be adopted towards it than one expressive of a highly morbid state, and one to which the term malignant is especially applicable. In this production of cells, which may be called objectless or having no purpose in the healthy economy, we perceive the very essence of malignancy; for if we consider on the one hand that the fluids of a part are employed in its nutrition or constant regrowth, such a departure from the process as is exemplified in the production of a mass of cells, similar to those which constitute the foundation of the tissues in the embryonic state, must necessarily evince a highly morbid state. In calling these cells embryonic, we do so advisedly, for from a long study of the subject we are unable to ascertain in what respects they differ from those elements which constitute the basis of the healthy tissues. A very prevalent opinion we know exists that cancer-cells are heterologous, or of a kind altogether foreign to the system, and are to be distinguished as such by certain peculiarities from the cells just named. Indeed, there are eminent microscopists who maintain that cancer-cells are characteristic and always distinguishable. Without denying the capabilities of these observers, we may state our own incapacity to recognise these peculiarities, and moreover, from the writings of these microscopists, we cannot discover what are the distinguishing characters by which they describe them. We agree, indeed, with these pathologists, that a cancer-cell is one which generally contains a large oval nucleus with a distinct nucleolus, and that a new growth composed of a mass of such cells should be regarded as malignant; but, if unacquainted with the source of the tumour, we should hesitate in pronouncing a verdict of malignancy upon any given cell. Moreover, all must admit, in the most virulent forms of cancer, it often happens that no cells of any kind are present.

"We repeat then, for the sake of exactness, our belief that a cancer consists merely of a mass of embryonic cells; that owing to a morbid influence being in operation at the site of the disease, the ordinary nutrient fluids, instead of being employed for the healthy maintenance of the part, produce these nuclei or cells, which showing no tendency to develop into a higher formation, but having an utterly purposeless object, evince by this very fact the existence of a disease to which no other term but that expressive of malignancy can be applied. It would follow from this that the mere existence of a mass of cells constitutes a malignant disease; and on the other hand, should these cells show any disposition to develop into fibre, so far is that an evidence of a corresponding healthy or innocent influence in operation. Such a view will bear the test of clinical observation, and therefore, that just in proportion as we find in any given tumour presented to us for examination, a crude formation of cells and nuclei, or a tendency to the formation of fibre, so can we pronounce upon its degree of malignancy or innocency. In the more marked forms of cancer we think the naked eye appearance, as shown especially by the presence of milky juice, is as characteristic as the microscopic.

"Now, since it is generally considered that a nucleus exists before a cell-wall, we may regard the latter as evidencing, when present, a higher

state of development than the former, and consequently affording a proof of the existence of a more healthful influence in operation than where the nucleus alone is present (always understanding the term development as identical with the disposition to progressive organization). Therefore, it is in the acutest form of cancer, as the *encephaloid*, that we often fail to discover any cells, the great mass of the tumour being composed of nuclei inclosed in a delicate homogeneous matrix; these, with the bloodvessels, being the only constituents of this form of cancer. It is worthy of remark, therefore, that the worst kinds of cancer are those in which we fail to find the cells which are supposed to be characteristic of it, and thus we can understand the disappointment of learners, who generally choose such well-marked examples of the disease for microscopic examination.

"Should, however, the material which intervenes between the nuclei form a good cell-wall, then we may regard the growth as having a disposition to develop, and consequently it has one degree less of a morbid character than that consisting merely of nuclei. Thus we find the well-marked nucleated cells in tumours of slower growth, and in those less disposed to spread; and further, should the cells tend to develop still more, and become pointed or angular, so much the more would they show a certain amount of healthy influence in operation. It is in *scirrhus* that we often find such cells, and it is from the fact that it was the class of tumours bearing this name which were mostly examined by our early microscopists, that a very general opinion prevailed that cells having this form were characteristic of cancer. The fact also of the matrix which holds these cells together being composed of a tough fibre tissue is another evidence of the disposition to development, and this is quite in accordance with the observation that scirrhus is a much less virulent form of cancer than the encephaloid.

"Let us now suppose that in the exudation from a part, the cells should have a still greater disposition to grow, and distinct fibres should be formed, the tumour so constituted is of a less malignant character than that consisting merely of cells or nuclei Such a growth is called *recurrent or malignant fibroid;* it may return many times after removal, and in the course of years may even propagate itself internally, as in the lungs. It may be designated *semi-malignant*, as holding an intermediate place between cancer and a simple fibrous tumour. It was a tumour of this kind which puzzled the older microscopists, who, impressed with the notion that all growths were either malignant or innocent, did not understand the character of one which did not consist of cells, but yet returned after removal. An unprejudiced conclusion, however, expressive of a hesitation between the extreme views of malignancy and innocency, would have been correct. The outward appearance also of such a tumour exhibits the true position it should take; its softness and vascularity, its disposition to return on removal, and its occasional propagation internally, are properties sufficiently marked to claim for it the name of fungoid; while, on the other hand, its fibrous nature, its absence of milky juice, and its circumscribed form, would all point to its benignancy. If to these be added its slow growth and microscopic character, its true character is evident.

"In the third place, let us suppose that the exudation should change into a simple fibre; that the cells according to Schwann should slit up until a simple fibrous tissue be formed. We should then have a still further developed structure, and the highest, indeed, which seems possible in the complex organs; a *fibrous tumour* may therefore be called benignant, as it consists of the most innocent adventitious material which can be found in the body. The microscope shows it to consist of ordinary areolar tissue displaying the usual nuclei on addition of acetic acid.

"It will be seen that although we have spoken of innocent and malignant tumours, and of the recurrent fibroid holding an intermediate position, yet as between these there must necessarily be many other grades of development, so the tumours composed of each of these grades will have different degrees of malignancy. For instance, there is a tumour called gelatinous sarcoma or collonema, composed of delicate fibres springing from nuclei, and which sometimes returns after removal; also a tougher growth composed of nucleated fibre, having small oat-shaped nuclei, displaying a more innocent character. These we need not allude to, but regard the three main divisions of innocent, semi-malignant, and malignant, as typical, and sufficient to exemplify our present views. These intermediate varieties, however, deserve a careful practical study both clinically and microscopically, by which means we shall be enabled to discover by their anatomical structure what degree of malignancy attaches to each."

The 'Lancet' opens with a Clinical Lecture by Dr W. T. Gairdner of Edinburgh on the *Distinctions of Typhus and Enteric (Typhoid) Fever.* The Author agrees with Dr Jenner as to the non-identity of these forms of fever, and after a description of the enteric fever he observes:

"Have we, then, here before us *two distinct fevers with two distinct eruptions, or only one fever with two varieties of eruption?*—that is the question. Let us look at it, first, in the light of the six cases at present in the ward.

"Two of these cases, I have already told you, were recognised, not by a careful investigation of symptoms, but simply by a single glance at the eruption, as cases of typhus. What is the history of these cases? They are two sisters of a family of five—namely, a mother, three daughters, and a son,—who, with a lodger, occupied a house in in St Mary's wynd, in the immediate neighbourhood of a large tan-work. Of these six persons, five have had fever; and we know positively that in all of these it has been typhus with eruption. The brother and the lodger you may see for yourselves in the male fever ward; the mother was the very last case of typhus we had under treatment in our own ward, and it is now more than a month since she died (May 1st). We do not know whence this fever originated; there is some ground for suspicion that the mother was visiting a fever case in another ward in the hospital before she was attacked, but as I cannot trace the story distinctly we had better not insist upon it. Be that as it may, we have here evidently a group of five cases having a common contagion; and all of them prove to be typhus with distinct typhus eruption. Excepting this group, there has not been a single case of typhus in the Infirmary, I believe, since the 25th of April, and then only one, from the New Town. In March, there was only one case—a girl from Dalkeith. In February, there was only one case—the last of a little group which, like the present group, was composed of typhus cases only. In January there were one or two other cases. In the Dispensary books I find no case of typhus recorded since March, except one of those which I have noticed as admitted here. So that for three months at least (we may say confidently) Edinburgh has been almost clear of typhus fever, with the exception of the cases now enumerated.

"As regards the four cases of enteric fever, I find that three of the four are apparently quite isolated cases. This is in accordance with what we know of this disease, which has much less tendency than typhus to run into groups of cases, and is, I believe, much less contagious; but in the fourth case we have got hold of a link in a chain or group of cases, and this time the locality is not in Edinburgh, but in Penicuick, a village at nine miles' distance. I can tell you nothing about these cases from my own experience; but, fortunately, they were seen by Dr Thin, of Penicuick, who sent in the girl *as a case of enteric fever*, and assures me that her brother had the same fever, with a like eruption, in a severe form; and that other cases of the disease occurred in the same house. And I know that Dr Thin's observation is most implicitly to be trusted upon this subject, because he was a most valued pupil of mine a few years since, and had ample opportunities of studying fever during his attendance in the Royal Infirmary. Nothing short of having seen these cases with my own eyes could give me more confidence than this in telling you that they actually were cases of unquestionable enteric fever. Now, besides the cases under observation at present, I find recorded in the books of the fever wards only one case of enteric fever in May, two in April, one in March, one in February, two in January—all, so far as known to me, isolated cases; and, further, I find the Dispensary books quite void of any reference to the disease.

"Here, then, is the kernel of my argument. Fever has not been epidemic in Edinburgh for six months at least; on the contrary, it seems probable that there have been hardly a dozen cases of typhus in all, and about as many of enteric fever, in the entire town during the whole of that period. But five cases are found in a single household, and these are all, without exception, cases of eruptive typhus. One case of enteric fever is sent from Penicuick, and forms part of a little epidemic or local visitation there, which, we are assured by Dr Thin, consists of enteric fever only, and not at all of typhus, as distinguished by eruption. The two diseases are, therefore, as distinct as they can possibly be. No case of typhus has given rise to anything but typhus; no case of enteric fever has given rise to, or been associated with, anything but enteric fever.

"Now this is only a small contribution to a kind of experience of which Dr Jenner has availed himself with great care and exactness in the much greater field of London. Here, again, therefore, I may refer you to his paper, already mentioned, for further details. But there is this advantage in a small field, that you can be much more sure of exhausting your facts. No one can pretend to have had access to all, or nearly all, the fever cases of London, during however short a period. But in Edinburgh, Dr Begbie and myself probably have seen, or have had the means of knowing about, very nearly all the fever cases; and, therefore, when I declare to you that within my experience for ten years past no instance has occurred of a decided origin of enteric fever in a group of enteric cases, I am entitled to say that I have obtained very strong evidence in corroboration of the view, that these two diseases are, in reality, different diseases, and not mere varieties of the same disease.

"Last summer I made a very careful survey of the whole fever-field of Edinburgh (if I may call it so) for several months together. It was not an epidemic season; but I gathered about thirty cases of typhus and twelve of enteric fever, and into the whole details of these I inquired with the greatest possible minuteness, visiting every one of the fever localities, except one or two in which I was quite sure the cases were isolated. The result was that in no case could I light upon a suspicion that typhus had given rise to anything but typhus, or enteric fever to anything but enteric fever. The details of this inquiry you will find in the 'Edinburgh Medical Journal' for September, 1859.

"We had, however, in the Infirmary a melancholy proof that although typhus cannot give rise to enteric fever, or enteric fever to typhus, it is possible for persons who have passed through enteric fever to take typhus very soon afterwards. Last summer we were unable to avoid, during a certain period, the association of the two diseases in the same ward in rather excessive amount. Now, mark what followed. No case of typhus was seized with enteric fever; but no less than four of the dozen cases of enteric fever were attacked within a few weeks with typhus, and I am sorry to say that a mother of a very interesting family of five (who all, except the father, passed through enteric fever) died of this secondary attack of typhus; but although one of them was excessively debilitated, we succeeded in saving both. Another young girl had the two diseases in succession, but in each case mildly.

"I beg you to notice very particularly these facts; for not only are they full of instruction as to the danger of associating typhus cases with enteric fever, or indeed with any other fever, in the same ward, but they form the most conclusive of all possible proofs that the two diseases are distinct diseases. Typhus fever is not subject to a relapse; and it is a curious and indisputable law with respect to it, that it almost never attacks again, at least within a period of years, those who have had it before. Yet here we have three members of one family, within a few weeks, seized with two distinct febrile attacks, with two distinct eruptions, the attacks being separated the one from the other by a perfectly distinct convalescence. To make these out to be mere varieties of typhus fever, would require the whole laws of that fever, as ascertained by innumerable observations here and elsewhere, to be set at nought in this particular instance."

Dr Braxton Hicks continues his papers on a *New Method of Version in Abnormal Labour*, which we have already described. Mr Weeden Cooke contributes to the same journal, *Observations on some Rare Accidents*. The special subject of this article is a case of, *Cut Throat* with division of the larynx and pharynx, ending in recovery. After some general remarks on the necessity of being very exact in determining, for medico-legal purposes, whether such injuries were self-inflicted or not, Mr Cooke remarks:

"From a careful review of the cases which have come under my notice at the Royal Free Hospital during the last fifteen years, I derive the conclusion, that in all instances of attempted suicide the wound inflicted has been either just beneath or above the os hyoides; and that in cases of attempted murder the injury has been much lower down in the throat, generally beneath the pomum Adami. The reason of this is very manifest. The suicidal act is one of much physical as well as mental excitement. The individual throws back his head with great resolve, and the knife is naturally carried across the throat as near to the chin as may be. This throwing back of the head is not obtained by the murderer, and he is obliged to carry out his purpose with the chin much overlapping the laryngeal region. These positions will also account for another distinguishing circumstance—viz., the division of the carotid artery or arteries by the murderer, and their escape from injury in the greater number of instances of attempted self-slaughter. In the former case, these arteries, running as they do close upon the side of the trachea, in the middle of the neck, are almost necessarily implicated in the incision; whilst in the latter case, where the wound is inflicted just above or below the os hyoides, the carotids have bifurcated and somewhat retired towards the angle of the lower jaw, and so escape injury. In the cases of attempted murder that I have seen, the wounds have been superficial, as well as in the middle of the neck. If they had penetrated the trachea, it is not likely that in this situation the carotids would have escaped. The superficial wounds in this region which result from self-infliction are generally the effects of drunken brawls, or of a pretence to suicide as a means of extortion or exciting sympathy. The maniacal suicide invariably acts with greater determination, and succeeds in dividing the larynx at least, if not the pharynx also. The division of both windpipe and gullet, without injury to the carotids, is, however, a rare circumstance, and it is on account of this rarity and its instructive features that I venture to record the following history of a case of this nature which has recently been under my care:—

"W. J——, aged twenty-one, a very well-made, rather stout young man, had a twelve-month ago an attack of fever accompanied with delirium, which lasted several days. On his recovery he married and entered into business. He was of an anxious disposition, and business matters excited him, but nothing particular occurred until a few days before his wife was confined, when he became extremely depressed, so much so as to excite the attention of the medical attendant of the family. He was carefully watched, and medicine administered; but he managed, nevertheless, on the night of April 2nd, to cut his throat with a carving-knife. Considerable hæmorrhage ensued, but was controlled by the medical men called in, and he was then carried to the Royal Free Hospital in a sinking state.

"No bleeding of any consequence took place after his admission. He was put to bed, and an opiate enema administered. Upon my arrival at the hospital, I found him very blanched, and the pulse scarcely perceptible. The wound extended from the right side of the larynx across the throat to within half an inch of the lower jaw on the left side. The incision took effect between the os hyoides and the thyroid cartilage—in fact, through the thyro-hyoidean membrane which connects these two bodies, about an inch above the pomum Adami. The lower attachment of the epiglottis by the thyro-epiglottic ligament to the thyroid cartilage was severed, and it therefore remained attached by its hyo-epiglottic ligament to the os hyoides above, so that the opening of the glottis was quite undefended in the efforts at deglutition until reunion was effected. Passing through the posterior wall of the larynx, the incision extended through the anterior wall and sides of the pharynx, so that the back of the pharynx lying upon the cervical vertebræ was fully exposed. The patient was quite tranquil and essayed to speak, but the separation of the larynx from the mouth of course prevented the utterance of the sounds which the lips and tongue endeavoured to express. I diminished the wound by two sutures on the left side, leaving the fore-part open for the escape of mucus, and the purulent discharge which was to be expected. The head was bent upon the chest by means of pillows, to keep the wound in apposition; and as he was very tractable and anxious to get well, I did not find it necessary to bandage the head to the chest—a most irritating and uncomfortable proceeding. A pint of strong beef-tea with an ounce of brandy was injected into the rectum every three hours. The room was kept warm, and, as a precaution, a male attendant sat constantly by his side.

"Except an irritating cough, which was due to the increased bronchial secretion, the patient progressed favourably and without change for the first three days. Then he began to sip small quantities of egg and port-wine, some of which passed into his stomach, but some also escaped by the wound. The enemas were assiduously continued. There was thirst, and a great longing for food by the mouth.

"On the sixth day no air passed out of or into the wound, and small quantities of egg and port-wine were swallowed without escape. The voice was still extremely feeble, and there was much purulent discharge, with an irritating cough, which was relieved by small doses of laudanum.

"On the eleventh day, the voice had recovered its natural power; he partook freely of beef-tea, port-wine, and beer by the mouth; and the external wound was beginning to unite at its extremities. A few days after this, he began to take meat—panada, fish, and light puddings. A tonic also was ordered, as he continued very weak and anæmic. In one month he was able to go home, the wound being healed, with the exception of a few exuberant granulations; and he soon afterwards went to the sea-side to recruit his strength. Owing to the cicatrisation of the wound, the head was somewhat bent upon the chest; but gradually the new tissue will, no doubt, be elongated, and the head will recover its erect position.

"Beyond the medico-legal value of this case, it has its surgical teachings. It will be observed that, contrary to the instructions of some authors, and certainly in opposition to the popular notions, the throat was not 'sewn up.' The two sutures that were put in had the effect of lessening the skin wound only; but even these were of no avail, for the healing there did not take place by the first intention, but by subsequent granulation. Had the wound been closed entirely by sutures, the purulent discharge would undoubtedly have passed into the larynx and killed the patient, as would also any particle of food that may have been taken before the wound in the pharynx was closed. Mr Liston relates the case of a girl, whose throat was sewn up according to the then custom, and who was only saved from suffocation by a timely release of the sutures. Although this eminently practical surgeon entered a fierce protest against the use of sutures in these cases, I believe that it has not been sufficiently attended to; and that, both in books and in actual practice, the contrary proceeding is still advised and carried out. It may be that in some instances the position of the head requisite to obtain union will not be so easily maintained as in the case above recorded. My experience, however, teaches me that the large loss of blood which necessarily ensues from the division of the superior thyroid and superior laryngeal arteries almost invariably subdues the most violent maniac, and that he submits himself calmly to all the means employed for his restoration. If there be restlessness, however, the patient may be made to wear a nightcap with a piece of elastic webbing attached to each side, this being carried down and fastened to a waist-belt or bandage. Lastly, the method of feeding the patient is a matter of such practical importance that his life may be said to depend upon the plan adopted. There are four means of administering food to a patient whose pharynx is opened, a tube being used in all. This instrument has been passed into the œsophagus through the wound, by the mouth, and up the nostril. The fourth mode of sustaining the patient until the division of the pharynx is healed is by injecting the rectum. The obvious advantage of the latter proceeding is, that the act of swallowing, which necessarily disturbs the parts, is avoided altogether; whilst it will readily be conceded that the irritation set up in the fauces by the presence of the instrument, even if used in the least objectionable manner—namely, by the nostril—must be sufficient to interfere very injuriously with the process of reparation. It would be scarcely possible to conceive any surgeon passing the tube in through the wound, were it not that instances of this proceeding are on record; and the consequence has been, that no union was effected until the edges of the parts were vivified by the knife and brought into contact by position. As after laryngotomy and tracheotomy the wound has upon rare occasions left a fistulous opening, so is it recorded that the same circumstance has followed a cut throat. The plan of covering the opening with a small piece of skin from the neck appears to be a simple and successful mode of completing the final cure. The duty of restraining the first hæmorrhage in this case did not come under my notice; but I think it may be suggested, in conclusion, that no surgeon should ever be without a solution of the perchloride of iron. Its styptic power is so remarkable, that I have myself stopped the hæmorrhage from a wound of the profunda femoris by its aid; and do not doubt that, with a pledget of lint saturated with this fluid and by pressure, even a wound of the carotid may be sufficiently controlled to give time for operative procedures."

Mr John Hunter, of Manchester, reports a case of *Numerous Calculi in the Female Bladder*. He says:

"On visiting her again, and introducing the catheter, the bladder seemed to be full of stones. All her former symptoms had returned in an aggravated degree, and the pain she was suffering was intense. The next day I introduced (having in the meantime exhibited palliatives) a piece of gentian root,—a hint derived from the French,—cut smooth to the exact size of the urethra. After being left in for twenty-four hours, the calibre of the urethra was enlarged, so that the little finger could be introduced, and with a forceps I was able to get away a great number of small stones and *débris*. These were also of phosphatic formation. I repeated my efforts, the patient being under the influence of chloroform, on the two succeeding days, washing out the bladder with tepid water, but found that one stone resisted all attempts either to remove or crush it. Under these circumstances, and with the able assistance of my friend Dr Brabazon, I proceeded to operate in the following manner:—The patient being under the influence of chloroform, I introduced into the urethra a concealed bistoury, and made two incisions, right and left, towards the rami of the pubis. Not being yet able, by the additional space thus afforded, to get away the stone, I made a curved forceps, introduced through the urethra, project in the vagina, and cut upon it. Still, however, there was not sufficient room, the forceps grasping the stone being locked in the wound in attempts being made to withdraw it. At last I was obliged, with one cut, to throw the wound and the urethra into one, when I was able to extract the stone, which is nearly the size of a hen's egg, and lithic acid in character. The after-treatment consisted in perfect rest, tying the knees of the patient together, strict cleanliness, tonic medicines, and good diet. There were no bad symptoms following the operation, the discharge from the wound gradually abated, the parts being left entirely to themselves, and in four weeks and two days after the operation,—namely, on the 31st of May, 1860, when paying my last visit,—the patient was found to be free from pain, the wound perfectly healed, no discharge, the urine quite healthy, and the bladder able to retain its urine for three hours. The general state of the patient was also quite satisfactory."

Dr J. Y. Simpson continues his Lectures on the *Diseases of Women* in the 'Medical Times

and Gazette.' The special subject is Dropsy of the Fallopian tube. We quote his remarks on the diagnosis — nothing satisfactory being known as to prognosis and treatment.

"To resume, then. The characters by which you will be enabled to determine whether a cystic tumour lying in the pelvis is due to the dilatation of a Fallopian tube, are, shortly, these:—

"First. *Its free and independent Mobility.*—The tumour is freely moveable in the cavity of the pelvis, and does not move synchronously with the uterus; but, on the contrary, it remains at rest when the womb is moved, and can be readily moved about by the exploring finger when the womb is kept firmly fixed, either by the hand placed above the pubes, or better still, by means of the uterine sound introduced into its cavity.

"Secondly. *Its elongated Form.*—As the fluid collects in and distends the tube in nearly all its length, the resulting tumour is of an elongated conical form, with the rounded base corresponding to the obliterated fimbriated extremity and the apex at the upper angle of the uterus.

"Thirdly. *Its wavy Outline.*—In all cases the surface of the tumour feels more or less undulating and indented, for, in most instances, the distended tube is folded once or oftener on itself, and tortuous; and when it is not thus wavy and convoluted, the smooth outline is interrupted by the pressure of bands of plastic fibrine stretching over and indenting it.

"I have also referred to the comparative size of the tumour and its situation in the ordinary position of the Fallopian tube as guides—though certainly of less value—in enabling you to discover and recognise the disease. If you have satisfied yourselves in any case as to the existence of the characteristics which I have attempted to portray, you may proceed at once to confirm your diagnosis of the disease, and to initiate your treatment by introducing an exploring needle into the interior of the cyst, and examining the fluid that escapes, which, as I have stated, is usually perfectly limpid and clear. It is, no doubt, a matter of considerable difficulty to make out clearly in certain cases the actual presence of a tumour with all the characters I have described; and to decide positively that it is a dropsy of the Fallopian tube will demand a certain amount of experience on your part, and no small care and caution in conducting the examination. But the difficulties of the case will be lessened, and the diagnosis will be rendered more certain, if you always take the precaution to investigate the pelvic organs by means of both hands simultaneously—one being placed over the fundus uteri, and pressing down upon the pelvic organs through the abdominal walls, while two fingers of the other hand are passed into the two canals at the outlet of the pelvis, for the purpose of examining the state of its contents from below. Where the patient has previously had a family, the abdominal walls are soft and flabby, so that the pelvic organs can be readily felt through them; and where they are firmer and less yielding, by putting the patient under the influence of chloroform they will be so far relaxed as to enable you to have all the parts thoroughly at command."

Dr Goodfellow contributes the first of three Lectures on *Bright's Disease*, and Dr Ogle reports a case of *Delirium Tremens* in which acetate of morphia was injected into the cellular tissue of the arm. We take up the report about the middle of the case.

"June 10, Half-past Five a.m.—The nurse sent for me, as he had something like a fit, turned cold and pale. He tells me he has slept comfortably, but on cross-questioning admits that he can remember very little of what has transpired during the night. The nurse says he has had no sleep, has been out of bed two or three times not knowing what he did. Pulse is above 100, is 136 when he sits up, and is more feeble. The conjunctivæ are injected, and the pupils are, as they have been hitherto, dilated. Tongue dark, venous in colour, not so woolly as yesterday. Skin warm. Has passed about an ounce of urine, not more. I remain with him two hours, trying to compose him with chloroform, for the nurse says that the chlorodyne seemed to excite rather than soothe him. I administer the chloroform on my handkerchief; the composing effect is very transient; as soon as ever I try to press it, he becomes excited, and says he will have no more, so I give ʒss of chlorodyne in an ounce of brandy, and leave twenty minims to be taken at noon. His pulse (probably the right), during the inhalation of the chloroform, became rather more slow and steady. Sponging his forehead and behind his ears quiets him more than anything.

"Three p.m.—Pulse (probably the left) 112, feeble. Is tolerably himself now, but does not remember my morning visit. Has been sick twice after the medicine; but his pupils are slightly contracted. His appetite is not amiss.

"Ten p.m.—He is perspiring profusely, probably from the resistance to the attendants. It requires two men to hold him. His pupils are as dilated as ever; he is talking about business matters incessantly. I give chloroform another trial (for two hours). Once only he passed beyond the stage of excitement, but at the same time his breathing stopped, and he became rather dark in the face, so I was afraid to push it; his pulse varied very much. I, therefore, inject into the cellular tissue of the arm solution of morphia ℥ vj. (=gr. j. according to Hunter's recipe). He is quiet almost immediately, so far as to lie still without being held, but he continues talking. After waiting an hour I resolve to inject another dose, but the pulse being feeble I give an ounce of brandy in soda-water, and while I am preparing my syringe in the next room, I have the gratification to hear him snore. Breathing sixteen in the minute, quite regular. Pulse 120, full; intermits occasionally. The pupils are only the size of a large pin head.

"11th, Ten a.m.—Nurse reports that he ceased to snore soon after I left, when he turned over on to his side, and that he slept comfortably for five hours. On waking he did not know where he was, but was soon reassured, asked for soda-water, and turned to sleep again. He wakes up as I enter the room, if he was not awake before; says he has had refreshing sleep, and that he is pretty well; but he looks towards the door in an expectant, half-frightened way; and when he dozes, which he is quite ready to do, his hands are at work feeling as if for something which he cannot find. His pupils are slightly contracted, about as much as yesterday at three p.m. Pulse intermits when he is asleep, not otherwise, I think; it is not so full nor so frequent; it is quicker and weaker when he sits up. He has not passed water since the last note; the bladder is not much distended; he says that he cannot usually make water readily, except when at stool. He asks for, and is allowed, a couple of eggs for breakfast.

"14th.—Circumstances made it desirable that should be at home as soon as possible. I gave permission, on the condition that he abstain from business for a fortnight at least; and go with his family to the sea-side; and not touch wine, beer, or spirits, except his Medical attendant order it for him.

"*Remarks.*—Some surprise may reasonably be felt, both that I did not give stimulants more freely, and that I did not persevere with the chlorodyne. I think it quite possible that, if the chlorodyne had been given in water instead of with the nitric ether and acetate of ammonia, it would not have made him sick; and it was the idea that the opiate made him sick which made me hesitate to press it. Also, the apparent advantage of the brandy after the injection of the solution of morphia, makes it probable that more brandy might have been given with advantage. On the other hand, the small amount of stimulus that was given made it much more easy for me to insist upon a total abstinence when he was convalescent; and the marked benefit of treatment by injection into the cellular tissue is the more striking, in that a single grain was successful when chloroform had failed, and that it was used at a time when the effect of any opiate that had been administered had entirely passed away. It is but justice to add, that it was owing to the papers of Mr Hunter which have appeared in the 'Medical Times and Gazette' that I was led to try this mode of administering morphia in delirium tremens."

Dr Stutter contributes to the same journal a *Case of Extra-Uterine Fœtation* in which the child was successfully removed by abdominal section. We extract it:

"The subject of the following case is a delicate woman, aged 40, the mother of four children. Her first three labours were natural and easy; but her last, which took place ten years ago, was a breech presentation, and was attended with severe suffering, and followed by inflammation, which confined her to her bed for three months. After this her catamenia continued regular until October, 1858.

"In the beginning of December, 1858, two months after the suspension of her menses, Mrs T. was under my care on account of a severe illness, many of the symptoms of which closely simulated those of strangulated hernia. She had general abdominal pain and extreme tenderness over the whole belly, which was, however, most marked in the left iliac region. There was incessant vomiting, constipation of the bowels, great thirst, and a quick small pulse. On the second day the vomiting matters were of stercoraceous character. Opiates, enemata, and poultices to the abdomen were the remedies employed, and after a few days the symptoms mentioned passed off. In the latter part of the month, however, she had an almost similar attack, and a third occurred in the end of January, 1859. At this time there had been no morning sickness, and the breasts remained flabby and undeveloped. In the beginning of February, however, I obtained positive evidence as to her condition by discovering the pulsations of the fœtal heart, and about the middle of the same month she quickened.

"Early in June, 1359 (eighth month of pregnancy), Mrs T. again had a severe attack of the kind described above. In the beginning of July an illness less severe in character than the former ones, but accompanied by much forcing pain and procidentia, occurred; and during this she ceased to feel the movements of the child, and the latter never afterwards returned. At this period her abdomen was of a size equal to that of the full period of pregnancy; it was generally tender, and especially so on the left side: the fœtus could be very distinctly felt through the parietes. During the prolapse which occurred I found the os uteri open. The cervix formed a canal with the body of the uterus, into which the sound was admitted for a length of an inch and a half. There was an escape of blood from the interior of the uterus, and a shreddy mucus continued to be discharged for some days afterwards.

"After the illness last adverted to, Mrs T. was not able to leave her bed. Through July and August she continued to get more and more feeble, and was troubled with vomiting of almost everything that was taken. Her pulse ranged between 140 and 150; her mouth became covered with aphthæ, and it was evident that she was fast sinking. On several occasions, Mr Ray, of Dulwich, had kindly given the advantage of his able advice, and to him I was indebted for the first suggestion as to the real nature of the case. At length I determined to remove the fœtus by incision through the abdominal walls, a proceeding which Mr Ray fully agreed with me in considering justifiable and necessary.

"The operation was performed on Monday, August 21, Mr Ray and Dr F. H. Hewitt assisting me. The patient's state at the time may be described by saying that she was almost moribund, troubled with constant hiccough, and bathed in cold perspiration. For several days she had vomited almost incessantly, and had also suffered from profuse diarrhœa. The surface of the abdomen below the umbilicus, that is, over the most prominent part of the tumour, was becoming discoloured, and there was distinct fluctuation to be felt. Chloroform having been administered, I plunged a trocar into the most prominent part of the tumour, in the median line, a few inches below the umbilicus. About sixty ounces of turbid brownish fluid escaped. This fluid had a fetid odour. With a bistoury passed down through the abdominal wall by the side of the canula, a free incision was made directly upwards, and another downwards, to the extent together of about six inches. The back of the child now presented. The hand having been passed into the abdomen, the child's feet were seized, and extraction was accomplished without difficulty. The child was a female, weighing five and a half pounds: skin peeling off, and the body undergoing decomposition, and smelling very offensively. The placenta was found to be firmly adherent over the surface of the intestines, and no attempt was consequently made to get it away.

In dividing the abdominal parietes no cyst-wall had been noticed, the structures being all closely agglutinated by inflammation. Neither omentum nor coils of intestine were exposed to view in the operation. The latter were probably protected by the placenta, which was of large size, and spread out over them. Having sponged out the cavity, the edges of the wound were loosely brought together by strips of plaster, and sponge having been placed over it, the whole was confined by an abdominal bandage.

"I may condense my report of the subsequent progress of our patient. For about a fortnight she remained in an extremely critical condition, though each day gaining a little. The irritability of stomach subsided, and she became able to take larger quantities of food. The cavity which had contained the child suppurated freely, and was regularly syringed out with warm water twice daily. Opiates, tonics, and stimulants were used as occasion required. The placenta loosened, and was removed *en masse* on the fifth day. After the placenta had come away her improvement was more rapid. In about three weeks from the date of the operation she might be considered out of danger; in six weeks the wound was closed; and in three months she left her sick-room, and was able to resume her household avocations.

"I may state that Mrs T. menstruated four months after the operation, and has continued to do so regularly since. She is now (eleven months afterwards) in her ordinary health. The cicatrix in the abdominal wall is very small, and there is no perceptible induration or enlargement beneath it."

The 'Dublin Medical Press' contains a report of *Surgical Cases* by Professor HARGRAVE. We quote it:

"Effusions of blood the result of injuries may present one of the following appearances:—1st. Ecchymosis, more or less extensive, indicating its characters by the alteration in colour of the skin, and limited principally to the capillary vessels. 2nd. A general diffusion of blood through the parts contused, with more or less pitting on pressure, and not for some days causing any discolouration of the integument; this occurs when it is effused in the deeper tissues close to the bones, after which period the change in the colour of the skin often becomes very similar to what is seen in superficial ecchymosis. 3rd. The blood may be located and circumscribed in a cavity, giving all the characters of the bloody tumour or sanguineous deposit; when it is effused under the scalp, forming the peculiar characters of this kind of tumour so well known in this region, so likely to be confounded with depressed fracture of the cranium. This kind of tumour is generally considered special to this region; still, where blood becomes effused from violence over bones, or other resisting surfaces in other situations, we find it presenting analogous symptoms, giving rise to the possibility of an error in diagnosis. In a case of this kind over the fibula, the bone presented all the phenomena as if a circular piece of it was driven into the interosseous space by a punch, surrounded by a firm resisting rim; but the hardness and crepitus which here were present disappeared under pressure, returned after a little time, again by the same means disappeared, which led me to a diagnosis which the subsequent treatment proved to be correct. A more remarkable case was in a man admitted November 12th, 1857, John M——: he was carrying a heavy trunk across his loins, and made a false step, which caused it partly to slip from its position, but not to fall off; the result was, the cellular membrane connecting the skin to the lumbar region was lacerated, and a large quantity of fluid blood was effused in this region, forming a bag or sac as large as my entire hand. The circumference of this tumour was as well defined in resistance by a firm ring as any scalp bloody tumour that was ever presented to the practitioner; this large quantity of blood never caused any cutaneous discolouration, and was completely absorbed in one month, being discharged from hospital December 12th.

"When these tumours are very deep-seated, they occupy a long time before they come to the surface containing blood; sometimes the colouring matter of it is absorbed, and after the lapse of many months the characters of a serous cyst are recognized by the surgeon, who, by a careful investigation of the case as to its history, will form a correct opinion of its formation; while, in some rare cases, the fluid contents of the cavity are absorbed, and a reddish brown kind of tumour is the consequence of the accident, and in others, still more rare instances, the effused blood has remained for years dormant, undergoing no alteration in its physical qualities, the cavity when opened presenting the fluid of its normal appearance. The following cases are examples of a long period elapsing before the tumour in any way approached the surface:—Patrick F——, a brewer's labourer, was admitted into hospital, having met with the following accident three months before admission: the lower part of the right thigh was severely bruised, almost crushed, between two porter barrels. On examination, a large fluctuating soft swelling was detected above the knee and to the inner side of the thigh, evidently containing a fluid which was considered to be a purulent collection; it was very superficial, with no tegumentary discolouration. This man was of a highly sanguineo-nervous temperament. Before the abscess was opened he asked for chloroform, and when *slightly* under its influence I passed a lancet into the most prominent part of it, avoiding the saphena vein; pus first issued from it, then mixed with fluid, and some coagulated blood. The wound was immediately closed and maintained by suitable appliances. A smart attack of irritative fever followed, which required some days to subdue; cold evaporating lotions were applied to the swelling, conjoined with rest, and bandages carefully applied; the contents were absorbed, the man leaving the hospital convalescent, and experiencing no inconvenience from a bloody tumour containing pus being opened.

"The next case is one of some novelty:—James K——, a discharged soldier, admitted into the City of Dublin Hospital, August 30, 1858, for secondary syphilis. In the following month of January he called my attention to a very prominent swelling occupying the left nates, bulging up into the gluteal fossa; in fact, making it convex. No uneasiness or distress of any kind, but evident fluctuation. As abscesses at that time were almost of daily presentation, both at the dispensary and formation in the hospital, I passed a lancet into it, when a quantity of grumous blood, speckled with pus, issued from the wound, and continued to flow through it, which was immediately closed and so maintained. On questioning him if he ever received an injury on this region, he stated he was at the relief of Lucknow in September, 1857, was struck with the butt of a musket on this part, and was felled by the blow. On recovering himself he was able to walk, though badly; the effects of this injury so soon subsided that he took no further notice of it, when, after the lapse of some months, the swelling began to appear to which he called my attention, which I opened as an abscess, but in reality a sanguineous tumour which lay dormant for nearly sixteen months, and was slowly and most chronically passing into the suppurative stage, as evidenced by the purulent dottings mixed with the blood. He experienced no inconvenience whatever from its being opened; the wound healed, the swelling subsided, and he left the hospital convalescent, February, 1859. This man suffered no irritative fever of any kind; the former had a smart attack of it—he was of sanguineo-nervous temperament, the soldier of a bilious one. Could these temperaments be the cause of the difference in the results of opening these tumours?

"In the treatment of sanguineous effusions, the abstraction of blood is often indicated, either by leeching, by cupping, or by venesection. The two first have almost superseded the last. Venesection may be considered the exception in medical practice in its widest sense as a remedial agent at the present day. Of late this practice has been much canvassed and completely rejected by some practitioners of authority, and is likely to become a mere historic record of what was formerly the rule. I confess that at the period I entered the Profession venesection was actively, and *I will add successfully, practised, cum pleno rivo ad uncias viginti, vel ad deliquium animi*, and many recoveries and few deaths were the result. Of the juvenile operators I might say of myself, *quorum magna pars fui*. My early training and observations then made on this practice is so implanted in my mind that I have not abandoned the lancet, as others have done, but use it not in the same heroic way it was at the time I refer to. We all acknowledge that a remarkable change has come over our organisation; the *vis vitæ* is no longer above par, or at par, but in most cases below it. Is it for this reduction of our forces that so useful a means of combating disease is to be abandoned? Certainly not; but proportion the quantity of blood to be drawn to the strength of the patient, and no unpleasant result, but benefit, will follow from it. To prevent the possibility of my being misunderstood, in place of taking a dash of blood of twenty ounces at once, as was formerly the hospital parlance and practice, let but from four to six be abstracted, and much relief will attend it, by which the oppressed organ and condition of the parts injured will be relieved; while the venous vascular system being quickly emptied, a stimulus is thus given to the absorbent system, and the rapid disappearance of effused fluids follows this practice, and which I have no reason regret up to the present time; while the scarificator will not be required with its markings, nor the annoyance of the application of leeches be endured, or the unpleasant consequences which sometimes follow their bites when made in the integuments which cover extravasated blood. I feel satisfied that all classes of practitioners have gone into the opposite extreme by ignoring the lancet too much. I have been speaking of venesection as applied to the bend of the arm; but there is another—namely, that of the external jugular vein—an operation in some cases of great value, which not many young men passing from the schools into practice know how to perform single-handed and with success, without any dread of air being suddenly absorbed into the vein and killing the patient with intense rapidity by being hurried along it to the heart. The feeling alone of being considered egotistical prevents me giving such directions for opening the jugular vein, apparently a simple operation, as would guard against all mishap.

"At some future period I may assign my reasons for the decadence of the *vis vitæ* at present so patent to all observers; but it is only temporary; the coming-on-cycle will show to those who see it that the human system will again rally and with benefit will bear the lancet as a remedial agent."

MURIATE OF AMMONIA IN NERVOUS CEPHALALGIA.

Professor Barallier, of Toulon, reports that within the last three years he has administered this substance in 259 cases of nervous cephalalgia, and with success in 202 of these. He gives forty-five grains, combined with mint-water and syrup of orange-peel, divided into three doses, to be taken at intervals of half an hour, amendment commencing after the first dose, and the third frequently not requiring to be taken. To prove effectual, however, the remedy should not be given at the very commencement of a paroxysm, but when it has acquired great intensity. This agent not only gives relief to the urgent pain of the paroxysms, but, after having been had recourse to on several occasions, diminishes the number and frequency of these. To be of use, it must not be indiscriminately used for every cephalalgia; and the result of the analysis of M. Barallier's experience leads to the following conclusions: 1. The muriate almost constantly dissipates paroxysms of idiopathic migraine, and of migraine consecutive to too abundant menstruation. 2. It is powerless in the hemicrania which is dependent upon irregularity or suppression of the menses. 3. It is tolerably successful in cranial pains dependent upon disorder of the stomach, and in the accidental cephalalgia frequent in women and feeble persons under the influences of sudden changes of the atmosphere, prolonged intellectual labour, or moral emotion. 4. It operates beneficially in cephalalgias consecutive to repeated paroxysms of intermittent fever, those which are observed during the decline of severe fever, and in the course of the irritative period of typhus.—'Bull. de Thérap.,' February 11, 1860, and 'British American Journal.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 25, 1860.

ST GEORGE'S HOSPITAL IN TROUBLE.

Alieni appetens, sui profusus. Sallust's description of the character of Catiline is extensively applicable in modern England. The spirit of that description is so prevalent that it has become superior to apology, and there are men who do not hesitate to elevate into a rule of right a characteristic that was considered, even in the days of the commencing corruption of old Rome, as the most striking evidence of a bad character. We have, indeed, organised the vice into a system, and we prostitute the holiest causes to feed the passion. The social end of all men seems to be to get money, and the most successful method of attaining that object to squander it. There is a spirit of recklessness at the bottom of this policy. The advertiser throws all his capital into a grand issue of bills and posters, in the hope of striking the imagination of the public and entrapping their confidence. If he fail, he robs his creditors; if he succeed, he may become rich, or, at least, win the credit of being a clever fellow. The prize is worth the risk; and the risk is, after all, not great to a man who places but a small value on that which he possesses. Hope is stronger than conscience; and if success follow, or if even the semblance of it can be maintained, the speculator's conscience will appear to the world quite as sensitive, and to be as strictly regulated by the canons of moral and religious discipline, as that of the most virtuous exemplar of Christian rectitude. There are Sir John Dean Pauls among us yet,—good men, charitable men, until they shall be found out!

There is little difference between these gentlemen and your Robsons, Redpaths, and Pullingers; the main distinction being, that whilst the latter are greedy of other people's money, they also spend with profusion the same money, *not* their own. It is risked from the same motive,—to get more, to keep up appearances, to balance accounts, or to return that which they have misappropriated. The governing moral law among all these men seems to be —"Spend!" No matter whose may be the money—"Spend!" Be it the man's who, foolishly confiding in your rumoured wealth and integrity, made you the trustee of his hard-earned savings—"Spend!" Be it the man's who for years has taken you into his confidence, and deposited with you the key of his coffers and the care of his reputation—"Spend!" The money must try its luck, and the reputation must take care of itself.

The idea that an extravagant expenditure is necessary to obtain funds, and that debt is a sure first step to solvency, has become a guiding principle in the management of some of our charitable institutions. Here the baneful principle has been organised, and carried out without shame or remorse. Corporations, as Lord Thurlow said, have no conscience; consequently, no nice qualms of feeling in the commission of rash or questionable acts.

It was with much regret that we read a letter last week in the 'Times' newspaper from a "Governor of St George's Hospital," in which the Board of that Charity were directly charged with having systematically acted upon the most mischievous recklessness in the management of their affairs. Had we not read this letter in the 'Times,' we could not have credited the statement that so respectable a body as the Governors of this Hospital undoubtedly are could have knowingly and habitually handled the funds in so ruinous a manner.

We are informed that thirty years ago the income of this Hospital was 10,000*l.* a year, which was made up in the following way—viz.: 4,000*l.* from annual subscriptions, 4,000*l.* from the interest of 125,000*l.* in the funds, and a small amount from the rental of a house, and 2,000*l.* more from small legacies and donations. The marvel is yet to be stated. Between the years of 1830 and 1859, additional legacies, donations, and life-subscriptions have been received to the amount of 225,000*l.*, of which 25,000*l.* have been expended in building a new Hospital; leaving the Governors the large sum of 200,000*l.* to deal with for the maintenance of the Charity.

Now begin the troubles and follies of the Board. Having erected a splendid structure—too small indeed for their ambition, yet too large for their means—they desired to support it in the grand style which its pretensions seemed to make obligatory. Here were the temptation and the difficulty. Like many men who have built large mansions with clock towers and oriel windows to gratify their ostentation without due regard to their income, they were induced to gratify their ambition by living upon their capital, and the result is that such a course of imprudent prodigality has reduced them to a condition of bankruptcy and financial ruin. The large sum of 200,000*l.* is gone—gone irretrievably! As the "Governor" shows, had this noble sum been placed in public securities, the interest, together with the previous income, would have sufficed to endow the Hospital in perpetuity, and to make it entirely independent of eleemosynary contributions. Now, alas! that hope is forfeited; and instead of being independent, the Governors are suing for public charity to help them out of the mire of trouble into which they have been plunged by their own improvidence. Never did a culpable policy more quickly bring round its own punishment. It is condemned in the face of all wise and prudent men; and the Governors are, we trust, ashamed of the peril into which they have dragged the affairs of their noble Charity.

The example which such a Charity as St George's presents to humbler institutions of a like kind, and to the public at large, is more pernicious than even its results upon the Hospital itself. It encourages a practice of improvident expenditure and of perpetual indebtedness—an immoral course, whether exhibited in the affairs of individuals or of Boards. Economy is another word for justice,—by what term shall we characterise habitual extravagance? For many years the expenditure of the Hospital has been 6,000*l.* per annum above its income: is it likely that the public can be whipped up by means of appeals, and dinners, and fancy fairs, to subscribe an additional 6,000*l.* per annum to meet the current expenditure? If not, then the benefits of the Institution must be considerably diminished, several wards must be closed, and a blight will rest upon the Institution from which it may never recover.

Surely "Hospital Reform" is not a vain cry. We believe that this extravagant expenditure—which, when it does not ruin an Hospital, as it may in this case, nevertheless diminishes its usefulness in behalf of those classes for whose benefit these Charities were originally erected—is incurred generally to maintain that huge parasite—the OUT-PATIENTS' Department—a department which is attended by more evils and abuses than we can now find space to describe. We shall, however, revert to this subject, and do not mean to spare a system which demoralizes the industrial classes, degrades the Medical Staffs, and wrongs the Private Practitioners.

SUMMARY OF THE WEEK.

THE DUBLIN COW-POCK INSTITUTION.

A fortnight ago we drew attention to the shortcomings of the Dublin Cow-Pock Institution, and suggested that it was a proper subject for Parliamentary inquiry: we have now the satisfaction to state that Mr BRADY has brought the subject under the notice of Parliament, and that Mr CARDWELL, the Chief Secretary for Ireland, has promised that the fullest inquiry shall be made into the matter. We hope that the interference of the Government will lead to a re-organisation of

this establishment, so that it may be better adapted to fulfil the ends it affects to serve. That any institution supported by *public* money should be permitted to charge a Medical Practitioner two shillings and sixpence for *two points* of lymph, is so outrageous that we cannot conceive that it will be permitted by the Government longer than the moment when it becomes publicly known.

THE INTERNATIONAL STATISTICAL CONGRESS.

The Fourth Session of this Congress has been held at Somerset House, and has been attended by *savans* from all the countries of Europe, and from the chief of our colonies and dependencies. The Prince Consort inaugurated the Session with a very able address, in which the application of statistical science was well defined, and its importance indicated. We are sorry that we cannot reproduce the entire speech; but some paragraphs of it deserve to be noticed. After adverting to the abuses of statistics, and stating that they fall short of participating in the highest view of all science—viz., the discovery and expounding the laws which govern the universe—but that, nevertheless, they render self-apparent those discoveries in the rigid figures placed before the inquirer; and after defending the importance of statistics, as evidenced in the fact, that although the fallacies traceable to them may be decried, yet they continue to be employed as the basis of inquiry by all searchers after truth; he observes:

"We hear it said that its prosecution leads necessarily to Pantheism and the destruction of true religion, as depriving, in man's estimation, the Almighty of His power of free self-determination, making His world a mere machine, working according to a general pre-arranged scheme, the parts of which are capable of mathematical measurement, and the scheme itself of numerical expression; that it leads to fatalism, and therefore deprives man of his dignity, of his virtue and morality, as it would prove him to be a mere wheel in this machine, incapable of exercising a free choice of action, but predestined to fulfil a given task, and to run a prescribed course, whether for good or for evil. These are grave accusations, and would be terrible indeed if they were true. But are they true? Is the power of God destroyed or diminished by the discovery of the fact that the earth requires 365 revolutions upon its own axis to every revolution round the sun, giving us so many days to our year, and that the moon changes thirteen times during that period, that the tide changes every six hours, that water boils at a temperature of 212 degrees according to Fahrenheit, that the nightingale sings only in April and May, that all birds lay eggs, that 106 boys are born to every 100 girls? Or is man a less free agent because it has been ascertained that a generation lasts about thirty years, that there are annually posted at the post-offices the same number of letters on which the writer had forgotten to place any address; that the number of crimes committed under the same local, national, and social conditions is constant; that the full-grown man ceases to find amusement in the sports of the child? But our statistical science does not even say that this must be so; it only states that it has been so, and leaves it to the naturalist or political economist to argue that it is probable, from the number of times in which it has been found to be so, that it will be so again as long as the same causes are operating. It thus gave birth to that part of mathematical science called the calculation of probabilities, and even established the theory that in the natural world there exist no certainties at all, but only probabilities. Although this doctrine, destroying man's feelings of security to a certain extent, has startled and troubled some, it is no less true that, while we may reckon with a thoughtless security on the sun rising to-morrow, this is only a probable event, the probability of which is capable of being expressed by a determined mathematical fraction. Our insurance-offices have, from their vast collection of statistical facts, established to such a precision the probable duration of man's life, that they are able to enter with each individual into a precise bargain on the value of this life; and yet this does not imply an imperious pretension to determine when this individual is really to die. But we are met also by the most opposite objection, and statistics are declared useless, because they cannot be relied on for the determination of any given case, and do only establish probabilities where man requires and asks for certainty. This objection is well founded, but it does not affect the science itself, but solely the use which man has in vain tried to make of it, and for which it is not intended. It is the essence of the statistical science that it only makes apparent general laws, but that these laws are inapplicable to any special case; that, therefore, what is proved to be laws in general is uncertain in particular. Herein lies the real refutation also of the first objection, and thus is the power, wisdom, and goodness of the Creator manifested, showing how the Almighty has established the physical and moral world on unchangeable laws conformable to His eternal nature, while He has allowed to the individual the freest and fullest use of his faculties, vindicating, at the same time, the majesty of His laws by their remaining unaffected by individual self-determination."

These are admirable observations, always timely and never misplaced. His Royal Highness then proceeded to show the conditions under which statistical science must be prosecuted, and concluded a very able address amid the cordial approbation of his audience.

THE VOLUNTEER FORCE AND MEDICAL STAFF.

The rapid formation of a Volunteer Force has involved the necessity of providing it with a large Staff of Medical Officers. We, of course, assume that our Riflemen mean fighting, if ever the opportunity or need should occur; and as fighting and campaigning mean sickness and wounds, the Force must be necessarily provided with an adequate number of Surgeons. This is a question for the War Office. Surgeons cannot be expected to give up their private engagements without some kind of recognition. We understand that the Government intend to make arrangements with respect to this matter, and we hope soon to see an adequate Medical Staff associated with the Volunteer Force.

THE UNIVERSITY OF ABERDEEN.

For many years a war has been waged between King's College and Marischal College, Aberdeen; the former endeavouring to extinguish the latter, and the latter to make good its right to grant degrees as a *bonâ fide* independent University. The contest was an unseemly one; and as it was damaging to both interests, the Government at last appointed Commissioners to arrange the questions in dispute. These gentlemen decided for an amalgamation; but as this would be the extinction of the lettered pride of both Colleges, they resisted the proposal, and contended for the maintenance of the Institutions as independent schools, in favour of which there is a considerable amount of plausible argument. The Government was, however, obdurate, and the two Colleges are to be amalgamated under the title of the "University of Aberdeen;" and we hope the change will add to the dignity of the old city, and increase the prosperity of the united Colleges.

THE BRIGHTON "RUBBER."

A remarkable case appears in our Legal Intelligence, under the heading "Gardner *v.* Harrap," in which an illegal practitioner has for once met with his deserts. This person is the famous Brighton "rubber" and "pickler," and, happening to have the care of a patient who was suffering from chronic rheumatism of the knee-joint, and, as appears in evidence, also a condition of brain described as being "very soft," he managed to obtain a very large amount of fees as a reward for his scientific manipulations. Mr Gardner, however, not being so "very soft" as he chose to represent himself, brought an action against Harrap for malpraxis, and the latter was mulcted in the sum of 300*l*. This was a very sensible decision.

REVIEWS.

Diseases of the Heart; their Pathology, Diagnosis, and Treatment. By W. O. Markham, M.D. Second Edition.

The Author of this work has long distinguished himself for his opposition to that method of practice represented by mercury and bloodletting. The Medical Journals bear frequent record to his earnestness in this controversy; and although, at first, his supporters were few, he has now the satisfaction to find that the views he has advocated have a very extensive prevalence. In no class of diseases is a more cautious and philosophical treatment required than in those of the heart. Time was when bleeding was systematically resorted to in these affections, and imperatively so should a fit occur in consequence of extensive disease of this organ. So settled was this maxim of practice, that if a Medical Practitioner had neglected to bleed a patient in such an exigency, and a Coroner's Jury had been empanelled, he would in all probability have been censured for his want of skill, and lost his character. Now all these things are changed, and Medical men enjoy greater liberty of judgment—thanks to Dr Todd, Dr Bennett, and in his degree, too, Dr Markham. Medicine is yet on the threshold of great improvements. New principles derived from the rich fields of pathology, and a more faithful observance of natural phenomena, are making their way into practice and revolutionizing all our old dogmas. There is a fear, of course, that the new doctrines will be carried rashly to extreme propositions, and that a reaction will be necessary to trim the balance; but it does not appear to us that the modern views have received that general recognition, or, as a rule, have been so unwisely urged, as to call for the discouraging restraint of severe criticism. We have no doubt that the practice of Medicine will derive great advantage from the cultivation of pathology, and from the demolition of that unquestioning confidence in the agency of mere drugs in all forms and shades of disease. Disease is not to be cured by drugs alone, but by whatever influences the human body through its varied functions. This is the philosophical way of regarding the

practice of Medicine, and provides the only effectual weapon that will extinguish prejudice and quackery.

This treatise commences with a description of the Inflammatory Diseases of the Heart, then treats of vascular disease and the various murmurs, with fatty degeneration, angina pectoris, cyanosis, and functional affections, ending with diseases of the aorta. There are five Appendices, severally treating of the Uses of Venesection, Fibrous Arterial Clots, Sounds of the Heart, Impulse of the Heart, and Rupture of the Heart.

With reference to the complications of pericarditis, we find these remarks:

"The cause of *rheumatic pericarditis* is, as I have already said, the cause which excites the rheumatic fever. Statistics have not yet given us any sure information with regard to the frequency of pericarditis in rheumatic fever. M. Bouillaud and Dr Hope found pericarditis present in about one-half of their cases of acute rheumatism. Dr Taylor makes the number about one in nine; Drs Budd and Latham make it about one in eight.

"Results, however, on this subject, derived from the observation of cases which have been taken indiscriminately, without regard to age or sex, are of very little value; for it is a fact, that at certain periods of life the *coincidence* of rheumatism and pericarditis is much more common than it is at other periods. Thus, adult persons attacked by acute rheumatism are infinitely less liable to cardiac complications than the young are. After the age of thirty, pericardial and endocardial inflammation are, comparatively, rarely met with as the associates of rheumatism; whilst, on the other hand, before the age of twenty, and in early life, they are more frequently present than absent, in connection with that disease.

"Observation, indeed, shows: that rheumatic pericarditis attacks those of weak rather than of strong constitutions; that it is more common in the delicate and young, than in vigorous persons at the prime or middle periods of life; and that the degree of inflammation—that is, the general febrile reaction and the local exudation—is also greater in them than in the strong; and that it is often especially severe in young females. Climate, also, may have something to do with the matter; for, as Dr Chevers tells us, the association of pericarditis and endocarditis with acute rheumatism is very rare in India, although articular rheumatism is very prevalent there.

"The causes of *non-rheumatic* pericarditis are of two kinds, local and constitutional. The chief local causes are, cancerous diseases, arising within the sac, or, as much more frequently happens, spreading into it from some of the parts around the pericardium; tuberculosis, pleuritis, and peritonitis, by acting as local sources of irritation; abscesses of neighbouring organs or parts, and hydatid cysts, by opening into and discharging their contents into the sac.

"The chief constitutional causes, or, to speak more correctly, the diseases in connection with which the non-rheumatic pericarditis is observed, are diseases of the kidney, pleurisy, pneumonia, pyæmia, scarlatina, peritonitis, and variola.

"Bright's disease of the kidney has been especially referred to by authors as a very frequent exciter of the inflammation. My own experience does not at all agree with this conclusion. Out of a great number of cases of kidney diseases which have come under my observation in the pathological department of St Mary's Hospital, I have met but with very few where there existed any recent signs of pericardial inflammation. The same results have been arrived at in Edinburgh, where kidney disease is very common. Professor Bennett ('Principles and Practice of Medicine') tells us, 'that in none of his cases of pericarditis has there been a complication with Bright's disease. Dr Christison also says, 'that pericarditis is rarely seen among the sequelæ of kidney disease.' Frerichs also ('Die Brightische Nierenkrankheit,' p. 120) found inflammatory exudations in the pericardium in only thirteen out of two hundred and ninety-two cases of Bright's disease."

Perhaps there are few pathological points more interesting or important than the relation of heart affections with kidney disease. Much is yet to be determined on this point. With reference to the comparative mortality of complicated and uncomplicated cases, Dr Markham observes:

"*Non-rheumatic, pericarditis*, on the other hand, occurs at a later period of life than the rheumatic kind. Forty-two was the average age of persons affected by it in twenty-four cases reported by Dr Ormerod. The subjects of the disease were, with a single exception, all of the male sex. The inflammation does not so much attack the healthy, as those whose constitutions are originally weak, or have been debilitated through ill habits of living. It is far more serious than rheumatic pericarditis in its immediate consequences.

"Dr Ormerod informs us that 91·6 per cent. of his non-rheumatic cases were fatal; whilst of the rheumatic sort, 18 per cent. only were fatal. The local symptoms, again, of non-rheumatic pericarditis are at times very obscure—often, indeed, so obscure as not to direct the observer by any local signs to the seat of the disease; and thus it not frequently happens that the existence of the pericarditis is discovered only after death. As corroborative of this fact, it may be observed, that the local inflammation does not appear to exercise, by reaction (as happens in the case of rheumatic pericarditis), any particular influence over the patient's general condition, so as to appear in any direct way a cause of death.

"It is not, therefore, by the violence of the immediate effects of the local inflammation, that life is destroyed in cases of non-rheumatic pericarditis. Death rather results from the other effects of that particular disease which has, in fact, preceded, and given rise to, the pericarditis. Thus, for example, when pericarditis appears in the course of kidney disease, it usually supervenes at an advanced period of the renal disorder; but kidney disease (of the character here inferred) is, as we well know, for other reasons fatal in its consequence, and quite independent of its action upon the heart.

"Thus, then, in *non-rheumatic pericarditis*, the local inflammation plays a subordinate part. Its share, as a disturber of the system, is but small; so that it is, in fact, usually little more than a local sign (unimportant in its immediate effects) of a serious general disorder. In *rheumatic pericarditis*, on the other hand, the pericardital inflammation must be considered as the all-important fact; its consequences fall at once, and with violence, upon the heart, both impeding mechanically, and otherwise seriously deteriorating, its powers."

A word or two now about the treatment of Pericarditis, which affords us the key to our Author's views. He says:

"*Bleeding by venesection* in the treatment of pericarditis has been highly extolled; but at the present moment its practice is rarely resorted to. It is admitted by common consent that its value, as a remedial agent, has been overstated by Bouillaud, and other extreme admirers of the practice.

"A better pathology and truer method of observation have forced upon the physician, during the last few years, a conviction of the inutility and sometimes injurious effects of large venesections upon the progress of internal inflammations; and even they, happily few, who still follow the practice of former days, in the treatment of acute internal inflammations, admit that it is only during the very early periods of the pericardial inflammation, and in patients of strong and robust constitutions, that venesection is of service. That a moderate bleeding may be practised with impunity, *under such conditions*, there is little doubt; and that it often is of much benefit in giving temporary relief to the sufferings of the patient, and in relieving the congestion of the heart and lungs, is certainly true; but that such a bleeding has *any other beneficial effect or any direct influence over the progress of the inflammation has yet to be proved.*

"In considering the question of the value of venesection in pericarditis, we must remember:—That every inflammation is a disease of weakness, a condition which, in reference to health, is an asthenic condition; That heat, redness, and increased vascularity are no more signs of a sthenic circulation, than is the hyperæsthesia of a paralysed limb a sign of increased vigour of its nerve force; That rheumatic pericarditis occurs exceptionally only in persons of robust constitution; That an organ is involved in this inflammation, the constant performance of whose functions is indispensable to life; And that one of the most immediate effects of inflammation and its products is to introduce a paralysed condition of the muscular structure of the heart; That in pericarditis, the reaction of depression, consequent upon the excitement, is great, and sets in early; and that it is in those cases in which the inflammation appears most violent at the onset, that we are most cautiously to watch for and to expect the greatest amount of subsequent depression: that bleeding, moreover, will not arrest the exudation, but, on the contrary, in certain states of the body, will hasten and increase the amount of it; and that, inasmuch as endocarditis is very commonly associated with the pericarditis, bleeding, by promoting the tendency in the blood to the deposition of its fibrinous particles, will increase the danger of permanent injury to which the valves are exposed, through the deposition of fibrine upon them; and that venesection, as we well know, increases the amount of fibrine in the blood, and diminishes that of the red globules—the increase of the one and the diminution of the other being both indicative of weakness.

"Another special danger has been strongly pointed out by Dr Todd. (*Renal Diseases*, p. 412.) He says:

"'An active antiphlogistic treatment creates asthenia; asthenia gives to both rheumatic fever and gout what I may call *the shifting character*, which in both diseases is most perilous. When you find this shifting tendency, depend upon it that the asthenic condition of the patient is that which demands your earliest attention.' 'In this case of acute rheumatism,' he says again at p. 12, 'the loss of large quantities of blood from hæmaturia at an early period of the disease, has not sufficed to keep off a severe attack of pericarditis . . . nor has it saved the patient from swollen and exquisitely painful joints. On the contrary, the articular, as well as the cardiac symptoms, have been much less tractable than usual.'

"Experience has also shown us that venesection has no *directly* beneficial influence over pericarditis; and that large bleedings are prejudicial, and therefore inadmissible, in this disease. Nevertheless, that small bleedings are often of very great service *in relieving the congestions of the heart and lungs*, which so often arise as consequences of and coincidently with the pericarditis, is, I think, an undoubted fact. I have elsewhere spoken of this particular mode of action of venesection; and if the conclusions there arrived at are, as I firmly believe, correct, it necessarily follows that moderate venesection, practised for the object indicated, viz. to relieve the congestion of the heart and lungs, may be often resorted to with great benefit to the patient.

"In all stages of diseases of the heart in which congestion of the organ occurs, such venesection—duly adapted to the individual case—is of great service. I consider that I have even seen life preserved by timely abstraction of blood in cases of chronic valvular diseases of the heart, where the organ was so overwhelmed and labouring as to render death imminent."

Again, of mercury he remarks:

"*Mercury.*—The induction of specific effects of mercury was once considered essential in the cure of acute pericarditis, but the practice is now generally abandoned. Dr Taylor's observations first demonstrated its inutility. He showed, that of forty well-observed cases, only four improved after mercurial action was established; and there was no proof that in these four the improvement was other than a simple coincidence. Subsequent experience has fully confirmed Dr Taylor's opinion. The practice never seems to have been much resorted to on the Continent, and in Germany is untried and unknown. Gendrin's opinion, that mercury is completely useless in pericarditis, is the general opinion of his countrymen.

"Mercurial preparations, however, are undoubtedly of great service when used to regulate the secretions, which are always more or less disturbed during the progress of the inflammatory disorder."

The salts of potash are highly recommended

by Dr Markham in the treatment of this affection, than which, he says, there is no better remedy.

"When one or two scruples, according to the age of the patient, of the bicarbonate of potass, much diluted, are given every second hour, in cases of acute rheumatism, a marked amelioration of the symptoms is generally—though, I admit, not invariably—observed to follow its administration in the course of about twenty-four or thirty-six hours,—in fact, whenever the urine becomes alkaline.

"My own observation fully bears out the following statement of Dr Garrod, and the authority of many competent observers might be cited in support of it. 'Besides the influence on the duration of the articular affection which has been alluded to, I cannot help thinking that an effect is likewise produced on the cardiac disease, to a very considerable and important extent. In no case did the affection of the heart ensue after the patient had been more than forty-eight hours under the influence of the medicine; and it has appeared to me, that even when present on admission into the hospital, or coming on within a short period, its progress was powerfully checked by the treatment, and prevented from producing the terrible mischief which, when uncontrolled, it so frequently induces: this I should be inclined to ascribe to the altered condition of the blood, and especially of that portion giving rise to fibrinous deposits on the peri- or endocardium.' (Loc. cit.)

"Now, inasmuch as it is highly probable that the *materies morbi* which produces the rheumatic arthritis is identical with that which produces the rheumatic pericarditis, and as the potash treatment admittedly has a beneficial influence over the arthritis, we may reasonably conclude that the remedy will be also efficacious in preventing or arresting the progress of the pericarditic inflammation. Whether the potash acts by neutralising or eliminating the poisonous element, or whatever be its action, is a matter of secondary consideration."

Occasional doses of opium are also advised to tranquillise the nervous system; these are to be repeated as often as necessary to relieve pain. We pass over the intermediate chapters, and come to that on fatty degeneration. On this subject Dr Markham does not agree with Mr Canton in thinking the *arcus senilis* as pathognomonic of this form of cardiac disease. He observes:

"The existence of the '*arcus senilis*'—a fatty degeneration of the outer border of the cornea—was first pointed out by Mr Canton as a sign corroborative of the existence of fatty degeneration of the heart. There can be no doubt, however, that its value as a sign has been much overstated. The frequency with which the arcus senilis is met, in the most healthy individuals in advanced life, justifies us in considering it in them as little more than a natural consequence of old age. From a general review of the facts known on this subject, I am led to conclude that arcus senilis is, in old people, in the absence of other symptoms, a sign of little value as an indicator of fatty degeneration of the heart; but that when present in a marked degree, associated with other symptoms, it corroborates the diagnosis of the fatty degeneration: and that in early life it is much more frequently absent than present in cases of fatty degeneration of the heart."

Dr Markham considers that the hitherto obscure affection, angina pectoris, is attributable to fatty degeneration as its pathological cause. On this point he remarks:

"I have said that angina pectoris had been noticed by observers to exist in association with all the recognised abnormal states of the heart; and if we look into the history of the subject, we shall observe that it has been at various times ascribed by different writers to each one of those states. There was, however, one particular abnormal state of the heart—namely, calcification of its coronary arteries—which was found more frequently than any other to exist in connection with the symptoms of angina; and this diseased condition of the arteries was, consequently, considered by the majority of observers to be the cause of the angina. Now, it happens, as we have seen, that a very close relation is found to exist between calcification (or partial obstruction of the coronary arteries) and fatty degeneration of the muscular tissue of the heart, the latter condition being very frequently associated with the former, and apparently in some degree dependent upon it. The fatty degeneration has indeed been sometimes observed solely in that particular portion of the muscular tissue to which a calcified branch of the coronary artery was found to be distributed.

"*Symptoms.*—The connection of angina pectoris with this fatty condition of the heart, thus indicated by pathological anatomy, is likewise confirmed by the symptoms of the disorder. The paroxysms which occur in well-marked cases of fatty degeneration of the heart resemble those of angina pectoris. Sudden, violent, rending, oppressive, and even agonising pain at the epigastrium, extending more or less over the thorax, the pain passing down the arm and reaching even to the fingers; a weak and almost imperceptible pulse; hurried respiration and shortness of breath, approaching to choking and suffocation; pallor of the face, which is bedewed with perspiration, and expressive of extreme suffering, consciousness the while often remaining undisturbed; or occasionally syncope and coma, and even sudden death itself—these are all symptoms alike of fatty degeneration of the heart in its exquisite form, and of angina pectoris.

"And there are other points of resemblance between them. Both disorders are rare, comparatively speaking, in females; both occur chiefly in men, and at advanced periods of life; both may be associated with every kind of organic diseases of the heart. An attack, in both instances, is generally induced by excitement of the mind, or some unusual exertion of the body—that is to say, by causes which suddenly disturb and increase the heart's action; and for this reason, also, it occurs more commonly in the day than during the night. In both, during the intervals of the attacks, the patient seems tolerably free from disorder. In both, one attack is pretty surely, sooner or later, followed by another, and on each occasion it recurs at shorter intervals and with an increase of severity. Both have, sooner or later, one issue, and that a fatal one. The treatment required in both is alike: antispasmodics and diffusive stimuli during the attack; quietude of mind and body, nourishing diet, and careful regulation of the animal functions during the intervals. These facts, I think, inevitably lead us to the conclusion, that there is a close connection between the symptoms of the disease called angina and of fatty degeneration of the muscular structure of the heart."

We must now close our notice of this volume, which we can frankly recommend as a judicious and well-written treatise on the subject of heart-disease, and a safe handbook for reference in practice.

GENERAL CORRESPONDENCE.

MR PIGOTT'S PROPOSED NEW BILL.

To the Editor of the Medical Circular.

SIR,—In the last number of the 'British Medical Journal,' Mr Griffin, in announcing to the Poor-law Medical Officers the mode of remuneration for their services which he finally proposes to adopt in the forthcoming Poor-law Medical Reform Bill, says, "On trying a variety of modes of calculation, I find that the only one that works fairly is that now proposed, viz., 5s. per case up to the first 300 in number, above which 2s. per case only should be paid. In addition to this, a further sum, to be called mileage, is to be paid for all patients requiring to be visited at their own homes, &c." Notwithstanding the assumed *fairness* of this mode of remuneration in the above quotation, the mode will be found to work most *unfairly*, for the two following reasons: 1. It is founded on the principle of *more work, less pay*, which is intrinsically unjust to all. The time, medicine, and attention required for fifty cases of sickness are of equal monetary value, whether they be given by fifty separate Medical men or by one only. 2. It is *particularly* unjust to the Metropolitan men, because it is to them that the diminished rate of payment above 300 cases particularly applies; 377 being the highest average number attended by Provincial men, whereas 1,429 is the average number attended by Metropolitan men. From this it is seen how little the Provincial and how much the Metropolitan men will be affected by the diminished rate of payment above 300.

That portion of the above mode of payment called mileage is simply impracticable. With these objections before him, I hope that Mr Griffin will reconsider the matter before committing himself to a plan so replete with injustice. At the same time, I venture to point out the principles and conditions which appear to be essential in the determination of this difficult question, as follows:

1. The interests of the whole body of Poor-law Medical Officers, Provincial and Metropolitan, are identical; and, therefore, any mode of payment to be adopted should be based upon the principle of fairness and equality to all concerned.

2. But although their interests are the same, the circumstances under which they perform their duties are different; the difference consisting only in this—that the Provincial men have, comparatively, fewer cases, of greater severity in the aggregate, and distributed over a large space; whereas the Metropolitan men have, conversely, a very large number of cases, of less severity in the aggregate, and contained in a small space.

3. The conditions under which the Provincial men do their duties are such as to necessitate more expense of time and money than is required for similar duties in the Metropolis.

4. Therefore, the Provincial should be paid more per case than the Metropolitan Poor-law Medical Officer, in proportion to the difference of the foregoing conditions.

These data will, I think, be found to embrace the whole question. There may be great difference of opinion as to the amount which ought to be paid for each case of sickness throughout the kingdom. In reference to this, it need only be remarked that we can never expect to obtain a proper professional payment except by a universal "strike;" in the absence of which we must, therefore, endeavour to get what we are likely to have given us. But the relative proportion of payment to the Provincial and Metropolitan Poor-law Medical Officer, as determinable by the different circumstances affecting each, would appear to be contained in the sum per case of 3s. 6d. to the latter, and 5s. to the former.

It is for the consideration of the Poor-law Medical Officers whether this ratio of payment be a fair one, and whether, for the sake of its simplicity and the avoidance of the evils arising from several modes of payment, it would be acceptable to all parties. If so, I would beg to submit to Mr Griffin that the following clause would meet the case, viz.:

"That from and after the quarter-day next ensuing after the passing of this Act, the services of every Poor-law Medical Officer in England and Wales shall be paid for in the following manner; that is to say, in the Metropolitan Districts at the rate of not less than 3s. 6d. for every case of sickness, and in the extra Metropolitan Districts at the rate of not less than 5s. for every case of sickness."

By this, all that we ask is for the Law to step in, and, by determining a minimum rate of payment, to prevent the great injustice which the majority of us suffer, leaving those fortunate possessors of higher payment to remain in the enjoyment of the same. If this, together with clauses for permanence of appointment, an enlarged scale of extras, and greater facility to the poor for obtaining orders in the country, comprised the whole of Mr Griffin's Act of Parliament and became law, he would achieve as much as can be reasonably expected.

I am, &c., G. E. NICHOLAS.

4 Church row, Wandsworth, S.W.,
July 15, 1860.

MIDDLESEX HOSPITAL.—Dr Priestley has been appointed Lecturer on Midwifery at the School of the Middlesex Hospital. It is expected that he will shortly succeed Dr Frere as Physician-Accoucheur to the Hospital. We understand that no less than ten Physician-Accoucheurs, all of them of considerable eminence, competed for the Lectureship. Dr Priestley's appointment will end to a vacancy at the Samaritan Hospital.

HOSPITAL REPORTS.

GUY'S HOSPITAL.—July 10th, 1860.

Removal of part of a Fatty Tumour of Neck.—Mr Cock.

The patient, a strong-built, robust man, was singularly deformed by a diffused fatty tumour extending from the mesial line of the neck and chin, continuously half round the neck to the spine of the occipital bone, and cervical vertebræ posteriorly. The tumour had neither neck nor lobes to guide the division, but was extensively diffused. Mr Cock removed about one-fourth part from the posterior portion of the tumour, beginning at the back of the neck and extending the incision to a slightly indicated septum in the mastoidian region. It consisted of hardened or condensed fatty matter, had no capsule, and had to be detached with the knife from surrounding tissues. It manifested no malignant, but rapidly-increasing growth. Mr Cock did not think it would be advisable at a future time (if possible) to remove the remaining portion of this extensive tumour, which was not encysted, but continuous with the tissues and integument, and very condensed.

ST THOMAS'S HOSPITAL.—July 11th.

Lithotomy—Lateral Operation.—Mr Le Gros Clark.

The patient, a boy of fifteen years of age, showed the seam of a cicatrix in the perineum of a former operation performed in a provincial infirmary nine years since (we understood at Hull), which had not penetrated the bladder. From the site of the scar, it would have been impossible to have found the bladder, or to have penetrated it with safety. The father of the boy stated that another operation, performed at the same place and on the same day, had failed to reach the patient's bladder; to use the man's words, "they hadn't got into the bladder, and therefore didn't find a stone." The knife in this case had penetrated the integuments much below the proper site for the lateral operation, and must have been plunged under the tendon of the gracilis, amongst the large muscles, behind the tuberosity and ramus of the ischium, and was more likely to reach the recto-vesical region than the bladder.

The patient, a good subject and in good condition, suffered excessively from stricture of urethra and irritable bladder, the former of which, Mr Clark suspected, might have been produced by division of the urethra, or its having been injured or cut in the false operation referred to, performed nine years ago. Mr Clark attempted to pass the staff into the bladder before administration of chloroform, without success. The staff passed freely into the bladder, when the patient came under its full influence. He cut the integument, tissues, and into the urethra with one knife, when he changed it for a beaked knife with a convex edge. This beaked knife he guided into the staff with the index-finger of the left hand, carrying the beak through the membranous part of the urethra, behind the bulb, forward into the bladder, and returned it with a sweep the contrary way outward. This operation gives a free internal incision; being divided into two stages by the act of changing knives, it is necessarily more slow in performance. The axial line of the internal and external sections is tolerably parallel and good. It is a question if the internal section is not more free than the external in this operation—whether the unity of section is observed, the external incision corresponding with, and having the same degree of space and freedom with, the internal one, as is the case when the operation is continuously performed with one knife; and whether you do not secure, by section with one knife, a more easy introduction of forceps and extraction of stone. These are questions of some importance to be decided. In this case the stone was large, and Mr Clark found the bladder strongly contracted from its very irritable state. The forceps passed over it, and some little delay and difficulty, with a forcible traction, occurred in removing the stone. It was a rough mulberry crusted stone, with a phosphatic nucleus.

The value of chloroform was instanced in the want of success in passing the staff, in the preliminary examination before its administration, which was consequently productive of delay, and some avoidable suffering to the patient. The value of the straight staff is acknowledged as a great improvement. The art and science of Surgery is indebted to the skill of the instrument-maker for the only improvement since the day when Cheselden operated, more than a century past, in this hospital, for the lateral operation. The tradition of the gorget, upon which the beaked knife is a decided improvement, lingers at St Thomas's. Although the gorget is spoken of in connection with Cheselden's name and the lateral operation, it is very doubtful whether he used it—at any rate, after his success became confirmed; in short, it is affirmed that he did not. Cheselden's operations could scarcely have had the celerity recorded of them, if performed with a change of knives and the adjustment of the beak of a gorget in the urethra; namely, *fifty-four seconds*, in performance, on one occasion. At first Cheselden called the *lateral* the *direct* operation, which plainly expresses the mode and way he operated.

ST GEORGE'S HOSPITAL.—July 12th, 1860.

Amputation of Thigh for Diseased Knee-joint.—Mr Cæsar Hawkins. Necrosed Tibia after severe Compound Fracture—Free Incisions of Sinuses down to Bone, and trephining Bone.—Mr Cutler.

Amputation of Thigh—Disease of Knee-joint.

The patient, Annie Lawrie, a healthful-looking woman about twenty-five years of age, had been in hospital near upon eighteen months. The disease in the knee-joint commenced nine years since. She had latterly suffered great torture and excruciating pain, under which her health had failed. Mr Hawkins said this determined a resort to amputation, instead of treatment for excision of joint and anchylosis, which practice had been previously decided upon. Numerous sinuses had formed amongst the tissues communicating with the joint. The amputation was performed by circular incision in the usual manner, under influence of chloroform. Upon examination of the knee-joint after removal, the cartilages were gone, and the heads of the three bones found diseased, extensive degeneration and necrosis of bone having occurred. The absence of all suffering was singularly manifested in this case. The patient sang a Scotch air during the performance of the operation, in a manner she could scarcely have equalled under other circumstances.

Necrosed Tibia.

This patient is about fifty years of age; came into hospital with severe compound fracture of leg, and extensive injury. Abscesses formed, and disease of bone took place. Numerous sinuses indicated formation of matter deeply seated. Under influence of chloroform, a longitudinal incision was made upon the front of the tibia, from the superior sinus to the lowest, in extent about five inches down upon the necrosed bone. The diseased tissues and integument being dissected from the bone on each side, a trephine was applied over the diseased tibia twice, and pieces of bone removed on each occasion with forceps and elevator. No abscess in the bone was discovered by the trephine, or discharge of pus occurred. The usual water-dressings applied.

KING'S COLLEGE HOSPITAL.—July 11th.

Amputation of Breast—Prolapsus Uteri—Operation by Suture upon Fourchette of the Vulva.—Mr Fergusson. Varicose Veins—Acupressure, and Subcutaneous Section.—Mr Henry Lee.

Amputation of Breast.

The patient, a woman between thirty and forty years of age, was operated upon when under influence of chloroform for tumour of right breast. The nipple being a central point, a horizontal incision of an oval or oblong form was carried through the integument and tissues, dissecting away the tumour, which was free of adhesions, from fascia and muscles beneath. Scarcely any hæmorrhage occurred, and only one artery required to be secured. In speaking of this tumour, Mr Fergusson remarked that it had all the characters of malignant tumour—nipple retracted or drawn down below the level of the surface of the skin. On cutting into the tumour and pointing out a diseased cyst, which he divided, Mr Fergusson observed, this disease is what some have called encystic sarcoma: it is, as you see, a cyst of a distinct character, and is malignant; and where you find encysted cells with matter in them, there you have malignant disease. The skin and surface of the breast were little altered or diseased, and no puckering, except at the nipple, was manifested. Mr Fergusson had watched the case some time, and had recommended an operation, which he was sorry was disregarded, as the chances of success were now doubtful.

Prolapsus Uteri.

The patient, a middle aged-woman, had been under Mr Fergusson's eye for some years, and he had performed an operation on a former occasion. On that occasion the bladder, with the posterior wall of the vagina, prolapsed; on the present occasion the vagina and uterus prolapsed. Under the influence of chloroform, a portion was cut from the margin of the posterior commissures of the vulva, and for more than an inch—about an inch and a half—on the sides, when needles and silk sutures were applied as for hare-lip, the edges of the cut surface brought nicely in apposition, and water-dressings applied. Mr Fergusson explained that in this operation he used the common silk ligature, not metallic. Having, he said, during a lengthened practice used as many metallic sutures as most, he found the old silk ligatures were best. He said it was all very well for gentlemen to talk about what they do not practise, and consequently do not understand; they talk and write, but know nothing of surgery. This, we believe, is the first announcement of secession from the recently-introduced practice of metallic wire ligatures, to return again to silk, and we shall probably hear more of objections to their use.

Varicose Veins.

Mr H. Lee operated upon a powerfully-built man for varicose veins on the right leg. He operated upon two veins upon the anterior aspect of the leg, at the anterior part of the upper third. He introduced two metallic steel needles under each vein, leaving a space of about half an inch between them; he then made a subcutaneous section of the vein. He stated that this patient came from the Sailors' Home at Tower hill, from which place many cases were constantly sent to King's College Hospital. In two or three days after their admission they were operated upon, and discharged cured in ten days. In this way King's College had been able to give a body of serviceable recruits to her Majesty's navy of no inconsiderable amount—to say nothing *of volunteers*. Mr Lee referred to the various modes of treatment of varicose veins. That of formation of clot, he said, answered very well for a time; then soft fibrine became generated, inducing abscess of the coats of the veins. Soft fibrine might become absorbed, and no more deadly poison than it could be received into the system. Or matter might form, when incisions would be required, and a troublesome and tedious cure result. Pressure was another mode. Many years ago Mr (now Sir Benjamin) Brodie recommended and practised subcutaneous section, but not accompanied with *acupressure*. The advantage of this operation is, there is no external wound, and the acupressure induces sufficient adhesive inflammation to cause the internal coats of the veins to throw out fibrous lymph, which completes the obliteration of the vessel.

Formation of Bone.

Dr Ollier of Lyons being present, Mr Bowman introduced him, and exhibited specimens of the experiments he had made to demonstrate the formative force of the function of the periosteum in the production and growth of bone, and which had been recently brought before the British Association at Oxford. A piece of tibia and fibula had been sawn away from the leg of a rabbit, and a portion of periosteum from another animal having been transposed to the part, and become attached to the denuded bone, laminæ of new bone became deposited in a state of incipient or imperfect ossification. Another experiment of a similar kind showed, after a longer period, considerable growth of the bone—in short, to its complete restoration. In another experiment a portion of the skin of the head and neck, including the ears, was dissected from a large portion of the occipital region of another rabbit, and transposition upon it of periosteum, in which the formation and growth of a lamina of new bone was demonstrated, and the parts being injected, the vascular communication was beautifully manifested. In another experiment the tibia of a rabbit was exhibited, from the upper part of which the periosteum had been denuded, and

folded down over the lower, and wrapped round the leg, showed a rim or collar of new bone formed round it. Again, a portion of periosteum, placed upon a living surface, showed first the formation and growth of a cylinder of bone without medullary cells, or cancelli yet produced. The same experiment in another part showed a cylinder of bone with both medullary cells, and cancelli perfectly formed after a longer period. The ossific secretion is produced in a line with the periosteum.

Mr Bowman made a few remarks upon these interesting experiments, which, he said, clearly and completely established the formative force inherent in periosteum to secrete and promote the growth of bone. He said this had been announced and promulgated some years back by Professor Sharpey and others, and nine years ago he himself had maintained this doctrine in his physiological lectures at King's College; but its establishment is completely confirmed by these interesting experiments of Dr Ollier. We believe Professor Syme, many years since, demonstrated this physiological fact at Edinburgh.

BRITISH ASSOCIATION AT OXFORD.

THE DARWIN THEORY OF SPECIES.

Two papers on Saturday, the 30th ult., were of great importance to Medical men, as bringing under debate a subject on which their opinion and advice of late have been often sought in mixed society—viz., as to what they think of Mr Darwin's book? One was a communication by a Dr COLLINGWOOD 'On Recurrent Animal Form and its Significance in Systematic Zoology.' The object of this paper was to call attention to the frequent recurrence of similar anatomical forms in widely-separated groups of the animal kingdom. The Author thought that no principle of gradation would sufficiently account for these analogies, but that deviation from typical form is usually accompanied by modifications of typical habits; and the somewhat dubious principle was supported, that agreement of habit and economy in widely-separated groups is always accompanied by similarity of form. The appearance, in fact, of the Physiological Section during the reading of this and the following paper, the crowds collected for some purpose, told that there was something "in the wind"—some subject of considerable interest to the Profession at large about to be discussed.

The other paper was by Dr DRAPER, of New York, 'On the Views of Mr Darwin and others on Development of Intellect and Progression of Organisms.' This communication, rather American in its peculiarities of diction, was only of importance as eliciting a most remarkable but most conflicting discussion, in which Sir B. Brodie, the Bishop of Oxford, Professor Huxley, Dr Lionel Beale, Mr Lubbock, Professor Hooker, and others joined, as to origin of "Species." The object of the paper of Dr Draper was to show that the advancement of man in civilisation does not occur in a fortuitous manner, but is determined by law. "In three great lines of life," Dr Draper established that "the general principle is to differentiate instinct from automatism, and then to differentiate intelligence from instinct;" that it is impossible also to separate the individual from the race, and what holds good for the one holds good for the other; man, too, being the archetype of society.

The discussion commenced by the Rev. Mr CRESSWELL, who denied that any parallel could be drawn between the intellectual progress of man as this archetype, and the physical development of the lower animals. The Americans are wrong, totally wrong, as to the 'Iliad' of Homer, to wit, being produced when Greece was perfect as a nation; it was produced during the babyhood or infancy of Greece.

Sir B. BRODIE, in a long and masterly exposition of the subject of Mr Darwin's book, stated that he could not subscribe to its hypothesis. The "primordial germ" in this hypothesis has not been demonstrated to have existed. The great thing, Sir Benjamin believes, which separates man from the lower animals, is a power of self-consciousness — "self-responsibility," as termed by some writers—(Dr Kidd)—consciousness. This principle differs from anything found in the material world, and it is difficult to see how this could originate in lower organisms. This, in fact, is identical with Divine Intelligence; and to suppose it could originate with matter, as held by Mr Darwin, involved the absurdity of supposing Divine Power to be dependant on anatomical and other arrangements of matter.

The Bishop of OXFORD also attacked the Darwinian theory at considerable length. Medical men must know, if they were properly instructed or at all on a level with general knowledge in physiology, that even the remains found in Egyptian catacombs all speak of their identity with existing physiological forms. The Rev. Prelate entirely agreed with the masterly arguments of Sir B. Brodie, even in the great case of the pigeons of Mr Darwin, which were altered physiologically by training, so forcibly urged even in medical journals as conclusive. It proved nothing at all; the thing was ridiculous, for no sooner were these animals set free than they returned to their primitive fixed type. Everywhere sterility attended interference with species, well seen in the closely-allied forms of the ass and horse. Medical men ought to teach and preach these things, for the greatest names in science are opposed to Mr Darwin's theory.

Professor HUXLEY agreed, on the contrary, that the Darwin theory, if not strictly true, is the best explanation of the origin of species which has ever yet been published. The question is not so much as to transmutation or development of species, as production of forms which become permanent: thus the short-legged sheep of America, like the new pigeons, originated in the birth of an original parent of that stock, still kept up, with short legs. This single fact is at the bottom of the whole subject.

Dr LIONEL BEALE referred to some of the difficulties of the Darwin hypothesis, more especially those vital tendencies of allied species which now seem to be independent of external agencies. He spoke of the unnecessary "verboseness" of Darwin's book.

Mr FITZROY denied Professor Huxley's statements; but Mr LUBBOCK accepted them, and thought Professor Huxley right.

Professor HOOKER being called upon by the President, went over the subject with considerable ability, and showed that the Bishop of Oxford misunderstood the gist of Mr Darwin's book, which is in fact a strong protest against the anatomical transmutation of species. Mr Darwin holds the doctrine of the successive development of species by variation and natural selection. Dr Hooker's experiences of the vegetable would lead him to agree with the Darwin hypothesis. One-half of the known kinds of plants are disposable in groups, the species (1) connected by various characters common to all in that group; in fact, the general characteristics of orders, genera, and species amongst plants afford the strongest countenance to Mr Darwin's hypothesis. After a further elucidation of the subject as bearing on the views of Edward Forbes of the unchangeability of species, also liable to discussion, Professor Hooker said he had no hesitation in publicly taking up or adopting the Darwin hypothesis. He would lay it down, however, should a better one be forthcoming, or should the now-abandoned doctrine of original creation of species regain all it had lost in his experience. [Professor Hooker's views seem to have rather staggered the preceding speakers.]

Dr DAUBENY at a former meeting having brought under notice the final causes of sexuality in plants as bearing on Mr Darwin's work, one use, he thinks, is the dissemination of species; for many plants, if propagated by buds alone (as they may be so propagated) would in a manner be confined to a single spot. Flowers have been provided, too, probably in order to prevent that confusion that would arise from the uniformity in the aspect of the vegetable kingdom if plants had been exclusively multiplied by buds; in fact, a bud is a mere counterpart of the stock from whence it springs, so that we are always sure of obtaining the very same description of fruit by merely grafting a bud on another plant of the same species—more so, in fact, than by the use of seeds: so much is this the case, that by the latter some variations from the primitive type are sure to result. Dr Daubeny gave his assent to the Darwin hypothesis so far as the origin of species by natural selection is borne out by the final causes of sexuality in plants: he did not at all advocate it to the extent, however, Mr Darwin himself did.

Dr WRIGHT, as a curious instance of *quasi* reason in a gorilla, mentioned how near it came to man in one instance he had known,—the female gorilla to go of itself to the sea-shore, taking its young with it, and feeding it on shell-fish and oysters, which they take with great facility!

Professor OWEN, whilst giving all praise to Mr Darwin for the courage with which he had put forth his theory, felt still it must be tested by induction from facts by the Bacon method: as a contribution to these facts, he would refer to the structure of the gorilla, whose brain presented more differences as compared to the brain of man, than it did when compared with the brains of the most problematical form of quadrumanous animal. The deficiencies in the cerebral structure between the gorilla and man are immense: the posterior lobes in man's brain present parts wholly absent in the gorilla; the same is seen in the other parts of the body. The great toe also in man is intended that he shall stand erect, whilst in the lower monkeys this is impossible, and they must always walk on "all-fours" or climb.

Professor HUXLEY denied altogether Professor Owen's statements as to the brain of the gorilla, and appealed to Tiedmann's dissections. He maintained also that there is more difference between the monkeys without big toe and the gorilla, than there is in this respect between the latter and man. The gift of speech, he thought, is the great feature, and distinguishes man from the gorilla.

The debate, we may say, finally concluded leaving everything very much as it found it; Professor Owen and the party of dissent being very much like a still more recent party, who say, "We defer all to a matter of feeling, though inclined to assent to the argument."

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C SKEY, Esq., President, in the Chair.

A paper by Mr J. W. HULKE was read, on

GLAUCOMA AND ITS SURGICAL TREATMENT.

The Author refers to a paper 'On the Morbid Anatomy and Pathology of Glaucoma,' communicated by him to the Society in December, 1857. Since then, the treatment of glaucoma by 'iridectomy' has been extensively practised in the Royal London Ophthalmic Hospital and in private, and the results have been so very successful that the Author is desirous of bringing the operation under the notice of the Society. In order to prevent any misunderstanding respecting the nature of the cases in which he advocates the performance of iridectomy, Mr Hulke gives an outline of the symptoms, the ophthalmoscopic signs, and the morbid anatomy of glaucoma. There are two forms of this disease—an acute and a chronic; but many cases have an intermediate character. In 75 per cent. or more of all cases, the active stage is preceded by a premonitory period—'prodroma.' In acute cases the transition is abrupt; in chronic cases it takes place by insensible gradations.

Premonitory Symptoms. — Rapidly-increasing presbyopia; the appearance of a coloured halo round the flame of a candle; the spontaneous appearance of flashes and other spectra. Intercurrent obscuration of vision, attended with vague orbital and frontal pains, slight hardness of the eyeball, and contraction of the field of vision. The pupil is large and sluggish; the size of the anterior chamber is much diminished. The duration and intensity of these symptoms are very variable, but they are rarely absent.

Acute Glaucoma.—The active stage sets in as sudden and violent outbreak, often at night. Violent racking pain in the eyeball, often attended with sickness, and followed by rapid extinction of sight. The pupil is widely dilated and motionless; and the lens has sometimes the peculiar greenish tint which was formerly considered so characteristic. The ciliary vessels are swollen; the conjunctiva is red and often chemosed; the globe is very hard; the cornea is dull, and its sensibility is lowered. Remissions

are followed by fresh paroxysms, and complete irremediable blindness always ensues.

Chronic Glaucoma.—The premonitory period slowly glides into the active. The obscurations, which were at first evanescent and separated by long intervals, become more frequent, and last longer. The contraction of the visual field progresses. The tension of the globe increases. The iris becomes dull; the aqueous humour turbid; the cornea dimmed and flattened. Mr Hulke lays stress on the flattening of the cornea, which is easily demonstrated, because it has been recently stated that the cornea becomes conical in glaucoma.

Ophthalmoscopic Signs.—Excavation of the optic nerve entrance, and pulsation of the retinal vessels. To these capillary apoplexy of the retina is often added; and sometimes there are small blood-clots in the vitreous humour, which is unnaturally firm. It is only late in the disease, when all the component structures are undergoing atrophy, that the vitreous humour becomes fluid.

The Nature and Causes of the Glaucomatous Process.—All the leading features of the glaucoma are due to excessive tension of the eyeball from a superabundance of fluid within it, which distends the vitreous humour. This fluid—serum—is derived mainly from the choroid. Many circumstances show that the retina is only passively concerned. Glaucoma might be considered a serous choroiditis. Mr Hancock has advanced the theory that spasm of the ciliary muscle forms an essential part of glaucoma. The Author has, however, found complete atrophy of this muscle in dissections of glaucomatous eyes; hence the inference that this muscle is concerned in maintaining the glaucomatous condition. The Author has been unable to trace any connection between glaucoma and gout or rheumatism. Some other diseases and injuries of the eyeball occasionally assume a glaucomatous type. This is especially the case with wounds of ciliary region and sclerotico-choroidal staphyloma.

Treatment.—Generally the age and broken health of the subjects of glaucoma forbid antiphlogistics; venesection is inadmissible; leeches and counter-irritants are useful as adjuncts, but cannot alone cope with the disease. The excessive tension of the globe is suggestive of the evacuation of some of the superabundant fluid by tapping. The old surgeons, Antonius, Nerck, Jobus à Meckren, and others, were familiar with this operation, but they practised it chiefly in hypopion, onyx, and hydrophthalmos. Wardrop ('Med.-Chir. Trans.,' 1813) tried it extensively. With a view to lessen fulness and congestion, he tapped the anterior chamber in superficial and deep-seated inflammations of the eye. The operation was at first warmly taken up by other surgeons, but soon fell into disuse. In our own day it has been strongly advocated by Desmarres, but it has found little favour with English surgeons, though most have occasionally performed it. In glaucoma the relief that paracentesis corneæ affords is too transient to render it of much value. Paracentesis scleroticæ has been practised by Desmarres and Hancock in glaucoma, though with different objects. Mr Hulke reverts to this, after fully describing the operation of iridectomy as proposed by Dr A. von Graefe.

Iridectomy consists in excising a segment of the iris, in its whole breadth, from the pupillary margin outwards to its insertion. This is effected through an opening of corresponding size at the extreme edge of the anterior chamber. Iridectomy may be practised at any part of the iris. Graefe usually makes it outwards; but adds that, when desirable for the sake of appearance, it may be made upwards. This latter position has been adopted by Mr Bowman, and is that which Mr Hulke has generally chosen. By removing the iris in this manner, the pupil is at once enlarged up to the corneal incision, which forms, as it were, the base of a coloboma iridis, and the edge of the lens, with the suspensory ligament, stretching in front of the vitreous humour and the ciliary processes, are exposed to view. The little blood which oozes into the anterior chamber from the cut edges or surface of the iris should be at once pressed out or removed with a scoop. The after-treatment is very simple. A light compress may be applied for a short time as a precaution against hæmorrhage. This may be replaced after an hour or two by a piece of wet rag. The room should be shaded. Usually nothing else is necessary. At first the aqueous humour trickles away; but the corneal wound soon heals, and the anterior chamber fills again. The hardness of the eyeball is at once lessened, and a natural tension is gradually attained; the pain abates, and soon altogether disappears. As regards vision, the ultimate results are intimately dependent on the period at which the iridectomy is performed, being more perfect where it has been early undertaken than where it has been postponed. In the premonitory period, where the symptoms are well marked, the propriety of operating cannot be doubted. In acute glaucoma, where the operation is done during the first inflammatory attack, or soon afterwards, vision is very completely restored. In chronic glaucoma, the results are less uniform and less decided. This is in consequence of the insidious nature of the disease—structural changes of the retina creeping on *pari passu* with the gradually-increasing tension.

Alleged Objections to Iridectomy.—1. Its reported uniform failure in the hands of some surgeons. This is in great probability to be generally attributed to its having been practised in cases which were not true instances of this disease. Many failures have proceeded from its having been done at far too late a period. 2. The great difficulty of the operation. This has been much magnified. It does not require more skill than most surgeons possess, and when chloroform is used it becomes really a simple matter; but even were it difficult, which it is not, in the absence of other known means of cure, we should be no more justified in rejecting it on this account, than we should be in refusing a patient the benefit of herniotomy where the taxis and other measures had failed. 3. The disfigurement produced by the coloboma iridis is so slight that it cannot constitute a real objection. 4. Its supposed injurious action on accommodation. Further experience has corrected some misimpression which at first prevailed respecting its influence on the adjustment of the eye. The previously existing presbyopia is not increased by removal of a portion of the iris; indeed, the refracting power of the globe sometimes actually increases after iridectomy—probably, as Graefe has shown, in consequence of the flattened cornea resuming its natural curvature. To avoid these alleged disadvantages, paracentesis scleroticæ has been advocated by Middlemore, Desmarres, and Hancock, as a substitute for iridectomy. Middlemore proposed to evacuate the turbid, diffluent, vitreous humour with a grooved needle, and to replace it with a syringeful of clear water. But, except in very old cases, the vitreous humour is much too firm to flow out along a grooved needle; and probably few English surgeons would adopt Desmarres' suggestion, of introducing a probe and breaking it up. Mr Hancock, considering a spasm of the ciliary muscle to be an essential part of glaucoma, divides this muscle by striking a knife through the ciliary region backwards and inwards towards the axis of the globe. But Mr Hulke has demonstrated, by microscopical examination, advanced atrophy of this muscle in many glaucomatous eyeballs; whence it follows that the ciliary muscle is not actively concerned in maintaining the glaucomatous process. In all probability, the success of Mr Hancock's operation is solely due to the draining away of some of the superabundant fluid. According to this view, it is simply a peculiar mode of paracentesis, and cannot rank as a substitute for iridectomy until it has been thoroughly established that it permanently relieves excessive intra-ocular tension, which, in common with most surgeons, Mr Hulke has found that tapping the vitreous humour fails to do.

THE INTERNATIONAL STATISTICAL CONGRESS.

This Congress was opened on Monday, Prince Albert delivering the inaugural address.

On Tuesday morning the various Sections of the Congress met at King's College, at ten o'clock. The first section (Judicial Statistics) was presided over by Lord Brougham, the second (Sanitary Statistics) by the Earl of Shaftesbury, the third (Industrial Statistics) by Sir Roderick Murchison, the fourth (Commercial Statistics) by Nassau W. Senior, Esq.; the fifth (Census Statistics) by Earl Stanhope, and the sixth (upon Statistical Methods) by Professor Graham.

SECOND SECTION.—SANITARY STATISTICS.

The Section met on Tuesday, at ten o'clock, the Earl of Shaftesbury in the chair.

A paper, by Miss Nightingale, was read, "On the Method of Reporting Hospital Statistics." The proposals were thirteen in number, and referred to the following matters:—Separating the record of "cases of disease" in Hospital from the "persons" treated. The adoption of a uniform system of record of transfer of patients from the Medical to the Surgical side of an Hospital, and *vice versâ*. Registering the date of attack as well as the date of admission of the patient. Weekly or monthly record of admissions, as well as annual summaries. The adoption of a system of registration for out-patients of Hospitals and Dispensaries. Recording the locality whence patients are received. Recording secondary diseases arising in Hospital, and registering the deaths from secondary diseases, as well as from diseases for which the patients were admitted. The proportion of empty beds for the whole year, and for each season. The cost of each in and out-patient, given under different heads. In Hospitals supported by voluntary contributions, the number of in and out patients, and also the number of letters of recommendation given. This paper was discussed on Wednesday, when two of the propositions were withdrawn, as being better expressed in others. All the others were adopted, except that referring to the registration of deaths from secondary diseases, which was withdrawn for future consideration.

The consideration of Dr Sutherland's paper on a "Uniform Scheme of Sanitary Statistics," was resumed. The propositions were discussed, and adopted, with several additions and modifications, excepting Nos. 14 and 15, the discussion on which was adjourned.

An important paper, by Dr Farr, was read on Thursday.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

VACCINE BOARD.

Mr Brady asked whether it was the intention of the Government to institute a Vaccine Board in Dublin similar to that which exists in London. He also asked the Chief Secretary for Ireland if his intention had been directed to the fact that the Board of the Cock-Pock Institution of Dublin charges 2s. 6d. for two ivory charged points of vaccine lymph to medical men, while the said Board receives an annual grant of 400*l.* for the better supply of pure lymph for the protection of the people.

Mr Cardwell was understood to say that he had caused inquiries to be made into the subject to which the hon. gentleman referred, but their result had not yet reached him.

DR GUYDIR.

Colonel Greville asked the Judge-Advocate whether it was true that Dr Guydir, Assistant-Surgeon, Royal Longford Rifles, who was tried by a general court-martial on the 1st and 2nd days of June last, was placed in arrest on the 10th day of May last, and still remained under arrest, and debarred from practising his profession, in consequence of the finding of the Court not having yet been promulgated by the authorities; and if it was true that six field officers and seven captains of disembodied regiments of Militia were still kept under daily pay and allowances, awaiting the promulgation of the sentence upon Dr Guydir.

Mr Headlam said that some delay had necessarily arisen after Dr Guydir was placed under arrest, before the court-martial could be summoned to afford the means of making the necessary inquiries and forwarding the facts of the case to the Judge-Advocate. After the finding of the Court he had two audiences of her Majesty on the subject, and it was not until the third audience, on June 22, that the sentence was confirmed. On the following day it was sent to the Commander-in-Chief, and he was happy to say the result was that Dr Guydir would be released. The only inconveniences the officers composing the Court were subject to, were to hold themselves liable to be called upon to reconsider the facts.

ADULTERATION OF FOOD AND DRINK BILL.

The Lords' amendments to this Bill were agreed to.

OUR NOTE BOOK.

INVESTIGATIONS CONCERNING HYDROPHOBIA.

From a series of returns made upon this subject, from different departments in France, during several years, and epitomised by Dr Tardieu, in the 'Annales d'Hygiène Publique,' we glean some interesting information upon the following points:

I. *The species of animal by which the Hydrophobia was communicated.*—Out of a total of 228 cases in which reference was made to this point, 188 were stated to have been produced by the bite of a dog, 13 by that of a cat, 26 of a wolf, and 1 by the bite of a fox. In two cases in which the bite of a cat produced the disease, one animal is reported to have become rabid in consequence of an extensive burn, another owing to its having been robbed of its young. These cases are of considerable interest, as they tend to resolve the still doubtful question of the spontaneous development of Hydrophobia in other species of animals than the canine.

II. *The season of the year at which this disorder is most frequently developed.*—This circumstance was noted in 181 cases, 110 of which occurred during the hot seasons of the year, 71 only during the cold. There is, doubtless, a marked difference in favour of the months in which the temperature is most elevated; but it does not remain a less constant fact that no season is really opposed to the development of Hydrophobia, or can render its effect less formidable.

III. *The average number of persons who escaped the malady after being bitten.*—On this point we have the records of 198 cases of persons who were bitten, in many instances by the same animal; of these, 112 were subsequently seized with Hydrophobia, whilst the remaining 86 experienced no ill effects. We need scarcely remark that numerous adventitious circumstances, such as the interposition of an article of clothing to which the saliva of the rabid animal might adhere, the state of the patient's mind or health after the injury, &c., would considerably influence the results in this particular.

IV. *The length of the stage of Incubation.*—In a large majority of cases this was not more than a few weeks. Out of 147 cases referred to, the period of incubation was under a month in 26, more than a month but under three months in 93 cases, whilst in the remainder the length of time occupied was from six to twelve months. The incubatory period appeared shorter in very young persons than at any other age.

V. *The length of time between the development of the disease and its fatal termination.*—On this point the statistics collected corroborate too fully the preconceived ideas as to the rapid progress of the disorder. Out of 161 cases, death put an end, within a week, to the horrible sufferings of the patients in 158, more than one-half of that number dying within four days, even, from the time at which the malady first manifested itself.

VI. *The relative efficacy of the means employed to prevent the development of Hydrophobia.*—Upon this all-important portion of the subject Dr Tardieu observes that the fact cannot be too strongly insisted upon, that the only hopes of security from the fatal effects of this dreadful disease consist in immediate cauterisation with the red-hot iron, and that every other method only comprises the future safety of the patient by the irreparable loss of the only moments during which the preventive treatment is applicable.

VII. *Curative treatment of Hydrophobia when it has become developed.*—Dr Tardieu makes the disheartening statement, that of all the remedies which have as yet been suggested, chloroform included, for the treatment of Hydrophobia when fully developed, he has found none to have been attended with sufficiently promising results to enable him definitely to say that it will effect a cure.—'The London Medical Review.'

A NEW SYSTEM OF BATHING.

We borrow from the Transactions of the Academy of Medicine, some very curious details relative to a hydraulic apparatus which threatens the old system of baths with utter revolution.

We noticed in this Journal (Art. 5622) that one of our honourable contemporaries of the Press, Dr. Sales-Girons, had succeeded in reducing water to spray, and in introducing it in this condition into the respiratory organs, each of its spherical molecules containing all the volatile and fixed elements of the integral from which it was detached, and in the same proportions. This important peculiarity, now demonstrated, is sufficient to establish a clear distinction between the respiration-rooms of the ancients and those instituted in 1856, on the new principle, inaugurated by M. Sales-Girons. In the former, the pulmonary mucous membrane was brought into contact with the *gaseous principles* only of mineral waters, to the exclusion of the *fixed ingredients;* in the latter, it is the *entire* water which is conveyed into the respiratory organs, in the same way as on the seashore, the water, reduced to spray by the wind, and closely mingled with the atmosphere, is directly inhaled by the patients. We have not to consider here the breathing-rooms, to the utility of which we have called attention, nor even the more or less ingenious portative apparatus, with which M. Sales-Girons and M. Mathieu, surgical instrument-maker, have endowed therapeutics. We are merely desirous of bringing to the notice of practitioners an equally ingenious derivation of of M. Sales-Girons' felicitous idea, realizing on a larger scale the advantages of the reduction of water to spray. We refer to the *hydrofère* bath, devised by M. Mathieu (de la Drôme).

Formerly a representative of the people, M. Mathieu is no less known by his meteorological studies than by the honourable position he acquired in our political assemblies. M. Mathieu, of an ardent and investigating mind, does not confine himself to the introduction of a few drops of mineral water into the respiratory organs. M. Gavarret, in a concise and elegant report, recently informed the Academy that M. Mathieu replaces the sixty or eighty gallons of water, containing an ordinary bath, by six or eight pints of liquid comminuted by his *hydrofère*. M. Mathieu rightly thought that in a bath of stagnant water, the portion of liquid in immediate contact with the skin alone, exercises a topical action, and supplies materials for absorption. This being admitted, he sought to keep up on the surface of the skin a very thin layer, constantly renewed, of active liquid. The apparatus invented to solve this problem is very simple, and operates with perfect regularity.

The liquid, enclosed in a copper box, is divided into very fine particles by a current of air supplied by a fan, working under a pressure of about two inches of mercury. The subject seated in a bathing-box similar to that used for fumigations, the jet of gas and of comminuted liquid escapes by a discharge-hole situate on a level with the knees, rises obliquely, spreads, and is broken into an excessively thin rain, which is incessantly thrown upward on the body of the patient. The head may, at pleasure, be kept outside the box, or remain exposed to the action of the rain, the temperature of which may be regulated according to the peculiar indications of each case.

Frequent experiments, instituted in M. Hardy's wards at the Hôpital Saint-Louis in Paris, admit of the affirmation, that with M. Mathieu's system of bathing by affusion, baths into which enter high-priced substances, such as iodine, mercury, or aromatic essences, may be administered *at a very trifling cost.* With the *hydrofère* the medical practitioner may, at all places and in all seasons, subject his patients to the influence of sea-water or natural mineral water baths; for M. Hardy's experiments peremptorily establish, and that was the principal question, that the physiological and therapeutic action of the hydrofere baths is identical with that of the mixtures or solutions used in the ordinary baths. One advantage more which M. Hardy points out in the hydrofere baths is, that the water, being constantly renewed, more easily carries away with it the scales and foreign matter adhering to the surface of the skin. A great number of persons labouring under grave, and for the most part stubborn affections, have been radically cured or much relieved by the hydrofere medicinal baths. In the treatment of those diseases of the skin especially which extend to the face and scalp, the superiority of these baths is incontestable. The experiments conducted at the Hôpital Saint-Louis prove that patients, far from desiring to keep their heads outside the box, generally prefer exposing it, like the rest of the body, to the action of the spray.

If this latter advantage be confirmed by subsequent observation, it will plead powerfully in favour of the *hydrofère.* We are not surprised to learn that the Administration of Public Assistance has required a special and detailed report on the subject. The Academy has taken the requisite measures for the accomplishment of this necessary formality. From these circumstances, it may be fairly inferred that M. Mathieu's system, which is so economical, will soon be in general use, and realise one of the most desirable and the least foreseen improvements of balneatory medication.—'Journal of Practical Medicine and Surgery.'

GLYCEROLE OF LEAD.

The following is suggested as a substitute for Goulard's cerate. This cerate, as is well known, becomes speedily rancid, and in that state is more irritating than soothing to inflamed surfaces. The substitute does not change, is easily washed off with water, and can be reduced to any desired extent, for the purposes of a wash, with rose or distilled water:—

Pure glycerine, ...	13½ oz. (fluid).
Solution of sub-acetate of lead, .	2½ oz. "
Camphor, ...	1 dram.

Triturate the camphor into powder, with a few drops of alcohol; add the glycerine; heat in a water-bath until the camphor is dissolved; when cool, add the solution of lead, and shake well together. These proportions are those for Goulard's cerate, substituting glycerine for the oil and wax.—'Journal and Transactions of the Maryland College of Pharmacy,' and 'British American Journal.'

LEGAL INTELLIGENCE.

OXFORD CIRCUIT.—Oxford, July 14.

Civil Court.—(Before Mr Justice Hill and a Special Jury.)

GARDNER *v.* HARRAP.

Mr Serjeant Pigott and Mr Gray appeared for the plaintiff; Mr Huddleston, Q.C., and Mr Phipson, for the defendant.

The plaintiff in this action, Henry Gardner, was a farmer at Chipping Norton, Oxford, and hef sued the defendant, Henry Harrap, a sort o surgical practitioner of great repute at Brighton, to recover damages for negligent and unskilful practice as a surgeon in treating the plaintiff for the cure of a bad knee.

It appeared from the plaintiff's evidence that in the year 1857 he had taken a cold, which brought on a rheumatic attack in his knee. The joint was inflamed, and he was confined to his bed for several weeks, and, as the result, the knee became contracted. Under the advice of his medical attendant, Mr Farwell, he went to Bath, and remained there for several weeks, under the care of a Mr Wood, a surgeon, who advised rubbing the knee. On the 11th of October, 1857, he left Bath in improved health, and returned to Chipping Norton, where, under Mr Farwell's directions, the knee was rubbed every day for two hours. On the 18th of December he went to Brighton, and consulted the defendant on his stiff joint. The defendant was an irregular practitioner, but he had a great reputation and large practice. He assured the plaintiff that there was no disease in the knee, but the joint was drawn up in consequence of very improper treatment. The defendant rubbed in some white ointment, and then put on some large plasters, which covered the limb from above the knee to as low as the ankle. The plaintiff told the defendant he thought he must have come to the wrong man, as he expected to be shampooed; but the defendant said there was no mistake, as he was the only Harrap in Brighton, and he was a spinal surgeon. He said he could cure him in six weeks, as he had no disease in the joint. Upon this the plaintiff put himself under the defendant's care and treatment. The treatment consisted in the application of a strong lotion laid on wet cloths, which the defendant called putting the leg "in pickle." The lotion was very strong, and smelt like ammonia, and caused the plaintiff great pain and inflammation in the leg. The plaintiff complained of this to the defendant, but he consoled him by telling him that he could not expect to be cured without going through a considerable degree of pain. However, he put on a milder lotion, and substituted a milder plaster—viz., a lemon-coloured plaster for one of orange colour. Matters went on thus till February 1858, when some reference was made to payment at the rate of

2*l.* for three visits; but the defendant told the plaintiff that he had never charged him anything, neither would he till he cured him. In the month of April, 1858, the plaintiff had taken cold and felt very ill, and was satisfied that some matter was forming in his leg, and, by the advice of the defendant, a Dr Hilbers was called in to prescribe. In a few days a swelling in the leg broke, and the plaintiff in the month of June complained of a shivering in his back, and said he believed more matter was forming. The defendant then said the plaintiff's spine was affected, and he applied his lotions and plasters to his back and body. The plaintiff soon afterwards complained of pain in his head, and the defendant assured him that he had a softening of the brain, and applied his white lotion to his head. Upon this point the plaintiff admitted the defendant was right, for, he said, if his brain had not been "very soft" he should not have continued under the defendant's treatment so long. However, the plaintiff left Brighton on the 11th of October, 1858, and was confined to his bed for seventeen weeks; but he had since recovered his general health, though his knee, owing to the defendant's unskilfulness, was permanently contracted, and he could not walk without a crutch. The defendant used to speak in strong terms of condemnation of the practice of medical men, and said that they wanted a "hanging day" amongst them, because they applied leeches. It appeared on the cross-examination of the plaintiff that the defendant had attended him a hundred and seventeen times, his attendances extending from half an hour to two hours each time. The defendant had also brought an action against the plaintiff to recover payment; upon which the plaintiff brought the present action to recover damages for the defendant's negligent and unskilful treatment.

Several surgical witnesses were called, and gave evidence that the defendant's treatment of the plantiff's leg was unskilful and improper. These were Mr Farwell and Mr Wood, and a third surgeon, named Taylor, who attended the plaintiff when he left Brighton; and their evidence was supported by a surgeon of the city of Oxford.

On the part of the defendant, evidence was given that he was ill, and unable to attend the trial; but his assistant, a young man named Bennett, was called, and also a Dr Hilbers, and, according to their opinions, the defendant's treatment was very skilful and generally successful. There appeared to be no doubt that the defendant enjoyed a considerable reputation, and had a great number of patients, and it was urged on his behalf that this action was brought only with the view to evade payment of the defendant's demand for his long and attentive services.

The jury ultimately found for defendant—Damages 300*l.*

YORK, July 14th.

(Before Mr Baron Willes.)

ALLEGED MANSLAUGHTER BY A QUACK DOCTOR.

George Swinson, a quack doctor, was charged with the manslaughter of John Batty, on the 22nd of March last, at Sheffield. The features of the case were of an extraordinary character, differing materially from ordinary cases of manslaughter, the prisoner having, it was alleged, caused the death of John Batty, by gross and culpable negligence in the treatment of a disease under which that person was labouring. Batty, it appeared, was a sheep-shear maker at Grimesthorpe, and the prisoner was a toll-bar keeper at Pitsmoor, both of which places are in the neighbourhood of Sheffield. The prisoner had obtained considerable popularity in his practice as a quack doctor; and Batty, having a wound upon his leg, was induced by Swinson's reputation to visit him. The prisoner, on looking at the wound, which was in the neighbourhood of some large bloodvessels, made an application to it which caused considerable pain. On four other occasions the prisoner treated the wound, which on each visit was enlarged in size. The last occasion was the 22nd of March. After leaving the prisoner, the deceased proceeded on his way home; but when he had got about half-way, the pain which he was suffering became so intense that he cried out for assistance. A person coming up to him found blood flowing from the leg of deceased's trousers, and endeavoured to remove him to a stable close by. The deceased fainted on his way, and died from loss of blood after he had been laid down about twenty minutes. A post-mortem examination of the body of the deceased was made, when it was found that caustic had been applied to the wound, and had eaten through the vein in its vicinity. The deceased's death had resulted from loss of blood. The prisoner, on hearing of the death of his patient, remarked that it was a bad job, and that it would be a 'York job' for him. For the prosecution, it was urged that the death of the deceased had been caused by the ignorance and rashness of the prisoner. Mr D. Seymour, however, urged in defence that the evidence showed that the vein which had been ruptured was in a varicose condition, and had burst from oxer-exertion. The jury acquitted the prisoner.

Births, Marriages, and Deaths.

BIRTHS.

Brown.—July 12, at Hampstead, the wife of R. G. Brown, Ex.-L.R.C.P., of twins, son and daughter.

Beck.—July 14, at Belfast, the wife of John Woods Beck, M.D., of a son.

Cannon.—July 17, at Rockville, Cheltenham, the wife of Dr Henry Mills Cannon, Surgeon H.M.'s Bengal Army, of a daughter.

Davis.—July 18, at Addison road North, the wife of Henry R. Davis, Esq., L.R.C.P.E., of a daughter.

Sturt.—July 17, at Margaret street, Cavendish square, the wife of T. J. Sturt, M.D., of a son.

MARRIAGES.

Fish—Chesterman.—July 17, at the Parish Church, Banbury, the Rev. John D. Fish, M.A., to Henrietta Barnes, youngest daughter of Shearman Chesterman, Esq., M.R.C.S., of that town.

M'Andrew—Cockrell.—July 13, at St Mary's, Twickenham, Wm. Henry M'Andrew, M.D., of H.M.'s 57th Regiment, Bombay, to Julia Margaret Cockrell, Woodlands, Twickenham park.

Merryweather—Hill.—July 12, at Ledbury, Henry Merryweather, Esq., M.R.C.S., of Sheffield, to Mary Emmeline, second daughter of the late Thomas Hill, Esq., of the Old Rock, Dymock, Gloucestershire.

DEATHS.

Anderson.—July 8, at Tyree, James Anderson, L.R.C.S. Edin.

Bowen.—July 13, at Park villas, Ilford, Essex, aged 26, Jane, the wife of Dr Bowen, late Surgeon to the Royal Hibernian Military School, Dublin.

Chick.—July 13, at his residence, Great Jackson street, Hulme, Manchester, Edwin Reynolds Chick, Esq., L.R.C.P. Edin., M.R.C.S. Eng., L.F.P.S. Glas.

Crawford.—May 23, at Secunderabad, Clara Frances, wife of Thomas Crawford, M.D., 18th (Royal Irish) Regiment, and daughter of the late Richard Morrison, Esq., of Dublin.

Drew.—July 5, at Milford, Pembrokeshire, John Drew, Surgeon R.N., Admiralty Surgeon and Agent, and Surgeon to the Hon. Trinity Corporation at Milford, aged 69.

Fyfe.—July 9, at 37 Pleasant street, Clarence street, Liverpool, James Corson Fyfe, L.R.C.S. Edin.

Graves.—July 13, at Barton street, Gloucester, Standish Ryves, eldest son of R. W. Graves, Esq., F.R.C.S., aged 11 years.

Gorman.—May 30, at Trincomalee, of phthisis, James Gorman, L.R.C.S. Edin., Staff Assistant-Surgeon, Army, aged 29.

Hickman.—July 12, at Duke street, St James's, William Hickman, Esq., M.R.C.S., aged 28, second son of — Hickman, Esq.

Lind.—July 10, at Corstorphine Lodge, Ryde, Isle of Wight, James Player Lind, M.D., late of Wadham College, Oxon, Justice of the Peace for the County of Hants, and for many years Chairman of the Bench of Magistrates at Ryde, in his 70th year.

Morgan.—May 21, at Old Calabar, West Coast of Africa, John Steane Morgan, Esq., late of Whitby, Yorkshire, second son of the late Wm. Hoskyns Morgan, Esq., Surgeon R.N., of Hereford, aged 37.

Parkin.—July 11, at Hightown, Yorkshire, John Parkin, M.R.C.S., aged 37.

Reid.—May 26, at Allahabad, East Indies, of typhus fever, Harry Reid, L.F.P.S. Glasgow, M.D. University of St Andrew's, Assistant-Surgeon of H.M's 75th Regiment.

Williamson.—July 4, at his residence, Aberdeen, Joseph Williamson, M.D. University of Edinburgh, M.R.C.S. Eng., aged 50.

MEDICAL NEWS.

Apothecaries' Hall. — Name of gentleman who passed the Examination in the Science and Practice of Medicine, and received his Certificate to Practise, on Thursday, July 12: —Henry Chrippes Sherwin, Pulborough. The following gentlemen also on the same day passed their First Examination:—Charles Brook, Lincoln; Nathaniel Englcheart Cresswell, St Mary's Hospital; Humphry Davy, St. Mary's Hospital; Richard Dawson, University College; Thomas Griffiths, University College; Horace Sydney Howell, St Bartholomew's Hospital; John Talfourd Jones, University College; George Albert Miskin, St Thomas's Hospital; Thomas Neatby, Barnsley; Frederick Thomas Roberts, University College; Nathaniel Gilbert Scott, St Bartholomew's Hospital; Richard Lewis Shone, University College; Thomas Galston Wollaston, King's College.

Royal College of Surgeons.—At a Meeting of the Council of the College, on the 12th inst., Mr John Flint South was elected President; Mr Cæsar Henry Hawkins, F.R.S., and Mr James Luke, F.R.S., were elected Vice-Presidents, of the College. This is the second time these honours have been respectively conferred on these distinguished Surgeons.

British Medical Association.—We learn that at the meeting of the Metropolitan Counties Branch, held on Tuesday last, it was unanimously resolved to invite the Association to meet in London in 1862.

Legacies.—The late Mr J. Mayer, of Hanley, has left several liberal legacies to public institutions; amongst them, 1,000*l.* to the Royal Free Hospital, 500*l.* to the Brompton Hospital for Consumption, and 1,000*l.* to the North Staffordshire Infirmary.

The Surgeon's Daughter.—The 'Indépendance Belge' announces the intended marriage of the daughter of Professor Velpeau with a member of the French Legislative Assembly and chamberlain of the Emperor. The portion of the young lady is to be 25,000*l.* and an outfit worth 2,000*l.*

Braidism in France.—The French are very fond of connecting proper names with the designation of new theories in science or art. Faradization is now, amongst our neighbours, as common an expression as Galvanism; and now we find the following book announced: 'Theoretical and Practical Course of Lectures on Braidism, or Nervous Hypnotism, considered in its relations with Psychology, Physiology, and Pathology.'

Militia Surgeons.—Mr Sidney Herbert has received a deputation to present a requisition, signed by 47 colonels and 109 members of Parliament, directing his attention to the present unsatisfactory state of the Militia Surgeons, and urging on him the justice and propriety of placing these gentlemen in a more remunerative and satisfactory position.

Marriages of First Cousins. — Dr Bernis, of Kentucky, has found that ten per cent. of the deaf and dumb, five per cent. of the blind, and fifteen per cent. of the idiots, admitted into the various charitable institutions of the United States, are the issues of marriages of first cousins. These unions are now prohibited in certain States, and especially in Kentucky.

Somnambulists Fined.—In Paris, professional somnambulists have frequently been condemned to fine and imprisonment for obtaining money on pretext of indicating occult facts. Two persons named Nicolas, man and wife, were this week committed to prison for one month, and each fined 50 fr., for swindling out of 20 fr. a man who had been robbed, and to whom they pretended falsely to indicate the thieves.

Poor-law Medical Reform Association: Students' Branch.—A meeting of the committee was held on Thursday evening, the 12th

instant, at the Freemasons' Tavern. In the absence of Mr E. Hart, Mr Felch, of the Middlesex Hospital, was voted to the chair. Mr Sutton read a letter from Dr Tilbury Fox, stating that his numerous engagements compelled him, with great regret, to resign the office of secretary. A similar communication was received from Mr Felch, resigning the treasurership. A vote of thanks was proposed to the retiring officers, for their assiduity in carrying on the work. Mr Galton (Guy's) and Mr Sutton (Middlesex) were then requested to undertake, solely, the duties of treasurer and secretary, which had hitherto been fulfilled by two gentlemen. It was announced that Mr Pigott, M.P., was about to bring in a new Bill for Poor-law Medical Reform, though, from the lateness of the session, it was feared it would not pass into law this year. Mr W. Brett (Westminster) strongly urged the committee not to allow the attention of the profession and the public to be turned from this important measure. He suggested that a circular should be sent to all the provincial schools of medicine, calling upon the students to hold meetings and to petition Parliament. Handbills should also be printed, and affixed to the notice-boards of the London hospitals, inviting the students to sign the petition which was drawn up at the late aggregate meeting in St Martin's Hall. Mr Brett thought it would be well to call meetings of the working classes, and lay the question before them. It concerned the poor more than the medical man. His suggestions were adopted.

Coroner's Court.—The annals of our criminal courts have recently furnished us with a case of some medico-legal interest. Geo. Solloway, an inmate of Windsor Workhouse, was charged at the Abingdon assizes on the 10th ult. with the manslaughter of Wm. Wickens, a pauper, on March 6th last. From the evidence it appeared that deceased was an idiot, and was suffering from hemiplegia. He required a bath, and the prisoner, as a part of his duty, placed deceased in a warm bath, in which he remained half an hour. During this time he was seen to shiver. He was taken out and put to bed, when almost immediately afterwards he died. The medical witness attributed "his death to apoplexy. Had made no post-mortem examination, as the coroner had given him no order to do so. Deceased might have died of apoplexy of the lungs or disease of the heart." Mr Justice Hill observed, "that as death might have arisen from natural causes, it would be wrong to convict the prisoner; but if proper care had been used, the necessary evidence might have been got." The jury acquitted the prisoner. If it were a mere question of economy that no post-mortem was made, the authorities cannot but bear the blame of a short-sighted policy; for had an autopsy exhibited to the surgeon facts sufficient to account for the man's death by natural causes, then there would have been an end of this case, the costs of the prosecution saved, and the accused relieved from the horrible imputation which has attached to his name during the last four months. If, on the other hand, evidence had been afforded indicative of death by any act or by the wilful neglect of the accused, then the case could have satisfactorily gone into court, and the prisoner's alleged guilt established. Now, however, the case resolves itself into one of two propositions—either that an innocent man has been committed to await his trial on a charge of manslaughter, when such committal might have been averted by proper medical evidence, or a guilty person has escaped punishment through the absence of a most important branch of evidence. This case, however painful in some respects, is gratifying to the Profession, as exhibiting the rapidly-increasing importance of the medico-legal branch of science; and it is our earnest wish that the observations made by the learned judge may have due weight upon prosecuting authorities in future, and induce them to set more value on medico-legal evidence.

APPOINTMENTS FOR THE WEEK.

Wednesday, July 25.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, July 26.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2½ p.m.

London Home.—2 p.m.

Friday, July 27.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 28.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, July 30.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, July 31.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Medicus.—It is difficult to know what to recommend, as you seem to have exhausted the Pharmacopœia. Sciatica is sometimes a very obstinate affection: we have known hot-air baths do great good; injection of a solution of morphia under the skin, between the tuberosity of the ischium and the hip, has been found beneficial in some cases, but it has failed in others. We have noticed sciatica to have often had an intermittent character; in such cases quinine and arsenic are beneficial, with change of air. We should not despair of these latter resources, although in your case they may appear formerly to have failed. Try the effect of a mild galvanic current.

J. W. H.—It is unlikely that the proposition will be carried out.

A Subscriber.—We have no confidence in it; we have tried it frequently, but it has failed to produce a beneficial effect.

Omega's letter on "Special Hospitals" received.

Dr Chas. W. is thanked.

The Munster News.—Received. The case reported is a very singular one, but the evidence is not clear enough to endow it with medical interest.

Mr Johnson.—1st. No.—2nd. Yes.

Edinensis.—We are obliged. It shall be attended to.

M.R.C.S. Eng. and L.A.C.—We are not aware of any separate treatise on the subject.

A Poor-law Medical Officer.—Received. We are unable to answer your question satisfactorily.

A Student.—You will come under the old regulations.

Mr Davis.—Yes.

A Subscriber (Ramsgate).—You had better write to Weiss, in the Strand, who will inform you.

Mr S. B.—The qualifications are sufficient.

Dr Gibson's Cases of Diptheria shall appear next week.

H. H. G.—No. The appointment of District Vaccinator is independent of that of Medical Officer. The publisher will attend to the requests contained in your note.

M. A. B.—Such an appointment as you describe would be most desirable for you, and might be obtained by application to the great shipowners. A recommendation would be an advantage.

Mr Benson.—1st. Yes. 2nd. Yes.

Chirurgus (Boston).—It was so formerly; but the rule has been rescinded.

Dr W. H. T.—Apply to the Registrar.

A General Practitioner.—The Medical Council have nearly completed their arrangements for a new Pharmacopœia for the three kingdoms. It will probably be ready by the beginning of next year. The inconvenience resulting from the present discrepancies must be, as you say, very great in some districts.

Medical Crotchets.

"A learned doctor of wry law,
And would make three to cure one flaw."
Hudibras.

To the Editor of the Medical Circular.

Sir,—We are at present in a whirl of new, but false, excitements on paper: might we not all as well go easy? We are to have midwifery "made easy," false presentations corrected by fanciful external manipulation. We are to have syphilitic eruptions cured by arsenic, or "short and energetic courses of mercury," which would get well without either. But "syphilisation," it seems—as you suspected a little while ago—is not only not orthodox, but it is a blunder, as bad as the arsenic and mercury. Patients are occasionally seen admitted in such hospitals as Guy's or St Bartholomew's, who have been turned out "cured" from the Lock Hospital by the so-called brilliant "syphilisation" method, *quoad* their simple primary sores on the genitals; but their legs or limbs, poor wretches! present a miserable mass of nasty ulcers, which are the result of the brilliant inoculating process: nay, what is more, in ninety-nine cases out of a hundred, these nasty experiments, or ulcers, are admitted to be new flaws to cure an old one, and have done neither good nor harm; in other words, they are flaws or blunders from beginning to end. It answers the book-publishers, but nobody ought to be misled by their dreams. One need not say what mischief—greatly to the discredit of legitimate medicine—the "energetic" courses of mercury do, too, in this disease. We have an hospital for urinary diseases and "stone," probably much needed, but, it is said, violently opposed by Dr Hassall; and, peradventure, an hospital for crooked elbows and knees is said to be in process of orthopœdic incubation—to be opposed by some Great Northern somebody else yet there is room for all, as our largest hospitals are becoming careless and inadequate to the great work devolving on them and such jobs, that men like MacWhinnie are obliged to cut them!

The "Educational Council," at the eleventh hour, have published a much-required code of regulations on the education of young medical men in future, very much needed;—one of the good, much-desired results of the Oxford "revivals" and parliamentary interference: and as to Apothecaries—as wisely suspected not long ago in the Medical Circular, the Apothecaries' Hall Corporation refuses to permit the College of Physicians to establish another grade of General Practitioner or Apothecary. So far so good.

Some one asks, what is the Medical Circular doing? We owe the chief of these reforms to it, and your correction of medical "fancies" are invaluable. Yours, M.D.

M.R.C.S. (Birmingham).—We believe the practice is founded on an error. There is nothing gained by placing a patient two or three times under chloroform the week previous to the day of operation. We know it is very common, but it is now decided to be a custom more "honoured in the breach than the observance."

Foreign Graduates and the Medical Council.

To the Editor of the Medical Circular.

Sir,—Permit me to say that I think "Paul Pry" falls into an error in the conclusion he draws from his statistics, as published in his letter in your last impression. He seems to imagine that all the foreign graduates whose names do not appear on the 'Medical Register' hold diplomas that the Council have refused to recognise. I take it that this is by no means correct. Many foreign graduates, in common with a great number of British ones, look upon the new Act as a sham and a delusion, and have not, therefore, thought fit to apply to have their names enrolled in a useless register, at an expense of a couple of guineas. For my own part, I hold a foreign diploma, obtained after a regular course of study and a rigid examination, and do not, therefore, see how the Council could refuse to register it, were I to make application. I have not, however, done so, and until some much greater advantages are to be obtained for my two guineas, do not intend—more especially as the Medical Directory publishes a far more complete list of practitioners, and levies no tax upon them for inserting their names. The truth is, that the 'Register' does not at present contain the names of half the qualified medical men in the country, and never will until they are inserted free of charge. Registration literally confers no advantages, and large numbers, therefore, object to pay for it.

July 14th, 1860. A Foreign Graduate.

Mr Milton will have seen that the continuation of his excellent lectures was inserted last week.

Mr Whitton's communication has been received, but declined, having been published in another journal.

Letters received from T. Webb, H. Tucker, S. Davidson, R. Jones, J. Tufnell, Dr C. Phillips, H. Berkeley, H. H. Taylor, J. Popjoy, T. M. Clewley, J. Tucker, J. T. Hussey, Dr Wilkinson, G. G. Smith, Dr Lowne, W. H. Oliver, Dr Ffolliott.

Briet's Celebrated Patent

GAZOGENE or AERATED WATERS APPARATUS, for the immediate production of SODA WATER, GINGER BEER, SPARKLING WINE, LEMONADE, &c.

SOLE AGENTS FOR GREAT BRITAIN,

MATHIEU AND FRIQUET,

5A Little James Street, Bedford Row, London, W.C.

This agency was first established by one of the Partners (Mr F. Mathieu), who kept it from 1851 to 1854, and is now a Branch of the Patentees' Paris Establishment. It is the only house in the United Kingdom supplied by the Patentees, and there is no other having the right to use the name of Agents for for them.

MATHIEU and FRIQUET are manufacturing the GENUINE LEMON SYRUP made from the actual FRUIT. When used with the Aërated Water from the Gazogene, it produces a pure and wholesome Sparkling Lemonade of the most exquisite and refined flavour.

Powders for Generating Gas in the Apparatus. Special and able Workmen from the Paris Manufactory are kept on the premises for the prompt and sound repairing of the Gazogenes, at low charges. No other repairers appointed by the Manufacturers.

WHOLESALE AND FOR EXPORTATION ONLY.

Price Lists sent on application on receipt of Busine Card.

Paper and Envelopes.

A SAVING OF FU[illegible] 6s. IN THE POUND.

Cream Laid Note, 2s., 3s., [illegible] per ream.

Large Blue Wove ditto, 3[illegible] 4s. 6d. per ream.

SUPER THICK CREAM LA[illegible] ENVELOPES, 6d. per 100.

Manuscript Paper, 4s. 6d., and Foolscap, 6s. 6d. per ream.

Bordered Note, Five Quires for 1s.

STRAW Paper, 2s. 6d. per ream.

No CHARGE for Plain Stamping. Dies engraved from 2s. 6d.

White and Blue Demys, and other Wrapping Papers, at a small commission on the mill prices.

Price List post free. SAMPLE packet for six stamps.

CARRIAGE PAID to the country on orders over 20s.

PARTRIDGE and COZENS, Manufacturing Stationers, No. 1 Chancery lane, and 192 Fleet street, E.C.

Neuralgia, Nervous Headaches, Rheumatism, and Stiff Joints Cured, and

Grey Hair Restored to its Natural Colour, by

F. M. HERRING'S PATENT

Magnetic Brushes,

10s. and 15s.; Combs, 2s. 6d. to 20s.

N.B. — The Electro-Galvanic Brushes were formerly made and sold by F. M. H., but the dirt and trouble inseparable from a galvanic apparatus were insurmountable obstacles to their use.

Offices, 32 Basinghall street.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE by WEISS '—(Quite New).

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

Wines, guaranteed Pure

and Genuine, at per Dozen, including bottles: Fine old Port, 26s.; superior old Sherry, 24s.; superior old Claret, 26s.; finest old Sicilian Sherry, 24s.; superior Champagne, 32s.; fine old Pale Cognac Brandy, 44s. Samples forwarded, free on application.

T. W. REILLY,

33 Finsbury place North, Finsbury square, London, E.C.

Post-office Orders wit Country Orders.

H. Silverlock's Medical

Label Warehouse, Letter-Press, Copper-Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors' Commons, London, E.C.

H. Silverlock's stock of LABELS for DISPENSING purposes, having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen; a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d.

Printed Catalogues of the above may be had, post free on application.

Printing of every description at moderate prices.

A New Discovery.—Mr

HOWARD, Surgeon-Dentist, 52 Fleet street, has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication. 52 Fleet street.

At home from ten till five.

REDUCTION OF THE WINE DUTIES.

The European and Colonial

WINE COMPANY,

122 PALLMALL, S.W., LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their Patrons the full benefit of the new enactment.

	Per Doz.
SOUTH AFRICAN SHERRY	20s. and 24s.
SOUTH AFRICAN PORT	20s. and 24s.
The finest ever introduced to this country.	
ROYAL VICTORIA SHERRY	27s.
The Standard of Excellence.	
SPLENDID OLD PORT (Ten years in the wood)	37s.
SPARKLING EPERNAY CHAMPAGNE ..	34s.
Equal to that usually charged 60s. per dozen.	
ST JULIEN CLARET	24s.
PALE COGNAC BRANDY	52s. and 60s.

Bottles and packages included, and Six Dozens free to any railway station in England or Wales. Terms, cash, or reference. Price Lists free on application.

WILLIAM REID TIPPING, Manager.

For Family Arms, send name

and county to the HERALDIC OFFICE. No charge for Search. Correct sketch and description, 2s. 6d.; in colour, 5s. Monumental brasses, seals, dies, and diploma plates, in Mediæval and modern styles. Lever-press and Crest dies, one guinea. Illustrated price-list per post.

ARMS, CRESTS, &c.—Gold Medal for engraving Crests on rings or seals, 8s.; on dies, 7s.; arms, crest, and motto, 25s; book-plate, 25s.

T. MORING, Engraver and Heraldic Artist, 44 High Holborn, London.

SOLID GOLD, 18-carat, Hall marked Sard, or Bloodstone RING, engraved with CREST, two guineas; seals, desk-seals, pencil-cases, &c. Send size of finger with orders for rings.

Millikin, late Bigg and Milli-

kin, Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 9 St Thomas's street, Southwark, S.E.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever

TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided: a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 8d.

Price of an Umbilical Truss, 42s., and 52s. 6d.

Postage, 1s. 10d.

Elastic Stockings for Vari-

COSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s. 6d., 7s. 6d., 10s., and 16s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,

228 Piccadilly, London.

Notice—Behenna and Co.

ACCOUNTANTS, conduct all business entrusted to them, with secrecy, economy, and despatch. Accounts prepared in Bankruptcy and Insolvency. Arrangements made with Creditors. Tradesmen's Books regularly kept. Partnerships and Loans negotiated. Offices, 11 Beaufort buildings, Strand London W.C. Hours from 10 till 4.

Important to Surgeons.—

The old-established and well-known Business of JOHN MILLIKIN, now MILLIKIN and LAWLEY, 161 Strand, adjoining King's College. A change in the proprietorship offers to Surgeons the opportunity of purchasing any kind of Instrument from this well-manufactured stock, which cannot be surpassed in style, quality, or price.

Messrs MILLIKIN & LAWLEY beg to draw the attention of their friends and customers to the superior stock of Mathematical Instruments, their great variety of Cutlery, and the selection of first-class Microscopes, Opera and Race Glasses.

A great variety of Skeletons, Skulls, Hands, Feet, &c., of superior quality, at moderate charges.

Every description of Surgical Instruments made to order, with the utmost PRECISION AND DESPATCH.

Surgical Instruments and Cutlery Repaired Daily.

S. W. Silver and Co.'s

OUTFITTING WAREHOUSES, 66 and 67 Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and Civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Gluten Bread, Semola,

CHOCOLATE, BISCUITS, CAKES and PATES, for Diabetes, Consumption, Dyspepsia, Asthmas, Invalids, and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.—John Bell and Co., 338 Oxford street; Thomas Keating, 79 St Paul's churchyard; Glaisyer and Kemp, Brighton; Alderton, Hastings; Tylee, Bath; Ferris and Co., Bristol; Schacht, Clifton; Randall and Son, Southampton; Proctor and Son, Newcastle; Rendall, Torquay, Exeter, Taunton, and Plymouth, Lofthouse, Hull; Mackay, Edinburgh; and wholesale only of

G. VAN ABBOTT, 13 Basinghall street, E.C.

Medical Practitioners Sup-

plied with ASSISTANTS, gratis, by MAIR and SONS, 34 Bedford street, Strand, who also DISPOSE of PRACTICES on moderate terms.

Health, Fresh Air, and Pure

WATER.—By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, Nature's true and only purifying agent; instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits.—One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt.; 36s. Wholesale Agents, John Bell and Co., Chemists, 338 Oxford street; Savory and Moore, New Bond street, Butler and Crispe, 4 Cheapside; W. Twinberrow, 2 Edwards street, Portman square; and Twinberrow and Co., Chemists, Worcester.—Chemical Works, Battersea, S.W.

Bennett's Watches, 65 & 64

CHEAPSIDE, in gold and silver, in great variety, of every construction and price, from 3 to 60 Guineas. Every Watch skilfully examined, and its correct performance is guaranteed. Free and safe by post.

Money Orders to JOHN BENNETT, Watch Manufactory, 65 and 64 Cheapside.

CLINICAL LECTURES.

ON THE DIFFICULTIES THAT ATTEND THE DIAGNOSIS OF THE NERVOUS AFFECTIONS

KNOWN AS INTERMITTENT TETANUS, TETANILLE, IDIOPATHIC MUSCULAR SPASMS, ETC.

DELIVERED AT THE HÔTEL-DIEU,
By M. TROUSSEAU.

There is at present in the Salle St Bernard a woman, twenty-five years of age, whose morbid state is one of great practical interest, on account chiefly of the many possible errors that beset the diagnosis. For several months she has had a severe diarrhœa, but unaccompanied with either fever or nocturnal perspirations, or any lesion on the part of the respiratory organs. To the great privations she has had to endure have sometimes been added the painful torments of hunger. Her husband, attacked with typhus fever, was admitted two months ago into this hospital, and his lengthened convalescence has only contributed to prolong the privations of the *ménage*.

This woman has seven or eight stools during the day, and as many in the night. I ordered for her preparations of bark and sub-nitrate of bismuth, and then a good alimentary regimen. Things were in this state when, yesterday, she complained of numbness of both arms, so that she could neither dress herself, nor hold a spoon so as to eat her *potage*. In the evening she had, as well as this morning again, several attacks of *contraction;* and it is to this singular affection I now wish to direct your attention, for it is one that does not fail to frighten many persons when they do not know that they have to do with an affair destitute of all danger.

If this affection existed in the times of our fathers, which I do not deny, it was at least all but unknown, and for a description of it we are indebted to our own times. The archives of science possess here and there cases, such as those collected by Dance (On Intermittent Tetanus), by Laberge and Murdoch, and by Imbert Gourbeyre, professor to the Preparatory School of Medicine of Clermont, who, in 1844, endeavoured, in his inaugural thesis, to collect the scattered fragments that had been then written on the singular disease I am going to describe to you: but from all these vague cases there was not deduced any complete body of doctrine at the time that M. Delpech, one of my *internes*, published his memoir (1845) on Idiopathic Muscular Spasms, in which were contained many cases that had been carefully observed. Then, in 1852, we had, lastly, the thesis of Lucien Corvisart on *Tétanille* (Little Tetanus).

In my practice at the Neckar Hospital, during the years 1840, 1841, and 1842, I at least met with cases in wet-nurses, and then thought I had a right to give to this affection the name of the *wet-nurse's rheumatic contraction*. But since that time I have seen the disease in men, children, and women who were not in the puerperal state. To enable you to seize more exactly the diagnostic characteristics of this affection, I will admit that it assumes three forms—a division, however, that is purely arbitrary. 1st, a benign form; 2nd, a middle form; and 3rd, a severe form.

1st. *The Benign Form.*—In this variety, which mostly attacks women, the patient experiences formication in the hands and feet, stiffness of the fingers and toes; the fingers next become rigid and firmly drawn together. The thumb is in a state of strong adduction, and the fingers are more or less bent on the thumb, so that the hand resembles a cone, or the hand of a person holding a pen, or, better still, the hand of the accoucheur. The palm of the hand becomes concave from the action of the adductors and their opponents, and the transverse diameter of the metacarpal portion is lessened. The singular way in which the fingers are placed is often sufficient to point out the disease. The spasms under consideration are accompanied with hardness of the muscles of the arm and forearm, which soon disappears and soon returns. The formication and contractions extend now to one of the superior extremities, now to one of the inferior, or to the superior extremities only, or to the inferior; but at other times, and simultaneously, to the two sides and to all the members. But all this is so little painful and attended with so little severity, that the patients themselves pay but little attention to it; the more so that in this benign form there are no general symptoms.

2nd. *Middle Form.*—Besides the local disturbances which I have just enumerated, there is in this form a slight degree of fever, the duration of which is about seven or eight days, and which generally does not persist unless the spasms are renewed. The appetite is lessened, and there is a certain degree of discomfort; but these general symptoms show nothing of a serious nature. As to the contractions, they occasion more suffering and return more frequently; they attack the muscles of the face, the motor muscles of the eye, and the muscles of the pharynx. In some instances the muscles of the tongue are affected, and then the patient can no longer speak; but this is not usual while the hands and feet are the seat of the spasms. The fingers are always drawn together.

3rd. *The Severe Form.*—Four years ago my colleague and friend, Dr Lasègue, was at the Prefecture of Police, where his duties required his attendance, when there was brought to him a young man, a shoemaker, eighteen years of age, who was attacked, it was said, with epilepsy, and who had beeen found in a state of complete drunkenness lying on a heap of stones near the Hôtel de Ville. He was rigid like a bar of iron, the jaws firmly clenched together, and the hand transformed to the accoucheur's hand. After talking with him, and becoming convinced that the disease was not epilepsy, M. Lasègue sent the young man to the Hôtel-Dieu, when he came under my care. The following are the curious phenomena which we then remarked:—The patient, as if suddenly struck, fell to the ground in a state of tetanic rigidity; the muscles of the neck, chest, and abdomen became convulsively rigid, and bent the trunk forward. The respiration after some moments became extremely difficult, and there was a true attack of orthopnœa, which, happily, was but of short duration, and could only be accounted for by suspension of the functions of the laryngeal muscles. The face was red and animated, the lips violet, and the jugular veins swollen.

I have been witness a great many times to attacks of this kind, all of terrible vehemence, and accompanied with pulmonary choking, resembling in these respects attacks of tetanus. No sooner had the spasms ceased, than this person began to talk with a certain degree of gaiety, though he expressed himself with difficulty; got up, assisted his comrades, swept, made their beds, &c.; in short, lived the ordinary life of those who attend to the patients. In the intervals between his crises he had quite recovered his health, and ate with appetite. This patient usually experiences, just as the paroxysm begins, formication in the arms; he can still move the hand, but this soon becomes concave like the hollowed hand of the beggar, then bends, and the arm becomes rigid, while acute pain, that has been compared to cramp, now takes place. The numbness, formication, and cramp are then the first phenomena that characterise an attack, which does not reach the *summum* of its intensity for ten or fifteen minutes; and then the spasms have invaded the superior and inferior extremities, as well as the face, the jaws, and the tongue. The rigidity is thus marked by its migration, by its short duration, and a slight degree of fever (*middle form*); or it is accompanied by violent pyrexia (*the severe form*).

Even should a patient have no symptom for twenty-four, forty-eight, seventy-two, or a hundred hours, it is yet always possible to cause their renewal. In fact, chance showed me how these spasms may be brought on at pleasure. One day at the Neckar Hospital, (in 1839,) I was occupied with the case of a wet-nurse, the subject of violent spasmodic attacks, and I then entertained, as I do now, the notion that this affection is one of a rheumatic kind. I asked for a bandage, placed it on the arm, and desired one of the pupils to practise venesection in my presence, cutting the vein longitudinally, and not transversely; for it is in this manner I think the operation should be done. All at once there was another attack. The ligature was removed and placed on the other arm, and the same thing followed, accompanied with an identical state of the lower extremities. Every time I have since wished to repeat this experiment, I have constantly remarked the same occurrence; and this morning you yourselves have seen, in the woman in the Salle St Barnard, with what rapidity an attack can be induced. I thought, at first, that an explanation of this fact could be found in supposing that this artificial contraction might be owing to momentary venous congestion; but when I compressed the artery so much that no more blood was felt in the arm, a similar effect was still produced. You are ready to say in reply, that the cause lies in the momentary interruption of the arterial circulation—a supposition as groundless as the former, for the whole must be referred altogether to the nervous system.

(To be continued.)

DIPHTHERIA.

ANALYSIS OF SIX CASES OCCURRING IN MY PRACTICE IN THE WINTER OF 1858-59. ATTENDED BY THOMAS GIBSON, M.D., Orton.

1. M. A., female, aged six years; duration of disease, three weeks; recovery.

2. W. B., male, thirty-seven years of age; ill nine days; recovery.

3. S. A., aged eleven years; observed six hours; died.

4. A. S., male, aged eighteen months; ill one month; the exudation on the fauces, &c., recurring during the last week of the illness, and resulting in death, with symptoms of cramp.

5. Aged thirteen years, female; observed twenty-four hours; death resulted as in the former case, with similar symptoms.

6. Aged seven years, male; observed for three weeks; recovery.

All the above cases put on the same symptoms, corresponding exactly in the nature of the exudation and the affection of the respiratory apparatus, with a decided tendency to coma in the fatal cases.

No. 1. The patient expectorated large quantities of tubulated false membrane, and with great relief, the paroxysms uniformly abating in intensity, and the cerebral symptoms mitigating. The treatment pursued was a mixture of the stimulating with the antiphlogistic, with a liberal supply of port-wine, with beef-tea, alternating when the exudation was more than usual in quantity, and when the breathing was oppressed, with an emetic of the tartarised antimony, inhala-

tion of steam, purgative doses of calomel, &c., pencilling twice daily the fauces with tr. ferri mnr. ℥ij., aq. puræ ad ℥ss., and the administration of a mixture composed of nitro-muriatic acid in bitter infusion. In Nos. 2, 4, and 6, the same treatment was adopted with beneficial effects, except in No. 4, which, owing to the relapse and the great difficulty of effectually sponging the throat of young children, unfortunately terminated fatally.

As a rule in this country, I find, on inquiries rigidly made, that when the patients have been seen by the medical attendant early, and treated on this principle, they have uniformly done well; but very often the patients themselves have not observed any serious illness until the disease had so far advanced as to be beyond the reach of medical aid: for when the fauces have been in an œdematous condition for a length of time, the system gives way, and every attempt is rendered futile by the croupy respiration and the speedy death of the patient, which not unfrequently is preceded by convulsions, owing to the non-arterialisation of the blood in the lungs. In cases Nos. 3 and 5 the unfortunate patients were in that condition. I hold that diphtheria requires support at the very commencement; and in this the treatment differs from scarlatina, which will not bear this kind of treatment until the fever is subdued.

THE SPIRIT OF THE PERIODICALS.

Dr S. H. Hobart, of Cork, reports in the 'Dublin Quarterly Journal' the following *Case of Double Monster:*

"On September 23rd, 1860, I was called on to see Mary Barber, then in labour of her first child. On examination I found two feet protruding from the vulva, one being rather lower down than the other. This was about 1 o'clock p.m. The membranes, as far as I could ascertain, had ruptured about 8 o'clock a.m., and the feet had been protruding about two hours previous to my visit. Very little uterine action was going on. I attempted to draw down the foot which had least descended, but found it unyielding, and observed that it was turned nearly at right angles to the other; and the idea suggested itself that they might be the feet of different children; but the fact of their being right and left rendered this less probable. A second attempt to draw down the upper foot having failed, I passed the index and middle finger into the vagina, and could just reach what proved to be a third foot, and, on then following the line of the lowest leg, the breech of this child could be felt, its second leg being flexed on the abdomen. Not being able to bring down this child by moderate traction on the leg which was protruded, I returned home for a blunt hook, and, at the same time, availed myself of the assistance of my friend Dr Bernard.

"On applying the hook over the groin of the first child, or that which had advanced most, we divided the force, Dr Bernard drawing on the protruding leg, while I assisted with the hook, at the same time endeavouring to push up the feet of the second child. In this way considerable advance was made, without exercising undue pressure on one part; and by the time the breech of the first child had descended into the hollow of the sacrum, the feet of the second had gone up completely above the brim of the pelvis. Further advance now became more difficult, the force required steadily increasing as the child advanced more and more. At length the breech was brought down beyond the external parts, and the second leg liberated from the vagina; beyond this, however, no force which appeared warranted could move the child.

"On now examining the posterior part of the vagina, and higher up, the feet of the second child could be felt descending into the pelvis; they appeared to embrace the body of the first child, and, on applying extension to the latter, they descended with it, as if entangled in it, and, on relaxing the extension, all retreated together. On passing my hand along the abdomen of the first child, which was turned towards the mother's pubes, I could not discover any cord, though the hand passed higher up than the proper umbilical region; but it appeared as if a fold of integument occupied its place, and this seemed to be forcibly drawn up into the mother's abdomen. At this stage (my father not being in town) I called on Dr Harvey, and described the state of the case as I have now done, adding that I was strongly inclined to think that there was union between the abdomens of the two children, that the fold of integument I have referred to was the isthmus of connection between them, and that perhaps a cord more directly attached to the other fœtus supplied the wants of both. With his usual kindness, he immediately volunteered to accompany me to the poor woman's house, when, after a good deal of investigation, he succeeded in hooking his finger round a cord. On endeavouring, however, to draw it down sufficiently to ascertain to which child it belonged, it gave way under the finger as if rotten; but on catching the short end between the finger and thumb, its attachment could be traced to the first child.

"Dr Harvey now suggested that what I have described as a fold of integument as the upper part of the child's abdomen might be deceptive, and the state of parts present be owing to the lateral compression causing a sort of puckering of the integuments in front; and the fact that the finger could be sunk into a deep sulcus at the side of this fold, and that the lower margin of the ribs could be traced from either side to the mesial line, rendered it difficult to conceive that the abdomen could be extensively united; besides, the height at which the parts were placed made it impossible to arrive at a positive diagnosis. These points, together with the extreme improbability of the thing, caused us almost to lose sight of the idea of abdominal union, especially as the remarkable manner in which the legs of the second child embraced the body of the first appeared in some measure to account for the difficulty of bringing the latter down. More unsparing efforts were now made to accomplish this object, it being no longer necessary to avoid injuring the child, as it was of course dead, the cord having been accidentally ruptured some time before, as I have mentioned; but the utmost extension that Dr Bernard and I could exercise together scarcely brought it down an inch farther. Dr Harvey now succeeded in passing the blunt hook over one shoulder, and in bringing down the arm; but this, though it allowed one leg of the second child to pass up, did not appear to improve matters in the slightest degree. Nearly two hours having been thus spent in these almost fruitless efforts, the woman became very impatient and much exhausted, and it was thought advisable to postpone further interference for the present; and Dr Harvey recommended that I should, in the meantime, get my father, Dr Hobart, to see the case, and consult with him as to the advisability of giving ergot, and so establishing uterine action, which was still very feeble, and suggested the following points for consideration: viz., that if the parts at the brim of the pelvis were incapable of passing through it in their present state, they would become so impacted under uterine action as to render operative interference much more difficult, if not impossible; but that, if this disproportion did not exist, uterine action would be a most important agent in completing the delivery.

"After allowing the woman about two hours to recover herself, I again visited her with my father and Dr Bernard, when we agreed that it was better to defer the use of ergot for the present, owing to the entanglement of the feet of the second child about the first, and the consequently greater probability of impaction. I now succeeded in passing the hook over the second shoulder and drawing the arm down, but this had no better effect than the descent of the first; the legs of the second child, which had before surrounded the body of the first, now embracing the neck with a firm hug, and no further progress could be made. I was again obliged to trespass on Dr Harvey, who immediately accompanied me, and devoted all his skill and energy to the case. Traction on the child in its present position appeared utterly useless, while every effort to alter its position, and turn its abdominal aspect towards the mother's sacrum, or to free its neck from the grasp of the second child's legs, though modified in every conceivable way, also failed. At length Dr Harvey having passed his hand along the back of the child, and got his fingers well over the shoulders (a manipulation which had several times been attempted before ineffectually), he succeeded by a strong effort in bringing them down into the pelvis, through which they then advanced readily, and soon passed the perineum, followed by the head. And now there could be no longer any doubt about the cause of the previous delay and difficulty, as the child hung from the vagina by the upper part of the abdomen, showing evidently that this part was adherent to the other child.

"Nothing further remained to be done than to see that the second child was advancing in a position favourable for delivery; and Dr Harvey, having discovered on examination that the arm was presenting, immediately turned, and the labour was completed in a few minutes more. The uterus now contracted well under the influence of a dose of ergot, and the placenta was expelled in a short time; it and the cord being single, and similar in every respect to those of an ordinary child.

"The children (both females) proved to be united by the abdomen from the lower edge of the thorax to about the umbilicus. There was an extensive laceration of the abdomen at the lower part of the united portion, from the violence used in dragging on the first child. From this the intestines protruded, and the cavities were seen to communicate freely, no appearance of a septum existing at the united portion. The insertion of the cord was rather obscure, in consequence of its having broken short, as already described, and of the lacerated state of the abdomen in its vicinity. On a subsequent and more careful examination, one umbilical vein could alone be found, and, on injecting this, the wax flowed readily into the right auricles of both hearts, showing that this vessel continued single until after its entrance into the common abdominal cavity. I next proceeded to examine the intestinal canal, and, commencing with the stomach of one child (which we may call No. 1), to which I ascertained it belonged, by passing a bougie down the œsophagus into it, I, with some difficulty, followed the course of the intestine, until I reached to about the junction of the jejunum and ilium. Here it suddenly dilated into a pouch at least four times the size of the stomach. It was somewhat triangular in shape, and from the opposite angle of this the small intestine was again prolonged, and could be distinctly followed till it terminated in a cæcum, passing on to the colon and rectum; but, strange to say, they were those of the other child, or No. 2. A second examination, made with great care, proved the correctness of the first. I had, in both examinations, found some obscurity about the commencement of the canal; as, at a short distance from the stomach, it apppeared to be entangled in, or adherent to, another fold; but I was quite satisfied that I had followed it correctly.

"I then commenced with the stomach of child No. 2, and, after finding a somewhat similar obscurity near the commencement of the canal, distinctly followed it into the same dilatation already referred to; and, as the intestine which I had now traced into it from the stomach of No. 2 proved, on examination, to be the same which I had before followed from No. 1, it was evident that union had occurred higher up between the two alimentary canals, and that they had then continued as a common tube into the dilated portion. Accordingly, a close examination showed that the two duodena ran towards one another, and, uniting, appeared to connect the stomach by a tube of about three or four inches long; and from near the centre of this a common jejunum passed off, and descended, as already described. On again examining the dilatation of the small intestine, it appeared that the third angle of the triangle was prolonged into a sort of infundibulum, and from this could be distinctly traced what appeared at first to be a mere thickening of the edge of the mesentery; but, after following it for about three inches, it began to assume more the appearance of an intestine, and, about two inches farther on, it had become a well-formed ilium, which again passed on to the cæcum, colon, &c., to terminate in the anus of child No. 1, or that with whose stomach we first commenced. The livers were so united by their right lobes that they could not be separated into two distinct organs."

The Author then makes some observations on the mode of development of double monsters; he believes that they originate in a single embryo.

We extract from the same journal the following *Case of Phlebitis*, by Professor O'Connor:

"There is scarcely any subject in medical science on which greater light has been thrown by the researches of modern pathologists than that of phlebitis. The advantages of these discoveries have passed beyond the point they were intended to elucidate, by awakening attention to the doctrines of the humoral pathology, which had passed into unmerited oblivion. Chemical analysis and the microscope have given positive proof of the humoral origin of many diseases discarded previously as mere conjecture.

"The true nature of phlebitis was scarcely known to the world before the writings of John Hunter appeared. And even he had but imperfect ideas on the subject, confined to the primary effects of inflammation on the diseased veins. The opinions of his pupil, Abernethy, were still more vague. According to him, the manner in which phlebitis destroyed life was by the extension of the inflammation to the lining membrane of the heart. As late as 1818, Mr Travers speaks of the innocuous quality of pus when mixing with the blood; asserting that all the evil in such cases was produced by the diffuse inflammation of the veins. The collections of pus found in various parts of the body were supposed to be caused by a metastasis of the pus originally secreted in the diseased veins. The discoveries recently made, that pus globules are too large to pass through capillary vessels into the general circulation, rendered necessary another explanation of these purulent deposits, which was readily afforded by assuming that every pus globule, entering the liver, through the portal veins, or the lungs through the general circulation, becomes a centre of suppurative inflammation in these organs; and, accordingly, that superficial abscesses cannot appear in cases of phlebitis without the lungs being first in a state of suppuration. This opinion is put forth in the following words by Simon, in his Lectures on Pathology: 'I have never seen scattered abscesses in the course of the aortic circulation, except where the lung itself was in a state of suppuration.' A similar opinion, founded, I believe, more on theory than fact, is held by the majority of writers. The following case will, I think, show that there are some exceptions to this general rule; it will be necessary subsequently to see how far these cases can be reconciled with the physiological facts above referred to:—

"Mrs M. was attended in her confinement by a physician in this city. The labour was natural, but some fever, with tenderness over the uterus, arose some days after. She had frequent rigors, with heavy perspirations. I was called to see her about three weeks after her confinement. The tenderness in the abdomen had entirely ceased, but the fever still continued, and abscesses presented in various parts of the body, along the legs and thighs, in the neighbourhood of the joints, and on the abdomen. I am quite sure that during four weeks that I attended her, I opened not less than twenty abscesses. They had all this character in common, that they formed rapidly, and healed as rapidly when opened. All the cases of phlebitic abscesses I observed had this peculiarity. The foregoing was, I am sure, a case of blood-poisoning from some obscure inflammation of the uterine veins: still, there never was the least trace of inflammation or suppuration in the lungs; neither cough, pain, dyspnœa, nor any of the stethoscopic phenomena indicative of such state. Indeed, her perfect recovery would almost preclude the idea of the existence of so formidable a disease.

"Mary Murphy was admitted into the Mercy Hospital some weeks after her confinement, suffering from phlegmasia dolens, with the usual symptoms. After some days, the swelling in the leg subsided, but abscesses formed in rapid succession, which left no doubt of their phlebitic origin. Hectic fever ensued, and the patient gradually sank from exhaustion; but at no time was there discovered any suspicion of disease in the lungs, though carefully looked for.

"About three months since, I was called on to attend a young man who was said to be in fever. He had a quick pulse; heat of skin; great prostration, preceded by rigors; and I should have left the case, believing the diagnosis made before my arrival to be correct, had the patient not alluded to a slight hurt on his shin, which he stated he had got some days before. On looking at the seat of injury, I saw an unwholesome ulcer discharging a small quantity of ichorous pus, and, proceeding from it towards the groin, a number of red lines. This showed me at once that the fever was only symptomatic of venous inflammation or purulent absorption from the wound. On the following day the thigh was extensively swollen, and most tender to the touch, resembling in all respects a case of phlegmasia dolens. He had, besides, severe pains through the abdomen, with retention of urine, which had to be drawn off for several days. Abscesses soon formed on the thigh, the leg, and the abdomen, on the opening of which the swelling of the thigh and the pain subsided. However, the fever continued, and in a few days the other leg and thigh became swollen, and went through nearly the same course. The constitutional symptoms were very severe, and at times little hope was entertained of his recovery, which, however, ultimately took place. In this case, too, we had proof of extensive venous inflammation, without the slightest trace of pulmonary disease. If, then, pus globules cannot pass through the lungs into the general circulation, how are we to account for the facts which I have brought forward? This may be done in two ways: first, that pus globules may be so broken down before reaching the lungs, that their nuclei may pass into the general circulation, and produce such a tendency to coagulation of the blood as must produce inflammation, and consequent suppuration; or fibrine, altered by the inflammatory process, but not converted into pus, may take the same course, and produce the same effects. From this we may come to the conclusion that there are other forms of blood-poisoning, the result of inflammation, besides pyemia. This conclusion affords an explanation of many anomalous cases of puerperal fever, which frequently end in death without suppuration being discovered in any part of the body. Might not this fever be the result of some foreign body, not pus, being absorbed by the uterine veins? Many cases of phlegmasia dolens would admit of a similar explanation, though some of them are manifestly the result of adhesive inflammation in the veins. In one such case, many months after recovery, I found the superficial veins of the abdomen completely obliterated, and converted into hard, cord-like substances. I may also instance hydrotic fever, which sometimes ends in manifest pyemia, and sometimes kills by the simple influence of irritative fever. I have some hesitation in adducing as similar instances the eruptive fever sometimes met after confinements, and called puerperal scarlatina. I cannot imagine that, of all contagious diseases, scarlatina should be the only one met under these circumstances. Why not puerperal measles, small-pox, typhus, &c.? They are at least as contagious as the former; and one of them, small-pox, more likely to occur at the late period of life in which this disease occurs. The cases of this fatal disease which came under my notice were persons in whom scarlatina had occurred earlier in life, and we know how rarely a second attack of this disease is found in the same individual. I may also mention the great fatality of puerperal scarlatina, as distinguishing it from ordinary scarlatina, which is occasionally very mild. Without attempting to dogmatiza on the subject, I would simply suggest for future observation the possibility that this disease may be only a rash symptomatic of some uterine affection. If such should be found correct, it would remove from physicians the painful apprehension that they sometimes are the cause of inflicting a contagious disease upon those whom they profess to cure."

We quote from the 'London Medical Review' the annexed account of a case of *Cancrum Oris*, by Mr Richard Marley:

"On the 1st May, 1860, I was requested to see Ellen J——, a little girl, aged seven years. Upon my arrival, I found she had been rather ailing for some days, and the parents had (as is too often the case in country districts) applied to a chemist. He gave the child some syrups and powders, but as she got worse, I was sent for.

"She appeared to be suffering from a mild attack of infantile remittent fever. The stomach was in so irritable a state as to cause the almost instant rejection of food, whether solid or liquid, and the bowels were obstinately confined. The parents had administered two or three doses of castor oil and senna tea, with no effect, save vomiting.

"I prescribed:

Calomel, one grain
Potas. Sulph. gr. vij, as a powder,

but which was immediately rejected.

"The incessant vomiting was of so debilitating and harassing a nature that I determined, if possible, to allay it. I prescribed:

Tinct. Hyoscyami, ℥iss.
Acid. Hydrocyanic. gtt. vj.
Aquæ Piment. ℥iss.

A teaspoonful of this mixture every two hours was given and retained. This, and a cataplasm, one-half mustard and one-half flour, effectually stopped the irritability of the stomach. There was no abdominal tenderness, and only a slight soreness over the epigastric region, resulting from the application of the mustard. In all cases of constant and apparently irremediable vomiting (as in that of early pregnancy) I find great benefit from homœopathic doses, as far as regards quantity, of medicine or of nourishment. A teaspoonful every hour or two may fail to excite vomiting, when a tablespoonful may have a contrary effect.

"A little cold weak sherry and water was administered in teaspoonful doses, and was retained.

"Having by a strict inquiry ascertained that the bowels had been constipated for nearly a week, and fearing to cause a return of the sickness by administering purgatives, I administered an injection of

Ol. Ricini, ℥j.
Ol. Olivæ, ℥ss.
Decoct. Hordei, ℥j.
Tinct. Opii, ℥ viij.

"She retained it for about half an hour, when it came away ineffectually.

"May 3rd.—I gave her another injection, containing, in addition to the former,

Magnesiæ Sulphas. ℥ss.

"This acted thoroughly, and brought away a copious stool, containing hard scybalæ and thinner fœtal matter of a highly offensive nature. The sickness being allayed, and the bowels well opened, I thought sufficiently light of the case to tell the mother to let me know how she got on, not intending to put her to the expense of any more daily visits.

"May 8.—Mrs J—— called and said the child was about the same in herself, but she fancied 'her mouth was a bit sore, as her right cheek was a bit hot, and upon her gums and tongue were little white spots, like she had seen in infants with the white mouth.' These were about her words. I sent her some powdered Borax mixed up with Bol. Armen., honey, and a little Tinct. Benzoin. comp.

"May 9.—I saw the child, and to my surprise, I may even add consternation, I found that the disease Cancrum Oris was unmistakably established, and gangrene rapidly spreading.

"Apthæ were still present: the gums were spongy, bleeding, and ulcerated; the inside of the right cheek, as far at least as I could see, presented one uniform, dark brown, gangrenous surface. The teeth were loose, and the discharge and breath very offensive.

"In the centre of the cheek, externally, could be felt a hard lump, that might be compared to a kernel, of a livid colour. The mouth could not be closed; and the saliva, vitiated in quality and increased in quantity, mixed with blood and sanies, dribbled continually away. Altogether the child presented the picture of a dreadful and rapidly-progressing fatal disease.

"The treatment amounted almost to *nil*, the child resolutely refusing all internal applications. But such was the extent, depth, and surface of the gangrenous and sphacelated surface, that Acid. Nitric., or Argent. Nitras., or, indeed, any other powerful caustic, would, I feel assured, have never penetrated the mass. She washed out her mouth occasionally with a deodorising wash. Eating was impossible, and drinking almost as impracticable.

"May 10.—Tenderness of the abdomen: relaxed motions, and other symptoms of entero-colitis, now appeared.

May 11.—In the angle of the mouth, a dark sphacelated spot became manifest; this rapidly spread, the livid and new dark 'kernel' on the cheek ran into it; and on the 12th, the whole cheek, internal and external, was thoroughly gangrenous; the teeth were visibly loose, and the sphacelated parts were covered with a slimy thin ichor, alike unsightly to the eye and offensive to the nose.

"May 13.—The motions passed away under her, slimy and bloody. Low muttering, rambling delirium was now constant. The disease, more gradually but surely, seemed involving the deeper and harder structures; and things went on in this state, getting from worse to worse, until early in the morning of the 16th ult., when death put an end to her sufferings.

"*Remarks.*—This case presents one or two points worthy of remark.

"Independently of any peculiarity, Cancrum Oris is happily so rare a disease, that a well-authenticated and well-marked case is worthy of record.

"Had the previous and slight illness before anything to do with it?

"For it has been known to follow fever before.

"Was it cause or effect, or a mere coincidence of a fatal disease, seizing upon an already debilitated constitution?

"Some months ago I had attended this child with mild scarlet fever, and beyond an incipient and transitory sore throat, she had had a good recovery.

"Cancrum Oris is usually found amongst the children of the poor, where they are ill-fed, poorly-dressed, and allowed to revel in uncleanliness and filth, sleeping in badly-ventilated, overcrowded rooms. Here was a child of respectable parents, living in an open and beautiful country, well-fed, well-clothed, well-cleaned; and yet this disease appeared, and rapidly ran its fatal course.

"Its extreme rapidity and the apparent insidiousness of its approach are remarkable. On the 3rd, I left her convalescent. On the 9th, I found a hopeless case.

"The state of the bowels was a deviation from the course usually observed in this disease. Obstinate constipation prevailed at the outset; diarrhœa and entero-colitis being almost always the complication from the first, and frequently before any local affection of the mouth is observed. Pain over the abdomen and muco-purulent bloody stools occurred about five days before death, and showed that the affection of the mucous membrane, commenced above, was continued downwards throughout the whole alimentary canal.

"Pneumonia, a most frequent complication, was absent.

"The only dose of mercury given was immediately rejected. This is worthy of remembrance; for a gangrenous affection of the mouth from the use or abuse of mercury, very much resembling Cancrum Oris, has been known to result from the exhibition of seven grains of calomel, and, according to Dr Stokes, even of gr. iss.

"The primary stage of inflammation and of ulceration was over before I saw her; on the 9th it was gangrene.

"Most authors, I believe, agree that it is not contagious. A sister of the patient, very imprudently, was given and allowed to suck a piece of barley-sugar from the mouth of the diseased child. As yet, I have not seen (nor indeed do I expect to see) any symptoms of taint.

"In conclusion, the points most worthy of consideration in this case are, the previous obstinate constipation, the insidiousness of its approach, its rapidity of progress, and the absence of pneumonia, either primary or secondary, which is present, according to Rilliet and Barthez, in eighteen out of twenty cases."

M. Claude Bernard's Lectures on *Experimental Pathology* are continued in the 'Medical Times and Gazette.' The Lecturer treats this week of the *Gastric Juice*. He observes, with respect to its properties:

"Although its chemical composition slightly differs in various animals, the gastric juice is constantly endowed with a strong acid reaction, a fact established towards the beginning of the last century by the ingenious experiments of Réaumur. This property of the secretion persists throughout the entire scale of being, and comparative anatomists have often been enabled in consequence to determine the precise seat of the stomach in doubtful cases, the reaction of all the other parts of the digestive apparatus being neutral, or even decidedly alkaline. The use of coloured tests enables therefore the observer to point out with perfect accuracy that portion of the intestinal tube which corresponds to the animal's stomach. In certain fishes, for instance, no modification whatever in the shape or size of the alimentary canal corresponds to the place which the organ occupies; so that, without the use of coloured tests, to discover its position would be altogether impossible.

"But the glandular cells, which pour into the cavity of the stomach this powerful solvent, are not collected into a conglomerate mass, but disseminated over a large surface. In former times, the inventive powers of anatomists had been strongly tasked for the purpose of discovering the organ which produces the gastric juice; and, among other viscera, the spleen had been invested with this property, but it is now universally acknowledged that the small tubular glands, which the mieroscope exhibits in the mucous membrane of the stomach, are, in reality, the only source from which this fluid is derived. But how is this to be experimentally demonstrated? The secretion of these little bodies cannot, as in the case of large conglomerate glands, be collected by means of a tube introduced into the excretory duct, and afterwards analysed. Now the mucous membrane which contains them possesses at the same time a considerable number of small mucous follieles, the structure and properties of which are entirely different from those of the above-mentioned glandulæ; direct experiments are, therefore, evidently required to settle the question. The first satisfactory solution of this difficulty is due to Prévost and Leroyer, of Geneva. These gentlemen have proved, by the following experiments, that the pyloric portion of the stomach alone enjoys the property of secreting the gastric juice. The stomach is opened in a living animal by an incision made upon its anterior surface, the abdominal walls having been previously divided. Its inner surface is then gently wiped dry with a fine sponge, imbibed with a weak alkaline solution, care being taken, of course, not to rub off the epithelium; lastly, blue litmus paper is introduced into the cavity, the wound is closed, and after the lapse of a few hours the animal is killed. It will then be found in making the autopsy that, towards the pyloric extremity of the organ, the blue test paper has turned red, while in the other portions of the cavity it has retained its primitive colour, a result which proves that the pyloric portion of the stomach containing the little tubular cells previously alluded to is the real seat of the gastric secretion.

"The experiments may be repeated on various kinds of animals, and invariably leads to a similar conclusion. Thus, in the horse, the pyloric portion of the stomach, and in the Ruminantia, the *red* or pyloric portion of the apparatus, are alone endowed with the property of secreting this fluid, as the coloured tests sufficiently evince. We may therefore consider it as an incontrovertible truth, that towards the pylorus alone is the gastric juice produced.

"But the secretion of these little glands is an intermittent one, in man as well as in the lower animals. Dr Beaumont states that in the case of his Canadian patient, the fluid only made its appearance when food was introduced into the stomach; but as soon as the digestive process was over, no secretion whatever took place within the gastric cavity until the patient had made another meal. In the same manner, when a canula has been introduced into a dog's stomach, not a drop of liquid escapes, provided the animal has been previously kept fasting; but as soon as it begins to feed large quantities of gastric juice are at once seen to flow from the outer orifice of the tube, and the result may be obtained by merely showing the animal its food, as in the case of the salivary glands. In the dog which we exhibit here, the stomach is at present in a state of rest; but the sight of food will immediately stimulate the physiological activity of its glandular elements.

"(The experiment is performed, and perfectly succeeds: a piece of meat being brought in, the gastric juice immediately flows in abundance from the open tube, before the animal has begun to feed.)

"You perceive gentlemen, that, as in the case of most other glands, the process of secretion is not continually going on in the stomach. During the interval which separates one meal from another, the mucous coat is lined with a thick layer of greyish epithelium, and its reaction is alkaline; but as soon as the digestive process commences, it swells, becomes ingested, and grows red; the epithelium falls off in scales, and the gastric juice appears on the inner surface of the stomach, in the same manner as perspiration on the skin. It seems probable that some similar process takes place in all glands during the period of rest. Saliva, for instance, when it begins to flow, contains a considerable proportion of epithelium at first; but the liquid soon becomes transparent, and contains only a few epithelial cells.

"There exists a remarkable difference between the gastric juice and these secretions we have already studied, with respect to the substances eliminated from the economy by the respective glands, after having been introduced into the vessels. We have shown you, for instance, that prussiate of potash and the salts of iron, in general, were not admitted into the salivary secretion; now, the reverse takes place in the case of gastric juice. When prussiate of potash is injected into an animal's veins, if one of the salts of iron is introduced into the stomach, the mucous membrane soon assumes a deep blue colour in its pyloric portions, while digestion is taking place: the two substances having been brought into contact at the orifices of the tubular glands which secrete the digestive fluid, Prussian blue has been formed on the very spot. The same result may be obtained, but with much greater difficulty, by reversing the experiment, and injecting the salts of iron into the veins, while the prussiate of potash is taken by the mouth; and, lastly, when these two substances are separately injected into the vessels, the same effects are still observed; the reaction does not take place as long as they are contained in the blood, but is produced immediately after they have been set at liberty by the process of elimination.

"In making the above-mentioned experiment, I had entertained the hope of discovering the precise seat of the gastric secretion: the two substances being introduced into the circulation on distant points, I had expected to find the Prussian blue which results from their combination contained in the very glands which separate them from the blood; but, in this respect, my expectations have not been realized; for on examining, under the mieroscope, the mucous membrane in which the reaction had taken place, I found that the ferrocyanuret of iron was deposited on its surface, and not within the cavity itself of the secreting tubes.

"We have just stated that the secretion is an intermittent one, and that this is the case in all animals; but how can the fact be proved in rabbits, and other Rodentia, the stomach of which is never empty? The inspection of the urine allows us, by an indirect method, to arrive at this conclusion; for, in all herbivorous animals, this fluid offers, during the process of digestion, an alkaline reaction, and becomes acid as soon as the process is over: in the Carnivora, the reverse takes place; and this difference results merely from the nature of their food; for dogs exclusively fed upon potatoes, and other amylaceous substances, acquire in this respect the properties of herbivorous animals: their urine grows acid while the digestive organs are at rest, and alkaline as soon as they enter into an active state; while in rabbits, exclusively fed upon meat, the urine becomes, on the contrary, entirely similar to that of the Carnivora. If, therefore, one of these animals is examined when fed as usual upon vegetables, it will be found that, after a long period of abstinence (twenty-four hours, for instance), the urine becomes quite acid; we are therefore entitled to believe that digestion has been awhile suspended, although the mucous coat of the stomach remained perpetually in contact with portions of undigested food. But in certain cases of disease, the natural conditions of the gastric secretion being altogether perverted,

an uninterrupted flow of liquid takes place. We have informed you, in a previous part of this course, that the stomach often eliminates certain bodies which for various reasons can no longer escape through their usual channels. Prévost and Dumas ascertained, many years ago, that when both kidneys were removed in a dog, several days would elapse before it was possible to prove the existence of urea within the blood by means of chemical tests: another, and a different mode of elimination had therefore been provided for this substance; but these gentlemen had made no attempt whatever to give an explanation of the fact, when I discovered unequivocal signs of the presence of urea and salts of ammonia in the gastric juice of dogs which had recently been deprived of both kidneys. It therefore appears that in this part of the body does the elimination take place during a certain lapse of time; and the animal's appetite does not diminish under these circumstances, nor is digestion impeded, but when the stomach can no longer perform its office in this respect, the noxious substances pass into the blood, and the symptoms of uræmia make at last their appearance."

Dr C. D. Doig contributes to the same journal an article headed *The Forceps and Perforator Compared.* After briefly relating two cases, and reciting some statistics by Dr Ricker of Nassau, and Dr Davis of London, the writer goes on to say:

"The preceding data indicate that deficient pelvic space is one common condition requiring operative procedure; in what cases, then, of pelvic contraction may the forceps be applied with success, and in what must the perforator be resorted to? It is difficult to come to a definite conclusion on this point, as each case requires to be considered individually. In the instance detailed, craniotomy was performed in consequence of disproportion between the child's head and the pelvis, attended by comparative feebleness of the pains. In many cases, however, requiring this operation, or the less serious one, the forceps, the pelvis is distorted, as well as of unequal size. Although it is impossible to lay down rules applicable to every individual instance, we can come to conclusions which admit of general application. The conjugate diameter of the normal pelvis varies from four inches at the brim, to four and a half inches at the outlet. Dr Simpson, of Edinburgh, used to lay down the following rules: that the forceps could be applied if the conjugate diameter was three and a quarter inches, and that embryulsio was to be adopted when the conjugate varied from one and three-quarter inches to three and a quarter inches.

"We come next to inquire, what is the frequency of these operations compared with other obstetric operations, and with midwifery practice in general; and what is the mortality attending the operations? The results of the statistics of different authors are more various than is desirable, and are exhibited by the following figures:—

		Labours.	Forceps.	Proportion.	Craniotomy.	Proportion.
				1 in		1 in
Dublin	Clarke	10,199	14	728	49	248
,,	Collins	16,654	27	617	118	141
Paris	Baudelocque	17,383	31	561	6	2,898
,,	Lachapelle	22,243	76	293	12	1,854
,,	Boivin	20,517	96	214	16	1,282
Vienna	Bon	9,589	35	274	13	737
Heidelberg	Naegele	1,711	55	31	1	1,711
Berlin	Kluge	1,111	68	16	6	185
Dresden	Carus	2,549	184	14	9	283
Berlin	Siebold	2,093	300	7	1	2,093
London	Davis	7,302	6	1,217	9	811
Nassau	Ricker	304,150	4,223	72	165	1,843

"The following figures give more minute particulars with reference to the frequency of these two operations in British Midwifery:—

		Forceps in			Craniotomy in	
Simpson	1	472 cases.	1		1,417 cases.	
Lever	1	518 ,,	1		186 ,,	
Churchill	1	546 ,,	1		149 ,,	
Ramsbotham	1	611 ,,	1		805 ,,	
Collins	1	617 ,,	1		141 ,,	

"It may therefore be with safety inferred that in British Midwifery forceps cases occur once in 550 births, and craniotomy once in 530 births.

"With regard to the mortality attending forceps cases, Dr Ricker mentions that out of 4,223 instances 93 women died either during, or soon after, the operation, and 684 children were still-born. Hence 1 woman out of 45$\frac{3}{93}$ deliveries by the forceps died, and 1 child out of 6$\frac{1}{8}\frac{9}{4}$.

"Dr Ricker also states the results attending the breaking up of the fœtus, which may be arranged under two divisions:—

"*Perforation*, 143; proportion, 1 in 2,126; lived, 88; died, 35; no information, 20.

"*Embryotomy*, 22; proportion, 1 in 13,825; lived, 16; died, 6.

"In the course of the preceding remarks have been considered—1. The mode of using the forceps; 2. The method of practising craniotomy; 3. The circumstances demanding the performance of these two operations; 4. The diameter of the pelvis that admits of the use of the forceps or the performance of craniotomy; 5. The comparative frequency of the two operations; 6. The success attending each. The investigation might be profitably carried to a much greater length, but the object of this paper has been rather to associate this statistical inquiry with actual cases, than enter into minute details."

Assistant-Surgeon Chapple communicates a report on *Sudden Mortality from Coup de Soleil.* We quote the following:

"To what cause or causes was the mortality attributable? In enumerating the cause likely to be productive of mortality, I shall also draw a comparison as to Barrack Accommodation, Dress, Duty, Habits, &c. between the Battery and a detachment of the 4th Regiment stationed in Baroda at that time, and which (with the exception of one death) continued perfectly healthy. The strength of the Detachment was, non-commissioned officers and men, 171; the strength of the Battery, non-commissioned officers and men, 210. Now it has been seen that between May 27 and June 2, there were ten deaths, and almost half the Battery on the sick-list; the Detachment of the 4th Regiment during that period lost one man from *coup de soleil*; but the men were remarkably healthy, not the slightest increase of sick; on the contrary, there were fewer in hospital at the time than for some months previous.

"*Barrack Accommodation.*—The barracks are high, well-ventilated, and commodious, allowing an average cubical space of 12,000 feet per man. They were similar for the Detachment of the 4th Regiment and for the Royal Artillery.

"*Diet.*—No cause likely to affect the health of the men could be traced to the diet, as the rations were good, and were similar for the Detachment of the 4th Regiment and the Royal Artillery.

"*Dress.*—The head dress worn by the Detachment of the 4th Regiment and the Royal Artillery was the cap cover of equal thickness but of different colours; it would be sufficient protection against a morning or evening sun, the only one to which a soldier in cantonment is likely to be exposed, but against a mid-day sun it would be totally inadequate. The clothing light and loose, and alike except in colour for Detachment of the 4th Regiment and the Royal Artillery.

"*Duty.*—The duty performed by the Royal Artillery was more severe than that of the 4th Regiment, and the men were consequently more exposed to the sun. Five days out of the seven the Royal Artillery turned out for duty at daylight, and did not return until seven o'clock. In the evening again the men turned out to stables about half-past five o'clock p.m. The usual absence of the slightest breeze about that hour renders it the most oppressive time of the day.

"*Intemperance.*—The quantity of arrack consumed in the canteens of the Royal Artillery and 4th Regiment respectively having been ascertained, it was found that the consumption per man in the former was more than twice as much than in the latter.

"It will be thus seen that the Royal Artillery had more duty to perform than the 4th Regiment, and that the latter were of more temperate habits; in all other respects they were similarly situated. Of those who died, some were said to be free drinkers, and others hard drinkers. I have no doubt that when the nervous depression seized the men, many had resort to drink as a relief.

"The heat during the latter half of May was very oppressive, the thermometer registering an average of 106°; at four p.m., in the barrack-room, on the 1st and 2nd of June, it was 110°. The nights also showed a corresponding rise in temperature, the thermometer during that time at ten p.m. averaging 97°. Thus the continuous high temperature, and to a certain extent the exposure while at duty, especially evening duty, acting on men of intemperate habits, no doubt caused the mortality. The Detachment of the 4th Regiment, having no duty to perform at times, which compelled them to leave their barracks before they could do so with safety, and being of more temperate habits, they suffered less in proportion to the Royal Artillery.

"*Symptoms.*—The following symptoms are invariably present:—Severe headache, which is sometimes not mentioned, owing to drowsiness and stupid insensibility to pain; face generally pale. In severe cases the patient may become suddenly pulseless, but generally the pulse is quick and full; indeed, the pulse as a decided symptom cannot be depended upon, as it differs almost in every case. Skin intensely hot and dry, constriction of the chest, great debility. As the disease advances, the vessels of conjunctivæ become suffused, the pupil contracts, face pale or of a leaden hue, head and extremities cool, the rest of the body hot and dry, pulse weak, action of heart violent; the patient is with difficulty made to comprehend what is said to him; the act of deglutition is with much difficulty performed. I have seen the stage of coma frequently ushered in by vomiting. When the patient becomes comatose, the breathing is slow, laboured, and accompanied with loud moaning; the pupils are contracted to a point (though on one or two occasions I have seen them dilate for a few minutes, and again contract). The vessels of conjunctivæ are highly congested; pulse very irregular, action of heart intermittent. Skin intensely hot and dry, extremities cold, head cool; I have remarked a very peculiar pulsation of iliac and femoral arteries in every case of sunstroke which I have treated. Immediately preceding death, vomiting frequently occurs, the pupils dilate, respiration is performed in gasps, and not accompanied with the loud moaning before mentioned. The skin remains hot for some time after death.

"In the early stage of the disease, when the head is hot, skin hot, and the patient conscious, I cause cold water to be poured on the back of the head in a continuous stream, administer a brisk purgative, and give frequently-repeated doses of ammonia or brandy, according to the feeling of debility or depression present. If the head does not become cool, and the patient complain of severe headache, I apply a couple of dozen leeches to the temples, and, having cut the hair close, apply a cold evaporating lotion to the head, and counter-irritants to the extremities. As the disease advances, and coma sets in, I usually apply a blister to the back of the head, administer stimulants by enemata, apply strong mustard sinapisms to the calves of the legs and inside of the thighs, or have them rubbed with aquæ ammoniæ fort.; but I have seldom by these means succeeded in reddening the parts: hot water I have found much quicker and more effectual in action. The skin being always intensely hot and dry, I have tried cold sponging of the whole body, and with evident relief; but in most cases, immediately the sponging was stopped, the temperature of the skin again rose rapidly. I have wrapped patients in wet sheets, by which means I thought I might get the skin to act, but without any benefit. I think the chief reliance, in the treatment of sun-stroke, is to be placed in application of cold to the head, frequent administration of stimulants, and the application of counter-irritants to the extremities. The patients generally die worn out, and therefore stimulants should be persevered in to the last, in order to enable them to battle against the disease. I have saved a few cases which had advanced to the stage of coma; and I attribute the recovery to the frequent exhibition of stimulant enemata, assisted, of course, by other means. There is a failure of nervous energy from the commencement of this disease, and our chief endeavours ought to be directed in supplying this defect.

Post-mortem Appearances.—I have never seen satisfactory evidences to account for death in any of the bodies which I examined. On one occasion I met with serous effusion to the extent of half-an-ounce at the base of the brain. The vessels of the membranes of the brain, and those of the surface of the brain itself, I have occasion-

ally found congested, but never highly so; on cutting into the substance of the brain, I have always found it quite natural. In those cases not treated by the application of leeches to the head, the scalp, on being cut into four or five hours after death, bled profusely. On one occasion more than twenty ounces of blood was thus poured out. The kidneys were unusually highly congested. The other viscera presented no changes worthy of note."

The 'Lancet' opens with Dr Brown Sequard's Lectures on *Paralysis of the Lower Extremities*. We extract the Lecture:

"The very striking symptoms of myelitis which we have described do not always exist in a very marked degree. According to differences in the seat of inflammation in the spinal cord, there are great differences in the intensity of the symptoms, and, still more, some of them may be missing. When the grey matter of the spinal cord is the seat of the inflammation, all the characteristic symptoms exist, and to a notable degree; but in those rare cases in which the inflammation is limited to the white columns of the spinal cord, there is a marked difference from the preceding kind of myelitis. If the posterior columns be the seat of inflammation, the symptoms are much less marked, but they all exist. When the disease is in the anterior columns, there is no anæsthesia, and the morbid sensations referred to the paralysed parts of the body hardly exist. We will return to this subject when we speak of the paraplegia due to pressure upon the spinal cord by a tumour, a displaced or broken bone, &c., and we pass now to the history of paraplegia due to a chronic meningitis.

"*Chronic Meningitis.*—The paraplegia due to this cause presents several characteristic features, of which we will say but very little, on account of the usual facility of diagnosis. These features are the following:—

"1st. Pain usually of a rheumatic character, and more or less diffused along the spine. Generally there is no great increase of this pain when pressure is applied on the spinous processes, as in cases of myelitis; while, on the contrary, every movement of the spine forward, backward, or laterally, increases the pain, sometimes to a very great degree.

"2nd. The nerves originating from the part of the spinal cord where the meninges are inflamed are the seat of acute pain, which is very much increased by mechanical causes. The sciatic nerves, for instance, when meningitis exists in the lower part of the spine, seem to be the seat of very great pains, which are much increased when the lower limbs are moved. When inflammation is confined to the part of the membranes at the place where the nerves of the upper limbs originate, the movements of these limbs cause great pain.

"3rd. There are frequent, and in some cases constant, spasms in the muscles of the back. Those spasms which render the spine almost immovable are produced or increased when an attempt is made to move the trunk. When they exist in the cervical region, they bend the head backwards, just as in tetanus.

"4th. In cases of meningitis, the degree of paraplegia may vary from the very slightest to the most complete. Sometimes a slight paraplegia increases and then diminishes rapidly, owing to rapid changes in the quantity of the cerebro-spinal fluid or to the degree of congestion that accompanies the inflammation of the meninges.

"5th. Anæsthesia is very rare in spinal meningitis. Sometimes there is a real hyperæsthesia, or at least a morbid sensibility and an increased susceptibility to reflex movements.

"6th. A curious symptom is a spasm of the sphincter of the bladder, which prevents the evacuation of the urine. In some cases this spasm is followed after some time by a paralysis of the sphincter.

"These symptoms are sufficient to characterise meningitis in a chronic and even in a subacute state. We will say a few words more hereafter on the diagnosis of this affection.

"*Congestion of the Spinal Cord and its Meninges.*—Several of the symptoms which coexist with paraplegia, in cases of myelitis or meningitis, are often observed in cases of simple spinal congestion, as shown by Ollivier d'Angers, in his important work on the spinal cord. This affection is frequently produced in cases of suppression of the menses or of the lochiæ, and of disease of the liver and other abdominal organs in which there is some obstacle to the return of blood from the spinal cavity. The paraplegia caused by excesses of sexual intercourse very often depends upon a congestion of the spinal bloodvessels. It is very rare that this congestion exists without an increase in the amount of the cerebro-spinal fluid, so that two causes then coexist to produce the paralysis of the lower limbs. The symptoms which characterise a spinal congestion are the following:—

"1st. Formication, alternating with numbness, especially in the beginning of the affection. The skin of the toes and fingers are the principal places where formication appears, but it often exists in various portions of the skin in the paralysed parts.

"2nd. Only a slight pain in the spine, hardly increased by pressure.

"3rd. Frequently a morbid increase of sensibility, even when there is numbness.

"4th. In many cases the power of moving the paralysed lower limbs is much greater when the patient lies down than when he stands up, which is due, however, not to the difference in the degree of congestion, but to the cerebro-spinal fluid, the amount of which in the lower part of the spinal cavity is greater when the patient stands up than when he lies down. On the contrary, the congestion of the spinal bloodvessels increasing when the patient is lying down, especially when he lies on his back, it is observed that the degree of paralysis is notably increased after a night's rest, when the patient first gets out of bed, and tries to stand on his feet and to walk. The fact that the degree of paralysis is always greater then than in the course of the day, when the patient does not lie down in the day-time, is one of the most important symptoms of spinal congestion.

"5th. The bladder and the rectum, and their sphincters, are usually more paralysed in this affection than in cases of paraplegia due to most other causes.

"6th. An ulceration upon the sacrum or nates is not rare in this affection.

"7th. Slight spasmodic movements are sometimes observed in some of the paralysed muscles.

"8th. It is usually difficult, and very often impossible, to produce reflex movements in the lower limbs.

"9th. Usually the paralysis is not limited to the lower limbs: when it begins in them, it rapidly extends to the upper limbs, and to some of the respiratory muscles; and when it begins in the upper limbs, it quickly reaches the lower ones.

"One of our objects in presenting here the principal features of paraplegia caused by myelitis, meningitis, or a simple congestion of the spinal cord and its membranes, is to call attention to the analogies and differences presented by these three affections. Pressure, and therefore excitation, upon either the spinal cord or the spinal nerves, is the principal cause of the phenomena observed in these diseases. As already stated, the vital properties of the spinal cord are changed in myelitis; the grey matter, which normally has no excitability, becomes excitable, and acquires the same properties as a nerve of sensibility and movement; and all the effects of pressure upon such a nerve are observed. In fact, the spinal cord is then just like a large compound nerve, comprehending the various nervous fibres that originate from it, not only at the place inflamed, but also most of those fibres which proceed from the parts of the cord below the seat of the disease. In consequence of this new condition of this nervous centre, the causes of excitation developed in inflammation (pressure by effused liquids, &c.) produce the various phenomena belonging to the three principal kinds of nervous conductors existing in the spinal cord; and several effects are then produced which are also observed in meningitis and in spinal congestion, owing to pressure upon the spinal nerves. It is interesting to compare, as we will do, myelitis, meningitis, and spinal congestion as regards the phenomena belonging to these three kinds of nerves.

"1st. *Alterations of motor conductors.*—Paralysis and cramps are the results of excitations of these conductors. The degree of paralysis in meningitis and in spinal congestion is different from that existing in myelitis, on account of the mode of its production. In myelitis, the number of motor conductors submitted to alterations is much larger, and also the degree of excitation is greater, than in spinal congestion and meningitis; so that both the degree of paralysis and the frequency of cramps are greater in the first than in the last two affections. A pressure upon the spinal nerves in the narrow canals by which they pass out of the spinal cavity is the chief cause of paralysis in cases of meningitis and spinal congestion. This pressure being very variable according to circumstances, great variations exist in the degree of paralysis. The rigid spasm of the muscles of the back in meningitis seems to be due to a reflex action, as in tetanus.

"2nd. *Alterations of Conductors of Sensitive Impressions.*—It is extremely interesting to witness the variety of sensations referred to paralysed parts in cases of myelitis. All the sensations that we may have, in health, in the skin, muscles, and other parts, may then be generated in the cord itself, although they are felt as if they came from the skin, muscles, &c.; and it is well known that this fact may be observed even when the skin and other parts are completely deprived of sensibility. In cases of spinal congestion and of meningitis, not complicated with myelitis, the *referring* of sensations to the skin and other parts is almost null. It might seem strange that a pressure upon nerves of sensibility and movement should be sufficient to produce paralysis, with or without cramps, and not be able to generate those sensations which are so easily produced by a pressure upon the ulnar nerve at the elbow; but, as I have tried to prove eight years ago, nerve-fibres able to transmit sensitive impressions may or may not be excitable and able to give origin to sensations. In some parts they are excitable, in others they are not; and therefore the absence or slight degree of sensations referred to the skin, muscles, &c., in cases of meningitis, only show that the conductors of sensitive impressions, in their passage out of the spine, where they are subjected to pressure, are not excitable, or, at least, that they have but a slight excitability.

"3rd. *Alterations of Vaso-motor Nerves.*—It is not the place here to insist upon the distinction between the effects of a paralysis and those of an excitation of the vaso-motor nerves. We will only state that in the three affections we are now comparing, the most important feature is, that there are striking effects of excitation of these nerves. In myelitis, especially, these effects are very marked: the alteration in the urine, the formation of sloughs on the sacrum, the nates, &c., the serous infiltration in the subcutaneous cellular tissue, the rapid atrophy of the paralysed muscles, the dryness of the skin, &c., are phenomena that clearly indicate a great excitation of the vaso-motor nerves of the paralysed parts. In cases of spinal congestion and of meningitis, it is not rare to observe these alterations of nutrition, but they are usually to a less marked degree than in myelitis. One of the most interesting effects of excitation of the vaso-motor nerves in myelitis —*i. e.*, the alkalinity of the urine—does not exist in meningitis nor in spinal congestion. It is not rare in these three affections that, near a place where some effect of *excitation* of the vaso-motor nerves is observed, there are effects of *paralysis* of these nerves, such as a dilatation of bloodvessels, increased heat, and sometimes an abundant perspiration."

Dr Stephen Ward contributes to the same journal an analysis, in a tabular form, of 1,000 consecutive cases admitted into the Seamen's Hospital 'Dreadnought,' the prevalence of the more important diseases being as follows: Fevers, 109; agues, 102; rheumatism, 97; scurvy, 96; bronchitis, 66; dysentery, 56; diarrhœa, 47; pneumonia, 41; anæmia, 40; paralysis, 24; diseases of heart, &c., 23; delirium tremens, 19; &c. &c. Dr Chuckerbutty contributes to the same journal a report of a case of *Abscess of the Right Kidney*, and Dr John Housley the following case of *Bronzed Skin*:—

"Henry ——, aged thirty-three, farm-labourer, unmarried, states that he had gonorrhœa in November, 1858; was ill in March, 1859, which he attributes to extra work during the lambing season. He consulted the late Mr Hammond, and was a week absent from his work. After resuming his occupation for two or three weeks (he cannot fix the exact time), he was again compelled to rest. He was now ordered to live as well as he could, and take cod-liver oil. On this occa-

sion, he was away from work for three weeks; then returned to his occupation, and continued until the end of June, since which time he has been unable to work. At this time I saw him. He complained of weakness, loss of appetite, nausea, occasional vomiting, pain at the epigastrium, and constipation of the bowels. The colour of his face and hands was brown, which I thought might be caused by the hot weather, for he was not confined to the house. About August, 1859, I considered the case might be one of Addison's disease. In the beginning of September, at my request, he was seen by a medical friend, who looked upon the case as hepatic disease. This gentleman advised him to have as good diet as he could procure; at the same time I had prescribed the tincture of the sesquichloride of iron. After this, I saw very little of him until Feb. 26th, 1860, when he sent for me. I was now informed that he had been at home during the last five months, and was becoming weaker. Appetite bad; at times feels sickly; complains of pain a little to the left of the navel; bowels rather constipated; stools dark-coloured; urine acid, lightish colour; pulse 94, soft and feeble; slight dulness on percussion below the left clavicle; sounds of heart feeble. The brown colour of the face and hands still remained; over the chest it is almost natural, but becomes much darker over the abdomen and thighs; that of the penis and scrotum is a dingy black, which he has noticed for the last two years. There is also a dark ring round the umbilicus. No odour is perceptible about the body of the patient. I attended him for a short time, and he felt somewhat better. I was again requested to see him on the 20th of April. My notes are as follows:—

"April 20th.—Bowels constipated; sickness; radial pulse scarcely to be felt. An ounce and a half of compound senna mixture to be taken immediately.

"21st.—Bowels acted twice; sickness continues. To take two minims of Scheele's hydrocyanic acid every four hours.

"22nd.—Takes scarcely any food, and what he does take is vomited. Continue medicine. To suck ice occasionally.

"23rd.—Has slept during the night; bowels constipated; there is nausea, but no vomiting. To take the compound senna mixture (an ounce and a half), with the addition of ten minims of chloric ether to each dose.

"24th.—Has taken only cold water during the last twelve hours; sickness subsided.

"25th.—Has vomited a large quantity of bilious matter.

"26th.—Takes only cold water; anything else is immediately rejected.

"27th.—Has slept during last night. Takes no food whatever. Died at half-past nine in the evening.

"I obtained permission to examine the abdomen. The post-mortem inspection took place twenty hours after death, Mr. Ward, of Wellow, kindly assisting me. Rigor mortis well marked; the body somewhat wasted. The colour of the skin was lighter over the legs and chest, and darkest on the penis and scrotum. The kidneys, portions of liver, &c., were sent to Dr Wilks, of Guy's Hospital, who has favoured me with a note from which I extract the following remarks:—'I have no doubt that yours is a genuine example of the disease (Addison's), and that the capsule which is now before me is a true specimen of the morbid change. It consists of a hardness of a fibro-albuminous tissue degenerating in parts, exactly as we have before seen. This tissue is smooth, firm, and of a pinkish colour. When examined by the microscope, it is found to be composed of nucleated fibre. In the midst of this are some yellow softer masses of the same in a state of degeneration, and resembling what is ordinarily called scrofulous matter. The skin shows the true pigmental change in a very beautiful manner. I have made a section, and the colouring matter is seen beneath the cuticle in the rete mucosum following the course of the papillæ, such as is met with in the skin of dark races of men. The kidneys, liver, and spleen are quite healthy. The liver has near the surface some cretaceous masses, which are probably the remains of some old tubercular disease.'"

THE MEDICAL ACT AMENDMENT BILL has been read a third time and passed. The Criminal Lunatic Asylum Bill has been read a third time.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL.

TUESDAY, JUNE 26TH, 1860.

MR F. C. SKEY, F.R.S., PRESIDENT.

OBSERVATIONS ON THE MORBID ANATOMY, PATHOLOGY, AND DETERMINING CAUSE OF EMPHYSEMA OF THE LUNGS. By A. T. H. WATERS, M.R.C.P., Physician to the Northern Hospital, Liverpool. (Communicated by Dr OGLE.)

Although much has been written on the subject of pulmonary emphysema, there are yet many points in connection with it which require investigation. There is, perhaps, no disease the symptoms and physical signs of which are so readily explicable, from a knowledge of the structural changes by which it is accompanied, as this particular affection, and hence an acquaintance with the minute anatomy of the healthy lung tissue becomes of the utmost importance, in order fully to appreciate the morbid changes which take place.

(Here follows a brief description of the arrangement of the "ultimate pulmonary tissue.")

Pulmonary emphysema is of two kinds—1. Interlobular emphysema; 2. Vesicular emphysema. The second, or vesicular, is by far the most important, and will be alone considered. It exists in three forms, differing only in the extent to which they involve the lung.

1. *Partial Lobular Emphysema*, involving a few air-sacs, or at most only a single lobulette. This is not often seen as an independent affection; but in lungs which are the seat of the second form, it occasionally exists in small patches along the margins of the lobes. These patches resemble small vesicles, and when numerous have somewhat the appearance of a row of beads.

2. *Lobular Emphysema.*—This is the form most frequently met with. It involves one or more lobules in different parts of the lung, and is especially found along the margins of the base, the anterior border, and at the apex. It frequently exists in connection with phthisis, and occasionally with pneumonia. In this form it is easy to trace the divisions of the lung; the boundary walls of the lobules have not usually given way, and generally no interlobular emphysema exists. The air-sacs of a lobule are not necessarily all equally dilated, those at the circumference being most so. The emphysematous lobules may be seen projecting above the level of the lung, and in some instances they become developed into "appendages."

3. *Lobar Emphysema.*—This form involves the whole of a lobe, or an entire lung, or very frequently both lungs. It constitutes a very formidable affection, and often destroys life at an early period. The lung is much increased in size. The outlines of the lobules frequently cannot be distinctly seen, in consequence of the rupture of their boundary walls, and the production of interlobular emphysema.

In investigating the morbid anatomy of emphysematous lungs, the same methods of preparation were used by the Author as had been previously employed in the examination of the healthy organ—viz., injection, inflation, and desiccation.

With regard to the structural changes which take place in the disease, we recognise, in the early stages, a simple dilatation of the air-sacs, and a diminution in the height of the alveolar partitions. A further dilatation takes place, with more or less complete obliteration of the alveolar septa. This distension produces a divergence of the elastic fibres of the air-sacs, and is soon followed by a perforation of the walls themselves, so as to give in the advanced stage a perfectly cribriform appearance to the membrane of which the walls are formed. This is followed by rupture of the elastic fibres, a further distension of the air-sacs, with a general breaking-down of their walls, so that in the most advanced stages of the disease large cavities are found, traversed in all directions by membranous shreds or fibrous cords. The inner surface of the emphysematous lung tissue presents the same microscopic appearances as that of the healthy tissue.

In some lungs in which lobular emphysema existed, the air-sacs were found much distended, but no perforations existed; whilst in others, and especially where the disease was of the lobar kind, extensive perforations were found, with not more, and in some instances less, dilatation than in the former. This would seem to indicate some degeneration of tissue in the one case, which might be absent in the other.

The condition of the bloodvessels explains the anæmic appearance of the emphysematous lung. In the earlier stages, the capillaries of the pulmonary plexus are wider apart than in health; and as the walls of the air-sacs are perforated, and the latter more distended, the capillaries become ruptured and absorbed. The vascularity of the lung in a condition of advanced emphysema is very slight.

The bronchial tubes are usually dilated in old-standing cases of emphysema, their mucous membrane is pale, and there is increased development of the circular muscular fibres.

An important question in connection with emphysema is, whether the disease is preceded by, or attended with, any degeneration of tissue.

With regard to the existence of fatty matter in the emphysematous lung, a considerable number of specimens were examined with great care; and although in one or two instances indications of its presence were found, as a rule it was entirely absent. Dr Jenner has stated that a fibrous degeneration frequently exists. A number of specimens were examined to ascertain whether any alteration of this kind could be observed in the elastic fibres, as compared with those of the healthy lung. The results arrived at on this point were imperfect, and the question is left for future investigation. Some kind of degeneration is believed in many cases to exist.

With reference to the determining cause of pulmonary emphysema, the view that the disease is produced by expiratory efforts appears to the Author the most tenable.

Serious objections present themselves to the theory advocated by Dr Gairdner, that the disease results from increased distension, during inspiration, of one part of the lung, in order to fill the space previously occupied by a collapsed portion.

During inspiration, the chest expands to make room for the dilating lung; air is drawn equally to all parts of the lung, and is not driven by any external force to one part more than to another. It is difficult, therefore, to understand how an excessive quantity of air should find its way to any particular portion. If the chest must reach a certain expansion, it would rather appear that the entire lung would be everywhere slightly dilated, except where collapsed; or else that those parts nearest the collapsed portions would be most distended. Such parts, however, are not the most frequent seats of emphysema. Further, the lungs can undergo very considerable distension without suffering any injury. Although the lungs undergo equable pressure during ordinary expiration, this by no means proves that such is the case during acts of coughing; in fact, the contrary is true, as shown by Dr Jenner.

The conformation of the walls of the chest, and of the lungs, seems to render it necessary that the latter should undergo unequal compression during violent expiratory efforts with a partially closed glottis, and that the air should be driven first to those parts of the lungs where the walls are least resisting, and, secondly, to those portions which contain the least volume of air. The least resisting part of the thoracic walls is that which covers the apex of the lung; it consists of a membranous expansion, and plays no active part in the expiratory process. As a fact, we find, in coughing, that the lung bulges into the lower part of the neck. The parts of the lung which contain the least volume of air are the margins. These are out of the direct line of pressure which the lung undergoes in violent expiratory efforts, which are chiefly effected by the abdominal muscles, especially the recti. The contraction of these latter muscles, forcing upwards the abdominal viscera and the diaphragm, produces the greatest amount of compression at the base of each lung; the air is driven upwards in a strong current, which overcomes the current from the other portions, and these, instead of becoming emptied, remain forcibly distended.

The phenomena witnessed in M. Groux, probably seen by many of the Fellows present, may be adduced in support of the view that during coughing the lungs become distended in any part where the walls of the chest offer but little resistance.

Lastly, the cases recorded in a paper written by M. Guillot—in which what he describes as subpleural emphysema was found after death, preceded by long-continued and violent spasmodic cough—may be cited in favour of the expiratory theory of the production of the disease, a theory to which anatomical arrangement and physiological phenomena seem to point.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 1, 1860.

THE EASTBOURNE CASE.

The ignorance of the public of the simplest matters in psychological medicine has often been the subject of remark in this Journal. The capricious judgment with which Medical men are either praised or condemned in relation to their treatment of the insane, has, in numerous instances, tended to frustrate the timely application of remedial measures. Surgeons are unwilling to incur the risk of reproach, and the impeachment of their judgment or motives, when the mind of a wretched man is undergoing that insidious change which the vulgar eye cannot detect, but which is of critical exigency to the victim.

A recent case in which this ignorance of the evidences of disease has resulted in fatal consequences, calls from us a few remarks with the view of directing attention to the necessity of referring many of the forms of moral perversity or intellectual peculiarity to diseased conditions of the brain, and of thereby inducing a more considerate and watchful regard of these anomolous cases. The influence of cerebral organisation and disease upon the mind is received in general terms, but is scarcely recognised as a practical fact. We admit the principle, but deny or are blind to the inference in actual life. We know the latent danger to morals in a too easy and general application of the principle, but we do not apprehend that men's instinctive respect for their character and interests will ever suffer that peril to affect our moral obligations. An extreme jealousy of it leads, however, to mistaken rules of conduct, and to a barbarous behaviour towards individuals under circumstances where the tenderest care and gentlest moral suasion are necessary for the correction and guidance of their intelligence.

Our observations have been elicited by the report of the trial of Mr Hopley for the manslaughter of his pupil, the shocking details of which must be familiar to most of our readers. The pupil was characterised by slowness of mind, and, what seemed to be, a sulkiness of temper, which induced his master to beat him with severity as the only way he knew of sharpening his intelligence and making his heart cheerful. On one occasion, when the boy was unusually dull and failed in learning correctly a lesson in arithmetic, Mr Hopley took him into a room and privately flogged him with a skipping-rope. He then remonstrated with him with paternal tenderness; but the boy's mind remaining as obtuse as before, he dragged him up-stairs to his bed-room, and for two hour continued to beat him round the room with the rope, progging now and then with the end of a stick, whilst the boy cried with agony. During the intervals of the punishment, Mr Hopley prayed with the youth, to soften his obstinate temper; and at last the fountain of contrition was opened, and the pupil, we are told, wept upon the master's bosom and said his lesson. There is something shocking in this alternate flogging and praying, when we know that the result of it was the death of the child. Within a few minutes—or, as in all probability the truth, at the time when his head sank on his master's bosom—the boy's spirit left his tortured body. A Coroner's Inquest was held, and the after-death appearances, as interpreted by Mr Prescott Hewett, showed that the cellular tissue had been beaten into a jelly, that there were two holes in his body an inch deep which had been evidently caused by "jobbing" with a stick, the subcutaneous tissue was extensively ecchymosed, and the head was hydrocephalic.

Here, then, was the cause of the poor lad's mental sluggishness: the brain was diseased, and, apart from the horrible barbarity of the beating which terminated in death, the use of the stick was of all methods the very worst to cure it. We may be assured that, as a rule, flagellation is the resource of the idle or angry man. The human, like the equine mind, is best tamed by kindness. The stupidity of the pupil is only the excuse, and not the justification, of the cruelty of the master. In this particular instance physical punishment was in itself a crime against nature, and the brutality admits of no palliation.

It is remarkable that Mr Hopley was a lecturer and writer on educational and philanthropic subjects. His printed lectures were forwarded to us on various occasions, and, without doubt, to the other organs of the press, with the evident object of forcing his exertions into publicity. We cannot say that we regarded with much favour the pretensions that were set forth; yet it is not the less worthy of notice that a person who pretended to enlightened views on the subject of education, who ostentatiously claimed for himself the character of a philanthropist, and who was not without knowledge, should have been guilty of the atrocious conduct which we have described. Perhaps this overweening love of popularity is the key to his character. Let it be a warning to all fathers how they trust the authority of the cane out of their own hands. Let them keep it; for whilst we may hope that a father's heart will not let him abuse his right, we cannot rely with the same confidence on the forbearance of a stranger. Our schools, public and private, are not now the scenes of such cruelties, under the name of discipline, which formerly characterised them when Dr Busby wielded the rod at Westminster, and was the model for imitation by every rural pedagogue; but even now the cane is too frequently employed, and many children are barbarously flogged solely because the master is idle or ignorant.

The science of education will never attain perfection until it ceases to be a routine, and the peculiarities of the mental and physical constitution of each child be made the study of the educator. The spirit of all modern systems is to classify children according to their degree of instruction, to use them as mere parts of a machine—to merge, in short, the individual in the mass, irrespective of idiosyncrasy, taste, or powers;—a hard, mechanical spirit, qualified by iteration to give imitative speech to parrots, and in accordance with the mechanical genius of our age, but utterly unphilosophical and unnatural in relation to the essential functions of the educator. It is a spirit that breeds Hopleys, and, we hope, has found in this man its last expression.

SUMMARY OF THE WEEK.

A MEDICAL ESTABLISHED CHURCH.

Sir George Lewis is angry with the Union Officials throughout the country that they are not satisfied with the administration of the Poor-law Board, and accordingly, in the course of a debate last week on the question whether that Board should be continued in its functions for another five years—and in which, by the way, the Government sustained a defeat—exhibited a little more acrimony than befits his usually even and placid demeanour. He charged the Medical Authorities with a desire to institute a system which would legalise payment out of parochial funds for the Medical relief of persons not paupers—to set up, in short, a "Medical Established Church." If the system be a right one, we care not out of what funds the money comes, and Sir George may make the payments out of the Consolidated Fund if he wish to get rid of the anomaly; nor do we think the sarcasm will injure the soundness of the principle, that it is advisable to adopt some method by which poor persons should be enabled to obtain Medical relief without being declared paupers, and thereby degraded in their self-respect, and deprived of the right

and privileges of free citizens. Let Sir George Lewis think over this matter, and endeavour to emancipate his mind from the enslavement of the routine system in which his early years were trained. He is one of our rising politicians, and we hope that his views will expand as he rises.

THE PROTEST AGAINST SPECIAL HOSPITALS.

The contest between the General and Special Hospitals has reached its acme in the form of a Protest against the latter from some of the more important Members of the Medical Council, and the Physicians and Surgeons of the General Hospitals. We can easily imagine the indignation that some of our great London operators would feel at losing their "stone" cases, through the invitations which a Special Hospital for sufferers from these maladies would incessantly offer to the public. It is asserted that no cases of stone are ever sent away from the doors of our General Hospitals: if this be true, there can be really no need of a Special Hospital. We do not expect that Messrs Smith and Jones will be able to propound more instructive views of these affections, or delight us with more brilliant operations, than Messrs Fergusson, Erichsen, or Skey. The question of Special Hospitals does not, however, stand upon this limited basis; there is much to be said about it, which we shall reserve for another opportunity.

DEATH FROM CHLOROFORM.

One of those cases showing the imprudence of lay persons administering chloroform has recently occurred at Liverpool. A pauper in the Liverpool Workhouse, had lately become lunatic, and during one of her fits of violence Dr Nevins, the Medical Officer, ordered her to be soothed with chloroform. This was done by Mr Lupton, a student of Dr Nevins. On the next occasion, when a maniacal fit supervened, the Governor of the House applied the chloroform. The woman was held down in bed, and the Governor administered chloroform on lint: in the course of eight or ten minutes a change took place, and the "master tailor," who was one of the spectators of the proceeding, said, "She is gone!" She, indeed, was dead. Here is another proof, if another were wanting, to demonstrate the extreme impropriety of lay persons having recourse to so powerful and dangerous a means of medication. Chloroform is safe in judicious hands; but, if administered by one who is ignorant of its mode of action, and of all the delicate precautions that are necessary to be observed to insure safety, it may become, as in this and many previous instances, the cause of instant death. It is possible that in some of these cases it is not, in reality, the chloroform that causes death, but the absence of it; the patient dying of simple suffocation. Between the fear of giving too much and the desire to induce insensibility, enough is not given, and the insensibility, at length forced, is produced by asphyxia. The Jury acquitted the Governor, and suggested that a Resident Medical Officer should be appointed to the Workhouse—a recommendation that, we hope, will be carried into effect.

THE NEW LICENTIATES OF THE COLLEGE OF PHYSICIANS.

It is now fully understood that the scheme of the College of Physicians to create a new body of Licentiates is illegal; the Attorney-General, Mr Roundell Palmer, Mr Bovill, Mr Wilcox, and Mr Cleasby—a phalanx of high legal authorities—having concurred in opinion on this point. Nothing can, therefore, be done without an Act of Parliament. We are glad of this; because it will give the Profession an opportunity of petitioning against the Bill, should it contain any clauses which would tend to create an inferior grade, or deprive existing Licentiates of their rights.

A RELATIVE OF JENNER.

Mrs Elizabeth Jenner, the wife of Jenner's grand-nephew, has been twice defeated in her candidature for admission to the Royal Medical Benevolent College. She now makes a third appeal to the subscribers. Will not the subscribers for once forego the pleasure of a contest, and combine their votes to provide an asylum for one of the family of Jenner in her distress? The Profession ought not to allow this lady to sink unaided under her misfortune. It would be an unspeakable disgrace to us if we should suffer a lady bearing that illustrious name to ask for shelter under the roof of our own Charity, and bar our doors against her appeal. The excitement arising out of a contested election to a Charity affords, no doubt, an agreeable kind of amusement; but if indulged in to the prejudice of those who have peculiar claims to the help of the Institution, it becomes an unpardonable abuse.

THE MEDICAL DIRECTORY.

The Annual Circular of the Medical Directory is about to be issued, when an opportunity will be afforded to every member of the Profession to show their estimate of the value of the work by complying with the Publisher's request and ordering a copy. No expense is spared by the enterprising Publisher to merit general support; for we hear that for the future the three Directories for the three divisions of the Kingdon will be included in one handsome volume extending to more than one thousand pages, and all for the very moderate sum of 8s 6d. Considering the large expenses attending the compilation of such a work, we should think that there is not such another instance of cheapness in the whole range of literary undertakings. We quite concur in the recommendation of our contemporary in the current number of the 'Medical Times,' who says: "Every well-wisher to the Profession must see the importance of supporting so valuable a work of reference as the 'Medical Directory.'"

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 42.)

Visitations of adverse fortune read wholesome lessons, and if sustained with fortitude, temper the feelings, and expand the affections. John Hunter finding the regrets and sorrows of his sister not capable of alleviation, barren sympathy being all he had to bestow, was assailed by serious misgivings at the unprofitable life he had hitherto spent, the consequences of which, arising from a similar source, he found reflected in the difficulties and distress of his beloved sister. The blandishments of country sports, no more than the fascinations of music, and society, would compensate or recall lost opportunity and misspent time. The results of idleness, dissipation, and indulgence he had witnessed afforded bitter fruit, made these attractions fade, and better aspirations took place. Becoming restless at his position, and anxious for occupation, he addressed, with much hesitation, a letter to his brother William in London, whose success was now established, requesting to be permitted to pay him a visit, and offering to assist in the dissecting-room. If this proposal had not been accepted, he intended to go into the army; being of an enterprising and adventurous temperament. By absence from home he had become weaned of boyish attachments, and Mrs Hunter had also become reconciled to the absence of her son, being troubled for his future welfare, which her daughter's misfortunes more strongly prompted. Dr Hunter returned an affectionate reply to his request, with an invitation to come up immediately to London to assist him in anatomical pursuits. This was cheerfully accepted, and in company with a Mr Hamilton, who was visiting London on business, they travelled together on horseback, and in September, 1748, reached London. John Hunter was eighteen years old when he entered William Hunter's dissecting-room. This occurred about a fortnight before the winter session of lectures commenced. William, to test the disposition of John for anatomical pursuits, and to form some opinion, as well as to estimate his abilities, after preliminary instructions, gave him an arm to dissect the muscles; the performance of which, it is recorded, greatly exceeded the anticipation of William Hunter. This, in some measure, decided his fate. Upon his accomplishing a much more difficult dissection to the entire satisfaction of William—namely, a preparation of the arm, showing all the muscles, with also the arteries injected for preservation—William determined to engage John in regular employment in the dissecting-room, and declared his conviction that he would soon become a good anatomist, and should not want for employment.

All the dissections of that day in London were performed in William Hunter's School of Anatomy; John therefore did not want opportunity and practice. He quickly excelled in the tact and neatness of manipulation required to attain excellence in dissection, and making preparations, which, as in other arts, to be successful should be attained early in life. His efforts were much assisted by the instruction he received from his brother's dissecting assistant, Mr Symonds. Notwithstanding latent manifestations of that jealousy which ultimately broke into open hostility and undignified contention, Dr Hunter at this time showed great interest for the welfare of his brother. He interceded with Mr Cheselden to admit John Hunter to the sick wards of Chelsea Hospital, of which that eminent man was surgeon. Under this tutelage, he very early in life, being only nineteen years of age, received the first instalment of the large experience which afterwards distinguished him—derived amongst veterans of the army, to the service of which he afterwards devoted his matured experience on foreign service, and on the field of battle. The oft-told

tale of adventure, of danger, and of suffering, would leave impressions in the vicissitudes of his future career, not unprofitable upon a mind predisposed to enterprize. He continued his attendance at Chelsea Hospital during the next summer. It was at this period John Hunter first manifested an interest in physiological inquiry, and those speculations in which he afterwards indulged.

From the observations he made in the wards of Chelsea Hospital, he expressed doubts of the doctrine, that in the process of ulceration, solid parts are held in solution by pus or matter. His advance in anatomical dexterity was steady and rapid: in the next session, he relieved Dr William from demonstrations in the dissecting-room, to devote his labours exclusively to the duties of giving lectures in the lecture-theatre.

In 1751, he became pupil of the celebrated Percival Pott, one of the senior surgeons of St Bartholomew's Hospital,—attended his lectures, and also the clever operations performed by that skilful man. He thus enjoyed the singular privilege of receiving early instruction from the two greatest reformers of the art and science of surgery. These two eminent surgeons may be considered the Calvin and Luther of surgical reform: one boldly assailed the monks and barbers who had usurped the practice of the art, and got possession of hospitals and lazar-houses endowed by royal munificence. The other had rather more of the amiable and learned Melancthon in his nature, and by gentle and persuasive means established a humane and skilful practice. Improved pathology and surgery thus founded, could not have received worthier culture, or possessed a disciple more zealous and talented than John Hunter to hand down its traditions, enlarge its field of inquiry and labour, and establish the claims of medicine and surgery to the dignity of science. Although in after-life he assailed some of Mr Pott's pathological doctrines and opinions, he always expressed the greatest esteem and respect for him, notwithstanding the unfortunate quarrel, in which he took no part, between Dr William Hunter and Mr Pott. This dispute necessarily produced between them some coolness and, perhaps, jealousy, but it was manifested more by Pott than John Hunter, who was now beginning to take a high position as a surgeon. No two men could be more opposed in their manners, and modes of thought than John Hunter and Percival Pott. The last, a man of refined and cultivated tastes, and an excellent scholar, considered surgery essentially a practical art, which he vindicated and illustrated—being a most elegant and fearless operator—and in his lectures displayed learning, eloquence, and research, appealing to the authority of writers of antiquity in support of the opinions he promulgated. It is not improbable that the confusion and blunders of Pott in regard to congenital hernia—or, as he rather affectedly termed it, *hernia congenialis*—led to those further discoveries which, by the inquiries and experiments of Haller, the two Hunters, and Monroe Secundus, ultimately settled this vexed question. But John Hunter had no better claim to the discovery of the *hernia congenitalis* than had Percival Pott; that merit belonged to Baron von Haller, of Gottingen and Berne. Hunter's discovery—and perhaps the most important, most appreciated, and least disputed of his life—was the transition and progress of the testis from the abdomen into the scrotum. John Hunter held surgery to be a subject for speculative inquiry and physiological research, and had no veneration for authority; he was a genuine reformer, maintained the right of private judgment and freedom of thought with independence and boldness. But physiology had made no progress as a science at this time, to give sufficient faith in its conclusions to satisfy the convictions of Percival Pott.

The turning point of John Hunter's career was now in the eddy. He hesitated which department of practice to adopt, and the circumstance of entering as a gentleman commoner in St Mary's Hall, Oxford, in 1752, would indicate the intention of ultimately graduating, with the object of becoming, at a future time, a Fellow of the College of Physicians, for at this time William had not decided to relinquish the practice of surgery. But not matriculating—in short, he did not reside, since his London employments were not interrupted for a moment by his absence—this plan was relinquished, and he entered as a surgeon's pupil at St George's Hospital the following year. The inclination manifested by John Hunter was decidedly for the practice of surgery, and he thus early entertained the ambition of becoming surgeon to a hospital. The prospect of succeeding Cheselden at Chelsea was very remote. So far as regards surgical practice, Chelsea Hospital was unequal to the ambition he entertained, since, in the instance of Cheselden, it was bestowed more as a royal favour to smooth his retirement from the labours of the Profession. The regulations of St Bartholomew's requiring of the candidate for the office of surgeon, that he should serve an apprenticeship with one of the surgeons of the hospital, precluded his prospects in that direction. Dr William Hunter possessed some interest and influence with the Medical Officers of St George's Hospital, through which John hoped for more success, and to be able to gratify, in due course, the ambition of becoming surgeon to that hospital. As a stepping-stone, he obtained the situation of House Surgeon at St George's Hospital, about 1756. The temporary position of house-surgeon being a most desirable one in which to obtain practical knowledge of responsible surgical duties, requiring constant attendance in case of accidents brought to or occurring in the vicinity of the hospital. The different early training of the two brothers became now more manifest. From the age of fifteen, William had been accustomed to the discipline of College life at the University of Glasgow, to qualify him as a candidate for the Church. He thus became a good scholar, and able to sustain any position in which fair classical acquirements might be necessary. This, combined with a taste for public speaking, made him unequalled as a lecturer, and gave a cultivation to his style of address always popular and pleasing. John Hunter, on the contrary, never having enjoyed similar opportunities of instruction, and the few which had offered having been neglected, he could not retrieve his disadvantages by any later efforts, since the active and laborious pursuits of the dissecting-room, of practice, and ultimately of lecturing, afforded little time for mental culture. He felt this disadvantage keenly, and it gave a tone to the future pursuits of John Hunter, whose vigorous mind nevertheless acquired by these impediments a more forcible rebound.

(To be continued.)

CLINICAL REPORTS.

Extra-Uterine Gestation (Interstitial?)—Operation by External Incision, and Removal of a nearly full-grown Child—Recovery.—Dr Ramsbotham and Mr John Adams.

Cases like the following are not often met with in hospitals; but, as they may arise at any moment in the practice of any surgeon, it is well to be able to decide as to their nature. The case has occurred in the practice of Dr Ramsbotham, at the London Hospital, and is now thought to have been one of "interstitial" extra-uterine gestation. Dr Ramsbotham has had sixteen somewhat similar cases.

Extra-uterine gestation differs from superfœtation in the now well-recognised fact, that in the latter (as in anomalous cases of twins in the West Indies, where one child is white, one black), one gestation having commenced, a second supervenes or may supervene upon it during the continuance of the first: whereas in the former, or extra-uterine gestation, the ovum may be impregnated, and become abnormally attached and developed, as in the case about to be related, at some or any point between the upper part of the uterus and the Graäfian follicle; or it may fall into the abdominal cavity itself, giving rise to the varieties of this accident known as ovarian, tubal, ventral, and interstitial. In the first, the ovum is impregnated in and attached to the Graäfian follicle, or external surface of the ovary itself. A marked case of this kind has been given by Dr Granville. A lady, aged thirty-nine, was the mother of seven children; the tumour, four times the size of a hen's egg, contained a fœtus of about four months' growth, which, as such tumours are generally found to do, burst in several places, the poor lady dying of the hæmorrhage and general "shock" to her system.

The "tubal," or second variety of extra-uterine gestation, is, however, the most frequent of these abnormalities. We give two cases by Dr R. Lee; they also show the usual termination of these very serious accidents.

"A patient died suddenly in 1829 from internal hæmorrhage," says Dr Lee, "produced by rupture of the right Fallopian tube, which contained an ovum. On opening the tube a deciduous membrane was found everywhere surrounding the chorion, adhering to the tube, as the decidua usually does to the lining membrane of the uterus. The chorion, placenta, amnion, and embryo were distinctly seen.

"A second patient, Mrs K——, after suffering under symptoms of inflammation and retroversion of the uterus, was seized with great faintness, and soon expired. A large quantity of fluid blood was found in the abdominal cavity, and the right Fallopian tube was lacerated, which contained an ovum with deciduous membrane also."

One of the causes of extra-uterine gestation is believed to be emotional excitement or fright on the part of the woman at the time of coitus or impregnation. The symptoms in such cases as these are at first not very well marked or distinctive. The uterus is felt to be developed; it is high up, and at one side; menstruation ceases; there is an absence of nausea and vomiting; the patient feels very uneasy; fœtal movements are indistinct; there is a sense of weight and uneasiness deeply seated in the pelvis, extending to the kidney, no doubt from irritation of some common nervous supply. In tubal gestation, from the confined space of the tube, the ovum is continued in it rarely beyond the third month, when the cyst or tube is ruptured, and the embryo escapes. In some rare cases it goes on to the full time; but when it bursts, the poor woman, without any idea of what has happened, is seized with agonising pain, followed by ghastly pallor, fainting, hurried breathing, and collapse. On dissection, the ovum is found in the abdomen; a rent exists in the tube, and a large quantity of blood in the peritoneal cavity. In the "interstitial" variety, as compared to the "tubal," the infant in the former case usually goes the full time; but, as there is a something absent in the womb to set up ordinary labour at that time, as in the following case, the child dies. Matters then go on more or less quietly for some time, not without injury to the health of the mother, but without danger to her life. The crisis, however, must come sooner or later, when the cyst gives way, and symptoms of collapse set in, followed by those of inflammation. This crisis may be hastened by various circumstances, such as violent action of the abdominal muscles, sudden shocks, coughing, vomiting, &c. It was with the object in view of anticipating such evil results in the case appended, that the surgeons of the London Hospital decided (now that the operation is so easily done under chloroform) to operate; for Dr Campbell, it may be remembered, gives seventy-five cases of this disease, in seventy of which the fœtus—shall we say?—after the manner of Ariel and Sycorax, continued interstitially confined for several years in the walls of the womb itself,

"within which rift
Imprisoned it did painfully remain."

Dr Dyce, indeed, of Aberdeen, gives a case in which the fœtus was thus retained for a period of eight years. The patient was twice pregnant afterwards, and delivered of living children, but sunk ultimately from the hectic brought on by the extra-uterine fœtus in process of decay.

The case which we have deemed it right to preface by the preceding remarks is only the second known of its kind in our hospital annals, operated on as this was: they may arise, however, at any moment, and the question of surgical operation become a very serious one.

M. A. J——, married eight years, a young-looking woman under thirty years of age, was admitted in May of the present year, under the care of Dr Ramsbotham, at the London Hospital, with the following curious history:—Though married eight years, she has never been pregnant till her present trouble. She ceased menstruating last February twelve months; this was succeeded by cramp-like pains in the right side of the abdomen; she was sick, but did not vomit; had no ensuing sickness; the pain reached from the pelvis up to the region of the liver. In June '59 she first felt a movement as of a child; her breasts began to enlarge also, and the veins of the left leg became varicose; in short, she

experienced the first familiar indications of being in the "family way." She continued in good health in this condition up to the end of October—got stouter and stouter. About this time, however, she fancies she had a severe fall, followed by cramp and soreness in her side, with pain running down to her knee. On the last day of this month she received intelligence of the death of a sister, which caused considerable "shock," though there was no new abdominal sensation, only that from this time forward she ceased to feel the movements of the child, and, as she now thinks, became sensibly smaller, though the period of gestation should terminate in November according to her own calculations—that is, some days later.

About a week after the movement ceased, a discharge of blood commenced from the vagina, blackish and occasionally pinkish, sometimes with pieces of coagulum like flesh, not offensive, but without pain, though in gushes. She did not feel herself so well as usual; she felt sleepy and weary, with stiffness in the limbs. This continued till December.

January, 1860.—Nothing unusual occurred this month, but that she was very anxious about herself.

February and March.—What she considered "menstruation" commenced in these months, and was regular up to the time of her admission to hospital. There is milk in the breasts, but this disappeared in March. Her general health still suffers: indeed, since October she has been getting smaller and thinner, and very uneasy about her state.

April and May.—Still very apprehensive about her condition, and wishes for some midwifery interference or operation, to rid her of what proves, on examination by Dr Ramsbotham, a hard tumour, of the size of a man's head, easily detected, chiefly on the right side of the belly! not painful or sore to the touch; the os uteri being felt high up, but natural. She had improved somewhat in hospital; her appetite was good, she slept well, and had a good pulse. A consultation of the surgeons of the London Hospital was held, and as the woman had evidently gone nearly six months "over her time," and as she was particularly wishful herself for some operation, it was deemed advisable, though very serious surgery, to operate, the case being supposed to be one of extra-uterine gestation, probably of the "tubal" or interstitial kind or variety.

The operation (May 31st) was performed with Mr Adams's usual steadiness and anatomical accuracy. After chloroform had been administered, an incision about five inches in length, commencing on a level with the umbilicus, and about two inches to its right side, was made, and carried to about an inch of the pubes, also on that side, going, of course, through integuments of abdomen, and rectus muscle, and peritoneum, much as in the minor incision for ovariotomy (an operation, perhaps, of a more formidable kind, but which has now been done 395 times, with 212 cures). The tumour at once came into view, and was found adherent to the abdominal wall at its lower part. The tumour or cyst was now punctured, and about a pint of greenish yellow fluid, with some flakes of "vernix caseosa" and some loose hairs, came away. The cyst (or membranes) was then opened, and a loop of funis escaped. Mr Adams next introduced his hand, and drew out a fœtal arm. The child (a female) was found very nearly arrived at maturity, well nourished, but, of course, dead. The placenta, of a very enigmatical kind, half macerated, was allowed to remain, and the funis tied; some omentum having protruded, part of it was cut off, its vessels ligatured, and the remainder returned; the cyst was carefully sponged out as in ovariotomy, the edges of the external wound brought together by sutures, and, strapping the ends of the ligatures and funis, left hanging out of the wound; the abdomen was supported with cotton wool and lint, with a woven bandage over all; thirty drops of tincture of opium given directly, and ordered to be repeated every hour till sleep was obtained; and the poor woman was carefully removed to bed, where she soon recovered from the effects of the chloroform, and was delighted to find the operation was all over. She complained, however, of feeling some pain for three hours after the operation; but then she fell asleep for a half-hour, and awoke refreshed. Later in the evening, she vomited; complained of thirst, but suffered less pain; she had ice to suck, and the laudanum was repeated every four hours; pulse was reported good, and she passed (all things considered) an excellent night.

June 1st.—Had some beef-tea for breakfast; felt refreshed, pain less. Took iced brandy and water, as also her beef-tea, freely through the day. Later in the day, felt a pain in the wound; this was relieved by the laudanum.

2nd.—Slept well; no pain; tongue clean and moist; slight headache, probably from the opium.

3rd.—Passed a good night: no pain or tenderness; felt hungry, and had some fish. Bandage and dressings removed: wound looking healthy, with slight discharges; bread poultice applied. Towards evening, slight spasm of the chest.

4th.—Slept well; wound looking well, discharge increasing.

5th.—Less pain; pulse 120; tongue furred; wound healthy, but discharging freely a grumous-looking matter, which Mr Adams believes to be broken-up placenta, the remains of the cord, too, having been observed in the poultices. She had six ounces of good sherry-wine, beef-tea, and fish.

6th.—Passed a good night: tongue, however, is dry; and as the bowels have not been relieved since the operation, Mr Adams ordered two drachms of castor-oil, which acted freely.

7th.—Had some jelly and a chop, and eight ounces of wine. The entire wound has now healed by "first intention," with exception of lower end, whence the ligatures hang, and discharge freely escapes.

12th.—Some of the ligatures removed, followed by half an ounce of offensive grumous fluid.

19th.—Remainder of the ligatures removed. She is now able to sit up. Takes four ounces of wine, chop, and pint of porter. Discharge is decreasing.

July 14th.—Now six weeks since operation. She is walking about the ward, convalescent. Some slight discharge still continues, but otherwise she seems a miracle of good surgery, and many strangers (medical) have come to see her. The case, in point of fact, has proved to be one of the most remarkable and suggestive in the entire field of surgery.

We need only say, in conclusion, of this form of the disease, first described by Breschet, that the ovum lodges near the point at which the Fallopian tube enters the uterus, and forms, as it were, a nidus in the walls of the uterus itself, where it becomes "surrounded by a layer of the muscular coat similar to the layer which surrounds the majority of fibrous tumours; it is developed in a kind of sub-cavity between the uterine layers at one of the Fallopian angles." Indeed, one or two cases are given in which the ovum was found in this position; the placenta had occupied the uterus, and the rest of the ovum had been contained in a cyst formed by the dilated Fallopian tube.

EXTRA-UTERINE GESTATION, ATTENDED BY USUAL SIGNS AND INDICATIONS OF PREGNANCY — BONES OF FŒTUS PASSED HER RECTUM, TWELVE YEARS AFTERWARDS. — MR SYDNEY JONES.

As a pendant to the former case, we may here mention another instance, where the component parts of a fœtus of a supposed extra-uterine gestation were passed by the rectum. The bones have been shown recently at St Thomas's Hospital, by Mr Sydney Jones. The case is as follows:

A woman, now aged fifty-six, says that twelve years ago she had many, if not all, the usual symptoms of pregnancy—enlargement of the abdomen, development of areolæ round the nipples, &c. In due time symptoms of labour supervened, but, to her mortification and astonishment, passed off again. She then consulted a medical man, and the uterine enlargement was examined, but found more at one side (the right side) than the other. For the next twelve years she had no further annoyance, though the tumour remained; but at the end of that time, during the last two years, the cyst or abscess has given way or got less, and she has passed, *per rectum*, a series of bones which prove to be those of a fœtus. The woman is now in remarkable good health. The "vis medicatrix" in this instance has proved herself quite equal to the task of perfecting a cure; but, on the other hand, it was just as likely that the case might have ended fatally, like those just referred to in the practice of Dr Granville and Dr Robert Lee.

BRITISH ASSOCIATION AT OXFORD.

ABSTRACTS OF PAPERS.

Dr EDWARD SMITH read a paper on "The Action of Tea and Alcohols contrasted," in which he demonstrated, in reference to tea, that it excites or increases vital transformations, increasing the frequency, depth and chemical changes of respiration, as well as the action of the skin, as shown by increase of perspiration. Fat and acids lessen this action on the skin, but alkalis increase it. Tea is chiefly of use after food, but is not applicable as a substitute for food; and, to descend to the nursery tales of every-day life, Dr Smith thinks tea is very unfitted for breakfast, as well as for persons of spare and active habits; nor is it fitted for prisoners, the ill-fed and destitute, or young. It is most fitted for the old, the corpulent, for the sedentary, for soldiers or for hot climates, and it is especially fitted to aid in the transformation of starch and fat foods. Coffee, on the other hand, according to his researches, lessens the action of the skin, lessens the necessity for transformation of food by acting upon the kidneys and bowels. Coffee lessens the consumption of food, tea increases it; the former conserves animal heat, the latter disperses it. Of the alcohols, beers, and wines, true to an old legend, rum seems to be the most complete and perfect stimulus; but Dr Smith believes all such compounds are poisons, and not foods. Beers he thought to be valuable according to the amount of gluten, sugar, acids, and salts which they contain; and old-fashioned ales are better for hospital patients than the thin bitter trash (Bass—"base," and "all slop"—Alsop, as some one remarked) now so fashionable. Tea and good beer have an analogous action. The Author reprobated the introduction of fashionable ales into India, believing, from their power to lessen the action of the skin, their usefulness would be very doubtful in that country; but this point seemed open to discussion, as well as the real action, in disease, of wine, brandy, &c., as held by the late Dr Todd. The "Section" seemed, however, comfortably confident that the old-fashioned ales, with their gluten, sugar, acids, salts, and peradventure variable but intelligible percentages of half-formed alcohol (one or two of the colleges at Oxford being celebrated for their inimitable malt and hops), were all that could be desired, and deserved Dr Smith's eulogium.

Dr CHARLES KIDD, in a paper on the "Nature of Death from Chloroform," introduced to the "Section" the much-vexed question of the class of cases where chloroform is comparatively safe, and that class where caution is required in the administration. Dr Kidd furnished in the paper a careful analysis of all the recorded deaths from chloroform given for operations, which amount to about 100, as also an analysis of twenty-five additional deaths from the administration of ether and amylene. Dr Kidd is inclined to doubt if the deaths from chloroform have been, as held by Dr Snow, from cardiac syncope, from overdose of chloroform, sinking of the heart, &c. The fact of tens or hundreds of thousands of patients taking chloroform with perfect safety, even in the largest possible doses of six, or eight, or ten ounces of chloroform at a time, many remaining an hour or two hours under chloroform in deep sleep, the pulse little if at all affected, the heart undisturbed, &c., he cannot reconcile with the other fact, that in all the fatal cases the dose of chloroform has been very small (a drachm or half-drachm), the death has occurred before deep anæsthesia had commenced; in many deaths, also, the heart had gone on beating, but the breathing had ceased! Judging from experiments on animals, and what he has himself seen in the post-mortem examination of patients in hospitals, who have died from chloroform, as well as judging by the view of Brown-Séquard on chloroform, Dr Kidd thinks the larger number of deaths arise from an excitant reflex action of the chloroform in the early stage, and not a deep, direct, and later depressing action or exhaustion; and that the base of the *brain*, not the heart, (through a reflex irritability from the pulmonary organs, especially from the pneumogastric nerve, as well explained by Einbrodt and Weber,) is the part really at fault. We have accordingly to dread hysteric and nervous complications in the brain, as well as trivial operations where chloroform or bad chloroform is given in a trivial manner in small doses, infinitely more

than we have to fear diseased valves of the heart, or the fullest doses of chloroform continued with due care even for an entire hour. This reflex or excitant action of the pneumogastrics may even stop the heart, if not hurried over by cautiously increasing the dose of chloroform, as any other excitant of the pneumogastric is found to do; or this reflex action may, by vaso-motor disturbance and dilatation of vessels in the brain, lead to increase of blood and sudden "fit."

This paper, which it is difficult to make clear to the general reader without the diagrams and statistical tables, gave rise to a long discussion, in which Sir B. Brodie, Mr Busk, Dr Sharpey, Dr Priestley (Professor Simpson's chief assistant), and several others took much interest.

Mr. Busk thought the statistics of the 125 deaths very remarkable; but he still believes, what is not antagonistic to Dr Kidd's theory, but supports it, that some deaths arise from mere surgical "shock," and are then put down to chloroform.(a)

Dr Priestley, in the only case of death he saw from chloroform, the heart continued to beat, though the breathing had stopped. This corroborates Dr Kidd's views.

Mr Durham, of Guy's Hospital, brought before the Association some experiments on the "Physiology of Sleep," already referred to by us in Mr Hilton's recent Lectures at the Royal College of Surgeons. This question, though apparently so simple, is one of the most unsettled in the entire field of physiology and practice of medicine. Sleep was defined by the Author to be a state of cerebral repose which is essential to the nutritive repair of the brain substance; a state in which consciousness, sensation, and volition are temporarily suspended, but so suspended as to be easily restored by the action of stimuli external or internal. Mr Durham, by removing portions of bone by the trephine from the skull of animals, and substituting watch-glasses as "windows," was enabled to investigate the state of the brain during sleep: he found that in this state the brain is comparatively bloodless; the veins are NOT distended, as usually stated by physiologists, and the capillaries contain very little "corpuscnlated" blood; during waking the circulation is much more active, and at that time arteries, veins, capillaries, all highly injected with rapidly-moving blood. The relation of the intracranial circulation with that of other parts, and the theory of the cerebro-spinal fluid and veins, as in Mr. Hilton's lectures, were next dwelt upon. Coma and lethargy, and anæsthesia from chloroform, were proved to be very distinguishable from healthy sleep; the nature of dreams was also explained, and some very admirable suggestions were made as to the best method of inducing sleep under various conditions of wakefulness in disease. Mr Durham's communication excited considerable interest; the experiments, taken in conjunction with those of Dr Burrows and others, were very valuable and suggestive.

M. Ollier exhibited some specimens illustrating the production of bone from periosteum. We have so frequently referred to these experiments of M. Ollier in the Medical Circular, especially in connection with the phosphorus disease of the inferior maxillary bone, that we do not see much use in again going over exactly the same ground.

Dr Radcliffe's paper on "Muscular Action" is in the same category of communications as that by M. Ollier.

Dr Richardson brought before the Section his views on "The Process of Oxygenation in Animal Bodies." The inhalation of oxygen has also been very fully discussed in some original papers in this journal; and partly to reconcile some of these conflicting statements and discussions, seems to have been the chief object held in view by the Author. The influence of pure oxygen as an excitant differs according to the kind of animal on which it is tried, being (as one would *à priori* expect) most marked in animals of quick respiration and high temperature, and least marked or *nil* in animals of feeble respiration and lower temperature. Oxygen when breathed over and over again, though freed from carbonic acid, loses its power of supporting life; and oxygen, while it is essential to muscular irritability and muscular power, exerts its influence over muscle, not as a direct excitant, but by supplying to the muscle an agent or force by which the muscle is fitted for contraction on the application of an exciting cause. Dr Richardson thinks, too, that there is a withdrawal of some principle extant in primitive oxygen in the finer experiments; but, like voltaic narcotism and ammonia as the sole cause of coagulation of the blood, this compound nature of oxygen was doubted.

(a) Dr Barnes gives a recent midwifery case, death seventeen hours after chloroform; the patient in the interval quite conscious and apparently well.

INTERNATIONAL STATISTICAL CONGRESS.

THE SANITARY SECTION.

The papers announced in the programme at the opening of the Fourth Section were—on General Sanitary Statistics, by Dr Farr; on a Uniform Scheme of Sanitary Statistics, by Dr Sutherland; and on the Statistics of Hospitals, by Miss Nightingale. Additional topics were announced by Dr Jarvis, on a Uniform System of Reports in Lunatic Asylums; by Dr Milroy, on Simultaneous and International Registration of Epidemics; by Mrs M. A. Baines, on the Statistics of Wet-nursing; by Sir David Brewster, on Colouring Blindness.

Taking these subjects in the order in which they were entertained in the Section, we notice first the paper of Miss Florence Nightingale, on the Method of Reporting Hospital Statistics, read on Tuesday, 17th July, to which we briefly referred last week. In this paper it was proposed that each hospital should tabulate its annual work according to "diseases," "ages," "sexes," and that under each disease should be shown—1, the numbers remaining at the beginning of each year; 2, the numbers admitted during the year; 3, the numbers cured; 4, the numbers discharged incurable, unrelieved, or at their own request; 5, the deaths; 6, the duration of cases; 7, the numbers remaining at the end of each year. The forms prepared for collecting this information, and submitting it to the Congress, had been already tried in several hospitals, and the results were considered sufficient to show how large a field for statistical analysis and inquiry would be opened by their general adoption. They were considered sufficient to ascertain the relative mortality in different hospitals, as well as of different diseases and injuries at the same time and at different ages, the relative frequency of various diseases and injuries amongst the classes which enter hospitals in different countries, and in different districts of the same country. They would enable us to ascertain how much of each year of life is wasted by illness; what diseases and ages press most heavily on the resources of particular hospitals. For example, it was found that a very large portion of the limited finances of one hospital was swallowed up by one preventible disease—rheumatism, to the exclusion of many important cases or other diseases from the benefit of the hospital treatment. It had been shown that most of the cases admitted to the hospitals, where the forms have been tried, belong to the productive ages of life, and not to the ages at the two extremes of existence. The paper stated, that the relation of the duration of cases to the general utility of an hospital had never yet been shown, although it must be obvious that if, by any sanitary means or improved treatment, the duration of cases could be reduced to one-half, the utility of the hospital would be doubled, so far as its funds are concerned. The proposed forms would enable the mortality in hospitals, and also the mortality from particular diseases, injuries, and operations, to be ascertained with accuracy; and these facts, together with the duration of cases, would enable the value of particular methods of treatment and of special operations to be brought to statistical proof. The sanitary state of the hospital itself could likewise be ascertained. The statistics of rare diseases and operations are still very imperfect; but by abstracting the results of such diseases and operations from the tables after a long term of years, trustworthy data could be obtained to guide future experience. The proposed hospital forms were all alike, differing only in the headings, which it was proposed shall be those given above. The nomenclature is the one agreed to at the Paris meeting of the Congress, and the classification is essentially the same as that used by the Registrar-Generals of the United Kingdom, with a few modifications to include rare diseases, tumours, &c.

Dr Varrentrapp, though acknowledging the necessity of making a distinction between diseases and diseased persons, did not approve of making two statistics, which would be an unnecessary and useless labour. He said, "out of 100 cases of typhus fever, there may be 14 who will have a different disease; you must see what the second disease is, or you will not have any particular result." He thought it important to give the day of entrance into the hospital. He agreed with Dr Neumann as to the importance of giving the result of typhus; that on such a day came the crisis, on such a day you bled for the last time, and that on a certain day the patient left the hospital cured. He thought that transference from one part of the hospital to another should be avoided, unless one disease had been cured and another had commenced. Speaking of his own hospital, he said, "If a patient goes in with a broken leg, I dismiss him after the lapse of a certain time with regard to that, and enter him the same time in another part of the hospital for the itch, or whatever his other complaint may be." He thought the diagnosis was often published prematurely, observing that we may think, in the beginning, that we have a case of typhus fever, which, after a few days, turns out to be a different disease. It was not always the case that in those months in which the greatest number of cases occurred, there were the greatest number of deaths; but there were months in which the disease occurred less frequently, and the deaths were more numerous. He would, therefore, wish the ages and the months to be marked.

After much discussion on various collateral subjects, the paper of Miss Nightingale was adopted by the Section; and it was resolved that its recommendations be made known to the different Governments.

The proposals for a uniform scheme of sanitary statistics were embodied by Dr Sutherland in fifteen propositions, referring to the influence of age, sex, occupation, locality, climate, and general sanitary condition, on mortality; the propositions to be embodied in tabular forms. These forms would include the conditions under which the population of any particular town or district may be placed as to local climate, soil, drainage, paving, area occupied by the population, with the facilities for external ventilation afforded by the structure or position of the town; the length of the streets, with their breadth in relation to the height of the houses, and the internal condition of the latter as regards repair, cleanliness, light, ventilation, and cubic space for the inmates; also the water supply, its nature, quality, and amount; the statistics of food and drink, and their consumption; the classification of trades and occupations influencing health; and the statistics of interments.

These proposals were adopted, subject to certain additions as to the sanitary statistics of hospitals, schools, drained and undrained houses, common lodging-houses, and sleeping-rooms.

On the subject of dwellings provided for the labouring classes, and adapted to their requirements, by societies, &c., Dr Greenhill proposed a series of inquiries relating to the influence they exert on sanitary interests, and also their cost and value as investments. These inquiries were to embrace the occupation of the inmates, including the mothers, and the number of children attending school. Dr Ballard suggested that the inquiries should refer also to "class," and the portion of Irish occupants. These recommendations were adopted.

On the fourteenth proposition, for a classification of trades, &c., it was doubted whether the proposition referred to the influence which trades exert over the sanitary condition of a neighbourhood, or on the persons engaged in them. Dr Sutherland was not prepared to propose a scheme on the latter point. Dr Ballard suggested a method which he handed in, and which was referred to a Committee, who adopted it on the following day with a few modifications, leaving it as follows:

That any scheme for the classification of occupations, trades, businesses, and manufactures, having regard to their influence upon the persons engaged in them, should be based upon their character as respects the following points:

1. Whether they involve severe or moderate bodily exertion, or the reverse.
2. Whether they are carried on in the open air, or in shops, warehouses, offices, or other confined places.
3. Whether they involve exposure to vapours or miasmata of any kind, or any kind of dust (including all those usually deemed unhealthy from these causes).
4. Whether they involve the maintenance of a constrained posture, or any local pressure.
5. Whether they involve an unusual amount of exposure to the weather, to heat or cold, or sudden alternations of heat and cold.

That in respect of trades, &c., the distinctions of masters and employed should be recognised.

That the following should be the primary divisions of the classification :

I. Persons of rank or property, including manufacturing and trading capitalists.

II. Persons in learned professions, and persons practising superior arts.

III. Persons *actually* engaged in the defence of the country, specifying rank and particulars of occupation.

IV. Persons engaged in the mercantile marine, or otherwise, on the sea, rivers, or canals.

V. Individuals *personally* engaged in occupations, trades, businesses, and manufactures, or other employments not embraced in former sections,—

1. Involving severe bodily exertion ;
2. Involving moderate bodily exertion ;
3. Not involving bodily exercise.

Dr Farr's paper on General Sanitary Statistics embraced the following topics :

1. The sanitary condition of each nation, and of each circumscription, such as district in England—*arrondissement* in France, should be distinctly exhibited. The rate of mortality per 1000, over a series of years, should be determined.

2. The mortality, the mean lifetime *(vie moyenne)*, and the fatal diseases of each population, should be determined for the whole people, and for (*a*) the healthiest districts, (*b*) the unhealthiest districts, and (*c*) all the considerable cities. For this purpose life tables should be constructed.

3. At the census the numbers suffering from the principal infirmities, and from the diseases which disable people from following their ordinary occupations, should be ascertained. The numbers sick in hospitals, their mortality, and the duration of their illnesses, should be investigated ; and wherever it is practicable, the investigation should be extended to other classes of the population, and notably to the members of all Friendly Societies.

4. The stature, the weight, the strength, the working power, and the intelligence of the people, are indications of health, which should be explored in groups of the population at each age, wherever that is practicable.

5. Amongst the causes which are found to have the greatest effect on the health of the people, are the air they breathe and its various impurities, their contiguity to each other, their food and drink, the action of their minds and muscular effort, or exercise and labour. In investigating the causes, the effect of varieties of habitation, density, proximity, elevation, latrines, income of the population, should be therefore especially investigated. . ..

6. The occupations have a marked influence on the health of the people, and it is found that by easily-arranged modifications the trades most injurious to health can be made innoxious. The Section, therefore, recommends a special inquiry in every State into the effect of the principal occupations of its people on health. To secure uniformity, the forms of which examples are given, as applied to the miners of England, are recommended for adoption, with such others as circumstances may suggest.

7. The Section strongly urges upon the Congress the propriety of appointing Health Officers, and of adopting the most effectual measures to secure the publication of their periodical reports amongst the people of each locality, showing the state and progress of their sanitary condition.

8. They suggest that in every State quarterly returns should be published of the marriages, births, deaths, and prevailing epidemics of every district, as well as *annual* returns of the deaths and fatal diseases at each quinquennial period of life. The tables should, in all cases, be accompanied by popular and scientific reports.

9. In large cities, *weekly* tables, such as those of London, should be published.

10. In this manner the sanitary condition of each part of the population will become known, and the efficacious measures which may be discovered in any country can be applied in all others ; so the health of the human race will be improved, and each nation will get its full share of the benefit.

The Section cordially adopted Dr Farr's recommendations, with one or two slight modifications, involving the quarterly and monthly publication of reports referred to in the eighth proposition.

Mr Hart proposed, as an important addition, that returns of sickness should be furnished in a manner similar to the returns of mortality. He called attention to the very valuable returns of sickness which for some time were published by the General Board of Health, having been prepared by the Metropolitan Medical Officers of Health, at considerable expense to themselves ; and regretted that financial considerations should have induced the Government to discontinue their publication.

Dr Ballard observed, that the importance of such a publication could not be over-estimated, and the withdrawal of the Government aid in this matter had been a source of great discouragement to the Health Officers of the metropolis. Returns of mortality in no measure afforded an accurate means of ascertaining the relative prevalence of diseases, as their fatality varied, not only *inter se*, but at different seasons.

These views were supported by Dr Tripe and other members of the Section, and it was determined that a recommendation to this effect should be made to the British and foreign Governments.

The paper of Mrs M. A. Baines, on Wet Nursing, read by Dr. M'William, opened with the statement that out of 100 children in Paris suckled by their mothers, the deaths are 18 ; while of those wet-nursed they are 29 per annum. Besides the mortality amongst children of mothers belonging to the middle and upper classes, it may be fairly assumed that the children of wet-nurses form a very large proportion of those who die prematurely from this custom, whether those deaths are recorded as caused by *want of breast-milk*, or classed under *convulsions*, or any of the numerous disorders arising out of ignorant management, or wilful—*i. e.*, culpable—neglect. It is not an uncommon occurrence for the name of one child to be on the books of two, three, or even four burial societies. Where this is the case, suspicion must naturally be attached to the motive of the parent, parents, or nurse ; and when death occurs under such circumstances, investigation should take place as to the cause, and a *reliable* medical certificate be obtained. It would be interesting and important to know, in connection with the present subject, how many of the mothers of "still-born" children follow the occupation of wet-nursing—*i. e.*, how many had decided upon taking up that vocation before the birth of the "still-born." For the consideration of the Sanatory Section of the Congress, a few practical suggestions were offered relating to some simple means by which very valuable, if not complete, information might be attainable.

1. Members of the medical profession in obstetrical practice might be recommended or required to keep notes with reference to the number of their patients who employ wet-nurses, the fate of the infant so reared, and that of the woman's child. This information should embrace the first twelve months after birth, supposing the children should survive so long.

2. The Medical Officers of Health in each district might undertake the duty of collecting the information desired, so that they might furnish to the Registrar-General the necessary figures and facts.

3. The Registrars in the various districts and provincial towns might be instructed to ascertain the number of children who die under one year old, such children having been consigned to wet-nurses, or discarded by their mothers to enable them to do duty as wet-nurses.

It is a fact, to which the secretaries of burial clubs can testify, that many of the infants entered on their books, and who die prematurely, are the children of wet-nurses put out to "dry-nurse," and are there made use of as the victims and innocent agents of a profitable speculation by their ostensible but inhuman "guardians."

Dr Ballard called attention to the fact that England is almost the only country in which still-births are not registered. He complained that the Health Officers were not officially entitled to communicate with the Coroner on the subject of suspicious deaths, and that this important duty was left wholly to the discretion of a beadle. Three deaths of infants were registered from one house in his district, within a fortnight, as occurring from hydrocephalus—a disease of such rarity that no medical man could credit the record. He strongly suspected that these deaths were caused by opium, in some of the forms employed by the lower classes for quieting children.

Dr Milroy's paper on the International Registration of Epidemics proposed an inquiry which has not yet been attempted—the notation and record from year to year of some of the principal epidemics in the different countries of both hemispheres. The researches of inquirers having to the present time been necessarily confined to their own country, and often only to one division of it, it is obvious that unless like researches are being carried out simultaneously in other countries, contiguous and more remote, some most interesting problems of epidemiology—such as the migratory course of certain epidemics, their recurrence at irregular intervals, their subsidence at one time and their reappearance at another—can never be hoped to be elucidated. It is worthy of note that the last sixteen or eighteen years have afforded some most remarkable instances of the kind. What has been done of recent years with so much advantage by the synchronous observation and record in different regions of the phenomena of meteorology, magnetism, and other branches of the physical sciences, might probably be undertaken with similar benefit by the registration on the same plan of epidemic statistics. From the aid which the Earl of Shaftesbury gave to the Committee, a large amount of valuable data respecting recent epidemics in most parts of the world has been received through the Foreign and Colonial Offices, and from the Medical Departments of the Army and Navy. The institution from this time of a systematic annual record of certain epidemics occurring in the various countries represented at this Congress, would be the means of obtaining such diversified information as, when collated at the next meeting of the Congress, might serve to throw much light on the natural history of that class of diseases, and lead to results useful alike to science and humanity. Epidemic storms may yet be traced and indicated in much the same way, and with like beneficial effects, as ordinary meteoric storms have been of recent years by Sir W. Read and other good observers. The diseases to which attention is called are, typhus and typhoid fever, intermittent and remittent fever, yellow fever, cholera, dysentery, influenza, small-pox, and perhaps also scarlatina and diphtheria, with other maliguant forms of sore-throat. The points in their history specially deserving to be noticed are—1. The period of their commencement ; 2. The total number of deaths, and, as far as possible, of attacks ; 3. The general sanitary topography of the towns or districts ; 4. The precursory state of the public health for one or two months ; 5. The date of the last epidemic, and also the extent and fatality of that invasion and of the present one, so that a comparison may be made between them.

Dr M'William stated that yellow fever had of late years shown itself at altitudes and in latitudes never before invaded, and observed that it was not impossible that England may some day be visited with this scourge. He recommended that some responsible persons should in all ports note the first occurrence of this disease and of cholera, recording the first case, and the conditions under which it appears.

Dr Delany, a coloured gentleman from Canada, made some important observations on the spread of cholera.

Dr Neumann referred to leprosy, or "spedalskhed," by which term it is well known in Sweden and the northern countries of Europe. He stated that Dr Virchow, of Berlin, was engaged in making inquiries on this subject, and suggested that the disease may also occur in the northern parts of Scotland and the Scottish islands, and he begged that inquiries might be made on this point.

Sir David Brewster, in a note to Dr Farr, suggested that returns regarding colour blindness and certain diseases of the eye, such as conical and cylindrical cornea, &c., should be obtained by the Section. He

had intended to submit a paper on the Influence of Light as a Curative Agent, and on the Development of Animal Life, which he was unable to complete in time. His wish was to call attention to the method of throwing light into the windows of houses in narrow streets and lanes, where hundreds of human beings in the principal cities of Europe carry on their occupations in what seems to a stranger almost total darkness.

Professor Simonds laid before the meeting the importance of ascertaining the extent and fatality of epizootic and other diseases amongst those animals that are ordinarily used as food, which could be easily carried into effect by the appointment of veterinary surgeons or other officers in the various countries represented in the Congress.

Dr Jarvis, of the United States, recommended that the superintending officers of lunatic asylums in all countries should publish their reports on a uniform plan.

Dr Neumann, of Berlin, read a paper on the Prevalence of Cholera in Prussia from 1831 to 1855, which was illustrated by the exhibition of three maps, specially designed to show the origin and progress of the disease in that country, and which were very highly appreciated by the Section.

Dr M'William proposed, and it was recommended by the Section, that the various Governments represented by delegates should adopt a uniform method of obtaining statistical information as to the health of seamen engaged in the mercantile marine.

The business of the Section then concluded.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—I must again ask the favour of your allowing me through the medium of your pages to address the Poor-law Medical Officers. Since my last communication, I have received a letter from Mr Pigott, who stated he had met with difficulty in getting the Bill drawn, as he did not wish to incur an expense of 20*l*. I was obliged to fix a limit to the amount for which I should render myself liable: the Poor-law Medical Officers must therefore blame themselves for the loss of the Bill this Session; for had they enabled me to give a *carte blanche* to Mr Pigott, the Bill would have been speedily drawn; but the only subscriptions I have received this month have been 10s. 6d. from a Poor-law Medical Officer, and 10s. from a Medical gentleman unconnected with the Poor-law; and in the previous month I received less than 3*l*.

Mr Pigott concludes his letter by saying, "I fear I must follow the advice generally given me by my friends here (House of Commons), namely, to lay a good Bill on the table this Session, and then work it through next: I like the principle of the Bill," &c. &c. I regret the apathy of the Poor-law Medical Officers as a body, though I can quite understand the motives that influence many of them. I have ascertained each Poor-law Medical Officer's salary under the present *régime*, and calculated what it would be under the proposed plan. I have also ascertained the number of patients attended by each Medical Officer; and when I narrate there are 360 Medical Officers who attend less than 50 patients each annually, and as many of these officers have as much or more than 20s. for each case they attend, it will not be surprising that they are either indifferent or adverse to the proposed change. Again, there are 94 Medical men who have more than 1,500 patients annually under their charge; some of these attend from 2,000 to 5,000 each, and one has upwards of 10,000 patients. Some of these gentlemen object to the proposed limit of 1,500 patients, and one has written to me that many of the London men will oppose the Bill unless this clause be withdrawn; the old adage "Every man for himself" is here verified—to please all is impossible. The variations between these extremes may be interesting to your readers: 525 Medical men attend between 50 and 100 patients each annually, 744 between 300 and 500 patients, 442 between 500 and 1,000 patients, and 176 between 1,000 and 1,500 patients. On a future occasion I will lay before your readers a continuation of my calculations, if you will kindly allow me to do so; though you perhaps, like my colleagues, may be tired of the subject: if so, I must succumb to the fate which many wiser men than myself have experienced.

I am, Sir, &c.,
RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
25th July, 1860.

P.S.—Since the above was written, I have seen the letter of Mr Nicholas in your journal of this day. The objection to his plan is, that it raises the salaries far higher than mine, and also raises a distinction between the metropolis and the provinces, and therefore incurs the risk of a clause being inserted to except the metropolis from the operations of the Bill. Mr Nicholas says the highest average number of patients attended by Medical men is 377, and therefore assumes that number may be legislated for; but, had he carefully studied the figures, he would have found that 2,139 Medical men attend annually less than 300 cases each, and that 1,260 attend far higher numbers, and some of these upwards of 3,000 cases each. Surely he would not give them more than 5s. for each case they attend; if he would, I fear the Guardians would not quietly acquiesce in such an arrangement.

POOR-LAW MEDICAL SERVICE.

To the Editor of the Medical Circular.

SIR,—At this advanced period of the Session, when scores of Bills in every stage of progress are daily being thrust aside on account of the crowded state of public business, it is not likely that Mr Griffin's new Bill for Poor-law Medical Reform will make much progress, even should it be allowed to creep in: there is, therefore, no immediate hurry to discuss its provisions; indeed, we have not yet seen a draught of it. My object in adverting to it just now, is to offer some comments upon a letter in your last number from Mr Nicholas of Wandsworth, who, in stating the case of the Metropolitan Surgeons, does so, I think, unfairly as regards his brethren in the country. He admits *in limine* that the circumstances under which the provincial men and the metropolitan severally discharge their duties are very different—few cases and large space for the former, numerous cases and small space for the latter. But, while fully admitting this, he does not carry out the legitimate inference, viz., that the payment per case should be greatly more where the cases are few and widely spread, than where the locality is densely populated; for, besides the expense of horses, time is a most important element in the calculations of the country surgeon. There cannot be a doubt, that one parish surgeon may see twenty cases in a small compass, in the same time that it will require to visit one case four or five miles distant: therefore, I contend that 1s. 6d. a case does not fairly represent the difference between metropolitan and country cases; it is one case at 5s. to twenty at 3s. 6d.—and though that may not always be the proportion, yet, even taking Mr Nicholas' average of numbers of 377 in country districts and 1,429 in metropolitan ones, it would make the pay of the latter more than double that of the provincial men. It is evident, therefore, that we cannot give up our *mileage*, as Mr Nicholas proposes; nor, indeed, is there any reason why we should, as it is nothing more than a reasonable demand, and would be a check upon the Guardians making the districts too large, as they are very much disposed to do. If mileage is not stipulated for, the cases must be paid for at an increased rate in straggling districts, and according to numbers; say, up to 200 at 10s.; 300, 7s. 6d.; 400, 5s; and so diminishing to 3s. 6d. I do not at all grudge my metropolitan brother 3s. 6d. a case upon his large average, but he must allow me a large difference upon my smaller one.

I am, &c.,
AUDI ALTERAM PARTEM.

ST GEORGE'S HOSPITAL.

To the Editor of the Medical Circular.

SIR,—In the remarks on this subject which appeared in the last number, the Governors of the Institution are spoken of as being amenable to the charge of improvidence and a wasteful disposal of the funds: but the body of Governors who pay their subscription take no part in the management of the Hospital, which, as the "Governor" who addressed the 'Times' justly observes, "practically rests with a very small number of individuals, (the fifteen or sixteen gentlemen who are *habitués* of the weekly and quarterly Boards), although it is theoretically supposed to be under the control and supervision of many hundred Governors, over whom, however, the blame of any mismanagement can be spared should anything go wrong."

Another 'Times' correspondent, who, it appears, was requested to reply to this letter, admits that a worse choice of a defender could scarcely have been made, inasmuch as he cordially concurs in the justness of the "Governor's" observations. He comments upon the comparatively little support the hospital receives from its wealthy neighbourhood, many of the residents being liberal contributors to charitable objects and even *to other hospitals in London*. May not this circumstance be ascribed to the same cause that induced a late respected Treasurer (Mr Holland) to resign, and to record his disapprobation of the system pursued in the Minutes of the Board? It must be obvious that those residing in the neighbourhood would be more cognisant of the reprehensible proceedings of which St George's has been on more than one occasion the theatre, than distant subscribers; and some have, doubtless, on that account withheld the cordial support that would otherwise have been given. The "Governor" says that, as far as he knows, there are no grounds for imputing to any one malversion of the funds or jobbing. Improvidence and a reckless expenditure of public money have, however, not unfrequently served as a cloak for malversion. What other term can be given, for instance, to the grant voted by a Board in 1848 of 200*l*. a year for the support of the Anatomical School in Kinnerton street, which was declared at the time by eminent Counsel to be an illegal appropriation of the hospital money? This sum, however, is still paid, notwithstanding that the school for several years past has been able to cover its own expenses by the receipt of pupils' fees. (*a*)

A glaring instance of the embezzlement of the funds of a charity is recorded in the journals of last week; the Vice-President and Manager of the Liverpool Northern Hospital—a man of independent fortune, and moving in the first society of that city—having been committed for trial, for forging receipts, &c., and embezzling money to the amount of 4,000*l*.

It is greatly to be regretted that there exists no efficient legislative supervision of the pecuniary as well as of the general management of charities for the relief of the sick poor, by means of which these noble institutions might be made more conducive in effectually carrying out the purposes for which they are designed, and the benevolent intentions of their supporters.

Yours, &c., EDWIN LEE.

69 Pallmall, July 26.

[There is no subject connected with hospital management of greater importance than that referred to in Mr Lee's letter. Would it not be advisable to institute an annual Government Audit of Charity Funds, to be published for the information of the subscribers? We are inclined to think that subscribers would give their money with more confidence if they felt that the Board of Governors was under the check of a higher power.—ED. MEDICAL CIRCULAR.]

SPECIAL HOSPITALS.

(We have been requested to publish the annexed statement, which, in addition to the signatures attached to it, has been signed by the majority of the Physicians and Surgeons of the London Hospitals.—ED. MED. CIRCULAR.)

We, the undersigned, are of opinion that much detriment to the public and to the Medical Profession arises from the modern practice of opening small Institutions under the name of Hospitals, for particular forms of disease, in the treatment of which no other management, appliance, or attention is required, than is already supplied in the existing General Hospitals.

The practice is injurious—first, because in the maintenance of numerous small establishments, the funds designed for the direct relief of the sick

(*a*) The particulars of this transaction are stated in the 'St George's Hospital Medical Staff,' and the names of the Committee of Management of St George's are given in the 'Additional Notes' which have recently appeared.

poor are wasted in the useless multiplication of expensive buildings, salaries, and hospital appliances, and in the custom of constantly advertising to attract public attention.

Secondly, because the public is led to believe that particular classes of diseases can be more successfully treated in the small special Institutions than in the General Hospitals; an assumption directly contrary to evidence, the fact being that the resources of the General Hospitals are in every respect superior to those of the special Institutions alluded to.

Thirdly, because it is essential for the interests of the public, with a view to the efficient education of Students preparing themselves for the practice of the Medical Profession, that all forms of disease should, as far as possible, be collected in the General Hospitals to which Medical Schools are attached.

As an example that the evil referred to is increasing, we regret to observe that an attempt is being made to set on foot a Special Hospital for the treatment of Stone and Diseases of the Urinary Organs. We desire to express our opinion that such an Institution is especially unnecessary: the existing General Hospitals provide ample accommodation for the treatment of all these maladies; *no case is ever refused admission into them;* there are no diseases which receive more care, attention, and skilful management; and there are no men in this or any other country who have greater experience in treating them than the Surgeons of our General Hospitals.

Signed by

Sir Benjamin C. Brodie, Bart., President of the Royal Society.
Joseph H. Green, F.R.S., President of the Medical Council.
Thos. Mayo, M.D., F.R.S., President of the Royal College of Physicians.
J. F. South, President of the Royal College of Surgeons.
James Moncrieff Arnott, F.R.S., late President of the Rl. College of Surgeons.
Sir Charles Locock, Bart., Physician-Accoucheur to the Queen.
P. M. Latham, M.D., Physician-Extraordinary to the Queen.
Thomas Watson, M.D., F.R.S., Physician-Extraordinary to the Queen.
W. Gibson, M.D., C.B., Director-General of the Army Medical Department.
Sir John Liddell, C.B., F.R.S., M.D., Director-General of the Navy Medical Department.
Sir J. Ranald Martin, C.B., F.R.S., Physician to the Council of India.
B. G. Babington, M.D., F.R.S., President of the Epidemiological Society.
Sir Chas. Hastings, M.D., President of the British Medical Association.
S. H. James, Esq., F.R.C.S., Consulting Surgeon to the Devon and Exeter Hosp.
J. A. Symonds, M.D., Consulting Physician to the Bristol General Hospital. And many others.

The following letter accompanied Sir Benjamin Brodie's signature:

"Broome Park, Betchworth, Surrey,
"July 16, 1860.

"Dear Sirs,—Agreeing in the views expressed in the paper which you have sent me, I am happy to add my signature to it.

"An exception, indeed, may be made, on grounds which meet with the general concurrence of the Profession and the public, in regard to Ophthalmic Infirmaries. Otherwise it seems to me there are very great objections to the establishment of special hospitals for the treatment of particular diseases.

"First,—Diseases generally are so connected with each other, and a knowledge of one is so necessary to the right understanding of another, that no one who limits his attention to any given disease can be so competent to investigate its nature, and to improve the method of treating it, as those are who have a wider field of observation, and who are better acquainted with general pathology.

"Secondly,—The effect of establishing special hospitals and infirmaries is to abstract particular classes of disease from the general hospitals, and thus to prevent the students of those hospitals from having the opportunity of studying certain branches of their Profession, an acquaintance with which is necessary to make them useful practitioners afterwards.

"Thirdly,—The system of establishing special hospitals, which now prevails, is a source of much unnecessary expense to the public; each one of these, however humble it may be, requiring a separate house, and a separate establishment of matron, nurses, and servants. At least two-thirds of the expense thus incurred would be saved, if the patients who are there admitted were sent to the existing general hospitals instead; and it cannot be said that in these last there is no room for their reception, there being several which are languishing for want of funds, with their wards empty because the means of supporting them have been drawn away to other institutions. "I am, dear Sirs,

"Yours truly,
"Benjamin C. Brodie.

"To the Members of the Deputation appointed by the representatives of the Medical Staffs of General Hospitals."

OUR NOTE BOOK.

ON THE EMPLOYMENT OF IODIDE OF POTASSIUM IN DISEASES OF THE BRAIN IN CHILDREN.

Dr John Coldstream, says: It is now upwards of twenty years since iodide of potassium was commended by Rœser and others, as a remedy of special power in hydrocephalus. It is surprising how few seem to recognize its value, and what slight references are made to its employment in the various works on the diseases of children. In all cases when, from the course of the symptoms, there is reason to believe that the central organs of the nervous system, or their envelopes, are in any degree affected with strumous inflammation, (tubercular cerebritis, or meningitis,) or its consequences, after moderate purgation, the writer is in the habit of employing the iodide of potassium in doses of from half a grain to three grains, every three or four hours, in some carminative water, and continuing it for many days, according to the symptoms, or until convalescence is fully established; and with the occasional use of blisters to the shaven scalp, he believes he has produced more prompt and decided effect upon the disease than by any other treatment. When the opportunity has been afforded of commencing the use of this remedy early, it has appeared to arrest the progress of the disease *rapidly*, so that the effects of effusion, indicated by squinting and convulsions, have not supervened. In less favourable circumstances, where considerable prostration had succeeded great febrile action, where starting and squinting had become prominent symptoms, in not a few instances, the free use of iodide of potassium has been followed by amendment and recovery. In such cases it should be given in large doses, even to four grains several times a day, to children of from four to eight years of age.

The medicine is very seldom refused by the patient, nor does it increase the nausea so frequently existing in the earlier stages of the disease; nor has it induced salivation, which seems sometimes to follow its use in other ailments. Although it is more especially useful where there exists more or less of the scrofulous diathesis, yet it has been found of service in cases where no taint was present.

The writer is not prepared to assert that this agent is more useful than calomel in *all* cases of inflammation of the brain and its appendages. When we have to treat robust and full-blooded children, in whom there is reason to believe that the threatened disease of the nervous system stands more or less directly connected with preceding disorder of the digestive organs, there is no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after having duly administered these remedies, symptoms of cerebral disorder continue, the iodide should then be employed. The writer, in concluding, is satisfied that the iodide of potassium never produces any bad effects, though it may fail to do good.—'Edinburgh Medical Journal,' Dec. 1859.

REMARKS ON EXCISION OF BONE IN GENERAL, AND ESPECIALLY OF THE KNEE-JOINT.

The difficulty of forming a correct estimate of the injuries requiring excision in preference to amputation, accounts for the restricted performance of the removal of portions of bone. On the field of battle it is seldom resorted to; although in the war of the Duchies, Stromeyer and Langenbeck did so with success. Various foreign works on the subject, and especially a memoir of Professor George Adelman, of Dorpat, recently translated into French by M. Bénard ('Archives Belges de Méd. Mil.'), seem, however, to show that, when excision is performed at leisure and under favourable circumstances, its results are not on an average more fatal than those of amputations or disarticulations.

The first part of the paper refers to thirty operations of excision performed for various diseases of the bones of the upper extremity: 6 cases terminated fatally, and in 18 the functions of the limb were preserved.

Resection of the knee-joint has been so severely judged by most surgeons, that Professor Adelman has deemed it desirable to gather on this point the most extensive and accurate information possible. The number of cases he has collected amounts to 163. The procedures adopted may be classed under three heads: 1. Two lateral cuts united by a transverse incision below the patella. 2. A semi-lunar incision running below the patella, from one condyle to the other. 3. A crucial incision. The result of these various processes is the same, and therefore, in M. Adelman's opinion, the surgeon may, according to circumstances, have recourse to either. 86 of these cases terminated favourably; 51 patients died, 24 of whom were carried off by puriform absorption. M. Adelman recommends the removal of the patella when it is diseased only; in this respect, his opinion is at variance with that of Messrs Fergusson, Canton, and Price. — 'Journal of Practical Medicine and Surgery.'

ERYSIPELAS OF INFANTS. POWDER OF STARCH, TAN, AND CALOMEL.

The dangers which attend the erysipelas of new-born children, especially when it originates in the umbilical cicatrix, are well known. In this case, says the 'Gazette des Hôpitaux,' Dr Legroux has for some time used, in his nursling ward at the Hôtel-Dieu, a method which appears to yield most satisfactory results.

It consists in smearing the diseased parts with glycerine, and applying a powder composed of equal parts of starch, tan, and calomel. The dressing should be renewed two or three times in the course of the twenty-four hours.—'Journal of Practical Medicine and Surgery.'

ULCEROUS OZENA. ASSOCIATION OF TONICS AND CHLORATE OF POTASH IN THE TREATMENT.

The 'France Médicale' records the case of a girl, who, having suffered from glandular enlargement, and other symptoms displaying a lymphatic predisposition, evinced unmistakeable signs of ozena. A fetid and copious nasal discharge was present, which became particularly intolerable at the period of menstruation. The Schneiderian membrane was red and slightly ulcerated. Under these circumstances, the medical attendant prescribed the following course of treatment:

1. To sniff up seven or eight times daily the following solution:

R. Potassæ chloratis . . . 2 drachms.
Aq. destill. . . . . 8 ounces.

2. Morning and evening, one pill of—

R. Extr. cinchonæ . . . . . 1 gr.
— gentianæ . . . . . 2 gr.
Ferri sesquicarbonatis . 3 gr.

3. Bitter infusions, &c.

Under the influence of the above medication, the discharge decreased, and at the expiration of two or three weeks the fetor had lost much of its intensity. Three months had barely elapsed when all trace of the disease, which had lasted eight or ten months, altogether disappeared.—'Journal of Practical Medicine and Surgery.'

CHLORODYNE: ITS HISTORY, PREPARATION, PROPERTIES, THERAPEUTIC EFFECTS, DOSES, &c.

History.—Chlorodyne was invented in the year 1848, by Dr Browne, while officiating in his medical capacity during the prevalence of cholera and diarrhœa amongst our troops in India, and was introduced to the notice of the Faculty in this country by him as "combination of perchloric acid with a new alkaloid."

Preparation. — From Dr Ogden's analysis, it appears to be composed as follows:—Chloroform, six drachms; tincture of capsicum, half a drachm; oil of peppermint, three drops; muriate of mor-

phia, eight grains; perchloric acid, twenty drops; Steele's hydrocyanic acid, twelve drops; tincture of Indian hemp, one drachm; treacle, one drachm. Dissolve the morphia in the perchloric acid; then add the tincture hemp, capsicum, peppermint, and chloroform, and lastly the treacle and prussic acid.

Properties. — Chlorodyne is a volatile liquid, possessing a pungent smell and taste. It is soluble in alcohol, but insoluble in water; but may be conveniently administered in that liquid by suspending it in a little mucilage. The alkalies and alkaline salts decompose it. In colour it is dark brown, and in weight equal to twice its bulk in water. It is anodyne, sedative, diaphoretic, astringent, antispasmodic, diuretic, &c. Unlike the preparation of opium, it does not produce headache, giddiness, prostration of strength, nor stupor; but in large doses, and from a constipated state of bowels, it is liable to produce nausea, which in the former case may be relieved by a small dose of sal volatile, and in the latter by recourse to aperients.

Therapeutic Effects.—The changes produced by this preparation on the system are: first, a gentle heat at the stomach, followed by a general glow and total absence of pain; second, a calm and refreshing sleep; and third, an increase in the pulse, from a "small, weak, thready, hurried, or bounding one, to a full, yielding, elastic, natural sort of one, decreasing in frequency of beats as well as resistance to a healthy condition." — 'Chemist and Druggist.'

RADICAL CURE OF HERNIA.

Dr Choppin, referred to, is an earnest advocate of the Wurtzer plan of operating for the radical cure of hernia. He has operated many times with success, and has demonstrated, by post-mortem examinations of subjects operated upon years before, that positive occlusion of the canal had taken place; thereby rendering the recurrence of the hernia impossible. The Editors of the 'Medical News and Hospital Gazette,' referring to Dr Choppin's operations, and his lecture upon this subject in the Charity Hospital, say, "We have several times before called attention to this most valuable operation, and offer no apology for repeating our opinion, that it is one of the most important surgical innovations of the age, if not absolutely the most important." Several eminent surgeons have ridiculed this operation; but, really, we hope the views and experiences of Dr Choppin may be proved to be correct by subsequent clinical observation.

In the 'Medical Press' for February 11th, Dr J. W. Rosebrugh reports a case of hernia apparently cured, after two operations after the plan of Wurtzer. He says: "The inguinal canal was so large that *three* good-sized fingers could be introduced into it." Hopes of success were entertained after the first operation, but after a month the patient felt something give way, and a fold of intestine descended into the scrotum. On reducing the hernia again, "the canal was found to be so small that the point of one finger could scarcely be insinuated into it." Encouraged by a partial success, the operation was repeated, and three months after there is every porspect of a radical cure.

Prof. J. C. Nott, of Alabama, writing from London to the 'New Orleans Medical and Surgical Journal,' and speaking of this operation, says: "In Paris, I talked with Velpeau—the Nestor of French Surgeons—with Nelaton, and others, and they all say that Wurtzer's operation, or any other on similar principles, cannot be relied on, the disease returning in the great majority of instances. In fact, the operation is scarcely performed at all now in Paris." Opposed to these views, we may instance the following, as the most recent, in addition to those previously referred to. One of the Editors of the 'New Orleans Medical News and Hospital Gazette,' in the February issue, says: "The fact that the radical cure of hernia can be nearly always accomplished by the method under consideration is no longer to be disputed, and he who sneers at it is only furnishing a stick with which to have his own head broken."

In the 'Charleston Medical Journal and Review' for January, Dr T. L. Ogier reports twelve successful operations by Wurtzer's method, and he says he has performed nineteen other successful operations, not included in his report. Dr Ogier concludes his report thus: "Recent cases, in subjects under forty years of age, are always successful, and, as far as my limited experience goes, quite free from danger."

In the paper of Dr Rosebrugh, in the 'Medical Press,' the Author says he was not aware that the operation of Wurtzer had ever been repeated in the same individual. In the 'Medical Times and Gazette' for August 6th, 1859, Dr Redfern Davies reports forty cases of this operation, in *five* of which the operation had to be *repeated*. He says, "Where the rings are very large, and relaxed, the operation is sometimes unsuccessful, and has to be repeated." Out of Dr Davies' forty cases, "but two were complete failures, and of these one was owing to supervention of small-pox."

If the operation for the radical cure of hernia is seldom resorted to in Paris, as we are led to believe by reports, it is frequently and successfully performed both in England and America.—'American Medical Monthly.'

IODIZED OIL OF JUNIPER BERRIES.

Dr Heller, of Vienna, found the use of this solution preferable to that of the ointment of iodide of potassium (which shows no action on the system, except when it has become yellow and decomposed, and contains free iodine), and of the tincture of iodine, which sometimes in prolonged use produces very disagreeable effects. Iodine is readily soluble in oil of juniper berries, but must be mixed with it cautiously, and in small quantities at a time, in order to avoid explosions. The solution is brown, and loses its colour by standing, according to Dr Heller; though a solution of 20 grains of iodine in 1 oz. of oil, which had been prepared for an experiment in order to determine the percentage of solubility, had not become colourless after several months. The preparation must be considered a chemical compound; for there is no free iodine detected in it by a solution of starch. It has, furthermore, not the offensive smell of iodine; it does not stain or destroy the epidermis like the tincture of iodine, and after its application iodine can be found in the urine as well as in the saliva of the patient. Oil of lavender may be substituted for oil of juniper berries.—'London Medical Review.'

Births, Marriages, and Deaths.

BIRTHS.

BLACK.—July 19, at Amelia place, Southgate road, the wife of Robert J. Black, M.D., of a son.

PEMBERTON.—July 22nd, at Temple row, Birmingham, the wife of Oliver Pemberton, Esq., M.R.C.S., of a daughter.

TRAER.—July 19, at Hans place, the wife of J. Reeves Traer, Esq., F.R.C.S., of a son.

MARRIAGES.

FARQUHAR—FISHER.—July 18, at St Mark's Church, Pennington, Hampshire, Thomas Farquhar, M.D., H.M.'s Bengal Army, to Charlotte, daughter of the late Captain A. S. Fisher, H.M.'s 72nd Highlanders.

MACROBIN—CATTLE.—July 24, at the parish church, Kirkleatham, Yorkshire, J. Macrobin, M.D., Professor of Medicine in the University of Aberdeen, to Eleanor Isabella, eldest daughter of the late Christopher Cattle, Esq., of Easingwold.

DEATHS.

BARTLIFF.—July 14, at New Malton, Yorkshire, George Bartliff, L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., aged 51.

BELL.—July 14, at Great Malvern, Frederic Bell, of Aldborough, Suffolk, M.R.C.S. Eng., L.S.A. Lond.

BOOTH.—May 25, at Dinapore, of cholera, Edward Booth, Surgeon of H.M.'s 73rd Regiment of Foot.

GAIRDNER.—July 24, at Northumberland street, Edinburgh, Mrs Gairdner, the wife of Dr John Gairdner, F.R.C.S.

GLADSTONE. — Recently, William Gladstone, Deputy-Inspector General of Hospitals and Fleets (Retired).

HILL.—July 22, at Wotton-under-Edge, Gloucestershire, William James Hill, M.R.C.S. Eng., L.S.A. Lond., aged 41.

HINGSTON.—July 13, at his residence, Liskeard, Cornwall, Richard Hingston, Surgeon (in practice prior to 1815), aged 81. He was one of the oldest inhabitants of the town, and practised his Profession there for upwards of half a century.

MOLINE.—June 17, at Cawnpore, James Prichard Moline, Staff Surgeon, aged 44.

MOUSLEY.—July 18, Thomas Mousley, of Ellesmere, Shropshire, L.S.A. Lond., aged 52.

O'BRIEN.—May 10, at Calcutta, Thomas O'Brien, L.R.C.S. Ireland.

SILVER.—July 24, at Duncan terrace, Islington, John Bye Silver, Surgeon, late of the Bombay Army.

SOLE.—June 27, of dysentery, on board the Peninsular and Oriental Company's steamer 'Benares,' John Sole, Surgeon, Royal Navy, late of the 'Retribution' steam frigate.

WENDELL.—July 11, at his residence, 31 Pierrepoint street, Brooklyn, New York, Matthew Wendell, M.D., aged 81.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 20th inst.: — William Atkinson, Wallingford, Berkshire; Edward Henry Beaman, Up Holland, near Wigan, Lancashire; Robert Byers, Pateley bridge, Yorkshire; Francis Richard Cruise, Dublin; Frederick Deyns, North Walsham, Norfolk; Nathaniel Batt Grigg, Salisbury; Henry Lewis Harper, St Luke's Hospital, Old street; Thomas I'Anson, Newcastle-on-Tyne; Alfred Sinclair Kingdon, Bideford, Devon; Edward William Major, Exeter, Devon; Bartholomew Shaw, Cambridge road, Bethnal green; James Lodge Wilson, Nottingham.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of Medicine, and received his certificate to practise, on Thursday, July 19th, 1860: Lionel Burrell, Westley, Bury St Edmunds; James Neale Earle, Brunswick street, Dover road; Stenard Edye, Exeter; Frederick Hall, Banger, North Wales; James O'Brien Kough, Shrewsbury; John Lakeland, Manchester; Isaac Merris, The Cliff, Lewes, Sussex; William Park, Ulverstone, Lancashire; John Ullathorne, Heighington, Durham.—The following gentlemen also on the same day passed their first examination:—Thomas Dobson, Charing-cross Hospital; M. Hale Humphreys, Charing-cross Hospital; Morris Jones, Aberystwith; George Okell, King's College; Caleb Carey Richards, King's College; Thomas Savage, the General Hospital, Birmingham; William Watson, University College.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen, having finished the course of examinations, were admitted Licentiates of the College during the recent sittings of the Examiners:—John Baxter, New Brunswick; Robert Erskine, Ayr; Alexander Grant, Aberdeenshire; John Greig, Kincardineshire; Arthur Renwick, Sydney, New South Wales; Alexander Scott, Aberdeen; Walter Scott, Stirlingshire; William Sheriff, Northumberland; George Stevenson Smith, Ayr; Henry Cunard Stevenson, New Brunswick.

APPOINTMENTS.—Dr Robert Lee has been elected one of the three Examiners in Midwifery in the Royal College of Surgeons, in the place of Dr Charles West.—Mr Luther Holden, F.R.C.S., was unanimously elected Assistant-Surgeon to St Bartholomew's Hospital, on the 25th inst., in the vacancy occasioned by the resignation of Mr A. M. M'Whinnie.

WOMEN AND CRIME. — On criminal charges more women are acquitted than men. Of the men who were proceeded against summarily in the year ending at Michaelmas, 1859, 68·7 per cent. were convicted by the magistrates; of the women, only 53·9 per cent.—a difference of nearly 15 per cent. Mr. Redgrave states that it is so throughout the criminal statistics, and therefore it must extend to the graver offences; but in compiling the 'Judicial Statistics,' he has distinguished males from females in the commitments for indictable offences, but not in the convictions. The cause he assigns for this good luck of women is lenieney towards their sex; so that Justice is not so blind as she is painted.

LONGEVITY IN A LUNATIC.—James Coyle, a patient at St Patrick's (Swift's) Hospital, Dublin, died on the 17th inst., in the 106th year of his age. He was admitted May 28th, 1802, in his forty-eighth year, and was for upwards of fifty-eight years an inmate of the institution.

SOCIAL AND SANITARY SCIENCE.—The Social Science Association will held its meeting shortly in Glasgow; a full attendance is anticipated. The next meeting of the International Statistical Congress will be held in Berlin, probably at the end either of two or three years.

THE DEATH BY OVERDOSE OF HYDROCYANIC ACID.—The painful charge against Mr. Bull, a Surgeon, of Lewes, of manslaughter, for neglect in administering to his mother an overdose of hydrocyanic acid, was tried during the week at Lewes. Mr. Bull had watched his mother carefully and affectionately through illness, and administering, as he believed, seven drops of dilute hydrocyanic acid, had the unhappiness to see the dose prove fatal. The charge of criminal neglect was not sustained by the evidence, and the jury immediately returned a verdict of "Not Guilty." Some important points were prominently brought forward in the course of the evidence relating to the variable strength and doses of the preparations of hydrocyanic acid commonly employed, to which it will be desirable again to return.

AID TO THE WOUNDED IN ITALY.—The 'Unita Italiana' relates that Carini, a philanthropiat of Brescia, having bequeathed a sum of 12,000 fr. to the college of that place, the interest of which was to be devoted every year to the purchase of a gold medal of the value of 500 fr., and two silver ones, to be given to those persons who should distinguish themselves most by acts of charity, the gold medal this year was awarded to Angelina Torinelli, a young female of Brescia, who, with the assistance of seven of her companions, organized, furnished, and directed an hospital for thirty-four wounded persons. The generous young girl said that the merit and the medal belonged as much to her companions as to herself, and begged that the value of it should be sent in their joint names to Garibaldi, as well as a further sum of 120 fr. which they subscribed to add to the gift.

CHOLERA IN SPAIN.—According to late reports this epidemic is now committing terrible ravages in several southern districts of the Peninsula. For example, at Malaga 2267 deaths took place by that malady, from the 1st of May to the 29th of June last; of whom a large proportion were young persons. Accounts further state that, along the Mediterranean coast—at Motril, Adra, and Almeria, the disease has proved very prevalent; as likewise in Granada and Jaen, but especially at a place called Gualchos, where 178 deaths occurred during the first six days the malady broke out, while only two cases recovered. It has more recently attacked the inhabitants of Baylen, which is on the great highway to Madrid; where, however, public health is said to be at present satisfactory. In consequence of this outbreak of pestilential cholera in Andalusia, much terror prevails amongst the population.

NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.—Mr Richardson, the dentist, has sent us a communication, in which he says—"The subject of local anæsthesia has much excited the attention of the Profession lately. Dr Richardson, Mr Nunneley, and others, have devoted much time and research to it. Narcotics, congelation, inhalation of ether and chloroform, and, laatly, electricity, have all been tried, but, from some practical disadvantages in their application, and from the occurrence of dangerous and even fatal effects, none of these have met either the wants of the case or the general concurrence of the Dental Profession. In pursuing a series of experiments for effecting certain improvements in the 'Tooth Protector,' a notice of which apparatus was inserted in the 'Lancet' of 1858, I have devised a plan for causing local anæsthesia during the extraction of teeth without producing a corresponding effect on the system generally—viz., by immersing the affected part in chloroform, and including in the part immersed as much of the adjacent structures as may be required. It is obvious that a plan so simple must be universally applicable, and, should its reputation be maintained, prevent the escape of chloroform, and thus intensify its local effect. The cup is about half filled with cotton wool, which is then saturated with a sufficient quantity of chloroform, generally from ten to fifteen drops. The time within which local insensibility is produced varies from seven minutes to a quarter of an hour. It is true that the local anæsthesia is not in all cases equally complete; but even where pain occurs, the remedy will be found to moderate it to a point within which it becomes perfectly tolerable, and has lost the distressing agony of tooth extraction. It is important for the operator to remember, that as soon as insensibility of the part ensues, the cup should be removed, and extraction instantly performed. Of sixty cases on which the foregoing statements are based, only two occurred in which the remedy failed to mitigate the pain; whilst in ten cases the local insensibility during extraction was complete."—'Lancet.'

SUGGESTIONS FOR SANITARY INFORMATION.—The following important remarks are from a letter of Miss Nightingale to Lord Shaftesbury:—"It is stated to be a fact demonstrated by statistics, that in improved dwellings the mortality has fallen, in certain cases, from 25 and 24 to 14 per 1,000; and that in 'common lodging-houses,' which have been hotbeds of epidemics, such diseases have almost disappeared as heads of statistics, through the adoption of sanitary measures. It is also stated that in the British army large bodies of men living under certain improved sanitary conditions have presented a death-rate about one-third only of what the army has suffered in past years. Would not your Lordship consider it of great importance that the statistics of these and similar cases should be carefully collected and presented for comparison with the statistics of ordinary mortality? Again, it is stated that in our Colonial Schools for aborigines, we have in many instances exposed the children to the risk of scrofula and consumption while christianising and civilising them. Might not this be avoided by sanitary arrangements? . . . If facts already existing regarding the points I have mentioned above were carefully abstracted and made accessible to the public through the medium of the Congress, there cannot be a doubt of the great benefits which would accrue to science and humanity. And if, as it is the cost which frightens communities from executing the works necessary to carry out sanitary improvements, it could be shown that the cost of crime, disease, and excess of mortality is actually greater, it would remove one of the most legitimate objections in the minds of Governments and nations against such measures."

APPOINTMENTS FOR THE WEEK.

Wednesday, August 1.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 2.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2½ p.m.

LONDON HOME.—2 p.m.

Friday, August 3.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 4.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, August 6.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, August 7.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

J. R. (Medicus.)—The operation would not be attended with success.

A SUBSCRIBER is thanked; but the letter referred to is unworthy of notice.

Mr J. H. B.—Certainly.

CHIRON.—Syphilitic ulceration of the fauces is occasionally seen in large cities. It was described in this Journal a few weeks ago, in our "Spirit of the Periodicals," as an unnoticed form of disease. We have seen instances of it,—one of them in which the entire fauces were ulcerated away, nothing being left but the cartilaginous-looking walls of the excavation. After death the pharynx was so much contracted that a quill could scarcely be passed through it. It is a form of disease that should be further noticed.

SENEX.—1st. Yes.—2nd. You would be eligible.

MEDICUS.—Two guineas, payable after a written summons only.

A SUBSCRIBER (Portsmouth).—We cannot inform you.

DELTA.—The illegality must be first proved; so long as the diploma is supposed to have been obtained in compliance with the regulations, it would be held to be a qualification for the appointment.

Dr LONG is thanked for his note.

Mr S. W. SMITH'S note received: we will look into the matter.

G. B.—The circular has not reached us.

IOTA (Greenwich).—Renshaw is the publisher.

M.R.C.S. ENG.—The examination in preliminary learning would not, we presume, be strict; but competency would be required in all the more important professional branches.

A STUDENT.—You must pass the College of Surgeons first.

Mr BAKER.—Forwarded.

Mr GRANT.—We are unable to inform you.

Mr J. H. S.—1st. No.—2nd. No.—3rd. There is no examination required.

*** A CORRESPONDENT has forwarded to us the following advertisement in the 'Carnarvon Herald,' the object of which is to procure funds to testimonialise the skill of a country bone-setter. This man has, we understand, been recently appointed Medical Officer to a Slate Quarry, to the prejudice of a duly-qualified Practitioner. It is only merciful to hope that there may not be many broken bones on which to exhibit the ability of this "skilful operator." There is one class of animals to whom we should not throw pearls, and there is a class of Cambrians in whose behalf it would be sheer waste to throw away science.

"TESTIMONIAL TO MR RICHARD EVANS, BONE-SETTER, LLANLLYFNI.

"The Friends of the above skilful operator having frequently expressed their opinion that a Substantial Token of Respect is due to him for the numerous benefits they have received from him; they feel that the time is now arrived for closing a subscription so that a Testimonial may be presented which shall be worthy his acceptance, while it testifies to the superior advantage of skill when combined with that kindness of heart which distinguishes him. The following parties have kindly agreed to receive Subscriptions where lists are now lying, and which will be closed at the end of the present month.

Mr ROBERT HUGHES, Stag's head, Penygroes.
Mr OWEN JONES, Pencarmel, Cilgwyn.
Mr EVAN HUGHES, Blue Lion, Llanwnda.
Mr DAVID THOMAS, of the Victory, Carnarvon.
Mrs JONES, of the Harp Inn, Carnarvon.
Mr RICHARD JONES, Cwmyglo, Llanberis.

"A list of all Subscribers with their donations will be published shortly previous to the presentation.

"Carnarvon, July, 1860."

Mr RIX will see that his request has been complied with.

Dr TUCKER'S letter shall appear next week.

*** Will the Correspondent who sent us the information respecting the Skin Doctor who advertises under an *alias* favour us with further particulars?

FOREIGN DEGREES.

To the Editor of the Medical Circular.

SIR,—A short time since I addressed a note to you, requesting to know whether if then, or at any future time, a person were to leave England to study in any foreign College or School of Medicine, European or American, and if, after a regular course of study and examination, he obtained a Diploma from such College or School of Medicine, he could be registered in England as a legal Practitioner under the present Medical Act? You were kind enough to answer as follows: "Yes; such a Diploma would be registered in England."

This reply appeared to me very satisfactory; but on reading an account of the recent sittings of the General Council, I find that several gentlemen holding foreign Diplomas applied for permission to be registered, which application was refused, the Council replying that they had no power to register foreign Diplomas, except obtained after examination, and held by persons practising in England by virtue of such Diplomas previous to the passing of the present Medical Act. Now, Sir, this is a direct contradiction (I mean the latter part) to the answer you were kind enough to furnish to my question: I shall therefore feel greatly obliged if you will endeavour further to enlighten me on the subject, by informing me whether, in your view of the Act of 1858, a person holding a foreign Diploma, of whatever date, can claim to be registered in England, or whether his admission to be registered depends on the mere caprice of the Council? Will you also please to inform me whether, in case of the Council refusing to put his name on the Register, he can, without violating the law, call himself by the title given him by the College from whence he obtained his Diploma? Of course my questions refer wholely and entirely to such Diplomas as have been obtained after examination.

I will only say, Sir, in conclusion, that if the law of England, or any power sanctioned by the law, is so very narrow and exclusive as to refuse to register such Diplomas, our brethren abroad must inevitably contrast the selfishness of our Medical authorities with that broad and liberal spirit so characteristic of Englishmen generally, and the sooner the Medical Profession wipe out such a stain on their escutcheon the better.

Yours, &c.,

Sunderland, July 27, 1860. IGNORAMUS.

[The Medical Council have a discretionary—that is to say, an absolute—power to make any regulations they please. To entitle the holder of a foreign Degree to have it registered, it must have been obtained after examination, and before the passing of the Act. Our previous answer must have been given on this supposition. There is no law to prevent a foreign Graduate from styling himself "Doctor," or using the letters "M.D." That is our opinion, though our correspondent must be aware that attempts have been made to prove the contrary.—ED. MEDICAL CIRCULAR.]

Letters received from F. Ridd, W. Price, H. Seatle, J. Kenyon, R. F. Dill, R. P. Weston, A. S. Lawrence.

Paper and Envelopes.

A SAVING OF FULL 6s. IN THE POUND.

Cream Laid Note, 2s., 3s., and 4s. per ream.

Large Blue Wove ditto, 3s. 6d. and 4s. 6d. per ream.

SUPER THICK CREAM LAID ENVELOPES, 6d. per 100.

Manuscript Paper, 4s. 6d., and Foolscap, 6s. 6d. per ream.

Bordered Note, Five Quires for 1s.

STRAW Paper, 2s. 6d. per ream.

No CHARGE for Plain Stamping. Dies engraved from 2s. 6d.

White and Blue Demys, and other Wrapping Papers, at a small commission on the mill prices.

Price List post free. SAMPLE packet for six stamps.

CARRIAGE PAID to the country on orders over 20s.

PARTRIDGE and COZENS, Manufacturing Stationers, No. 1 Chancery lane, and 192 Fleet street, E.C.

Neuralgia, Nervous Headaches, Rheumatism, and Stiff Joints Cured, and

Grey Hair Restored to its Natural Colour, by

F. M. HERRING'S PATENT

Magnetic Brushes,

10s. and 15s.; Combs, 2s. 6d. to 20s.

N.B. — The Electro-Galvanic Brushes were formerly made and sold by F. M. H., but the dirt and trouble inseparable from a galvanic apparatus were insurmountable obstacles to their use.

Offices, 32 Basinghall street.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE by "WEISS"—(Quite New).

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

Wines, guaranteed Pure

and Genuine, at per Dozen, including bottles: Fine old Port, 26s.; superior old Sherry, 24s.; superior old Claret, 26s.; finest old Sicilian Sherry, 24s.; superior Champagne, 32s.; fine old Pale Cognac Brandy, 44s. Samples forwarded, free on application.

T. W. REILLY,

33 Finsbury place North, Finsbury square, London; E.C.

Post-office Orders with Country Orders.

H. Silverlock's Medical

Label Warehouse, Letter-Press, Copper-Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors' Commons, London, E.C.

H. Silverlock's stock of LABELS for DISPENSING purposes, having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen; a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d.

Printed Catalogues of the above may be had, post free on application.

Printing of every description at moderate prices.

Bed Bugs, Green Fly, Red

SPIDER, MILDEW. — GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in the 'Gardener's Chronicle,' 'Cottage Gardener,' and 'Field.' Sold in boxes at 1s., 2s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen. Wholesale by

PRICE'S PATENT CANDLE COMPANY, LIMITED.

Millikin, late Bigg and Millikin,

Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 9 St Thomas's street, Southwark, S.E.

Briet's Celebrated Patent

GAZOGENE or AERATED WATERS APPARATUS, for the immediate production of SODA WATER, GINGER BEER, SPARKLING WINE, LEMONADE, &c.

SOLE AGENTS FOR GREAT BRITAIN,

MATHIEU AND FRIQUET,

5A Little James Street, Bedford Row, London, W.C.

This agency was first established by one of the Partners (Mr F. Mathieu), who kept it from 1851 to 1854, and is now a Branch of the Patentees' Paris Establishment. It is the only house in the United Kingdom supplied by the Patentees, and there is no other having the right to use the name of Agents for for them.

MATHIEU and FRIQUET are manufacturing the GENUINE LEMON SYRUP made from the actual FRUIT. When used with the Aërated Water from the Gazogene, it produces a pure and wholesome Sparkling Lemonade of the most exquisite and refined flavour.

Powders for Generating Gas in the Apparatus. Special and able Workmen from the Paris Manufactory are kept on the premises for the prompt and sound repairing of the Gazogenes, at low charges. No other repairers appointed by the Manufacturers.

WHOLESALE AND FOR EXPORTATION ONLY.

Price Lists sent on application on receipt of Business Card.

For Family Arms, send name

and county to the HERALDIC OFFICE. No charge for Search. Correct sketch and description, 2s. 6d.; in colour, 5s. Monumental brasses, seals, dies, and diploma plates, in Mediæval and modern styles. Lever-press and Crest dies, one guinea. Illustrated price-list per post.

ARMS, CRESTS, &c.—Gold Medal for engraving Crests on rings or seals, 8s.; on dies, 7s.; arms, crest, and motto, 25s; book-plate, 25s.

T. MORING, Engraver and Heraldic Artist, 44 High Holborn, London.

SOLID GOLD, 18-carat, Hall marked Sard, or Bloodstone RING, engraved with CREST, two guineas; seals, desk-seals, pencil-cases, &c. Send size of finger with orders for rings.

Struve's Seltzer, Fachingen,

VICHY, MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade are now open for the 36th Season. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH and Co, Pharmaceutical Chemists to the Queen, 177 Regent street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever

TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided: a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 8d.

Price of an Umbilical Truss, 42s., and 52s. 6d.

Postage, 1s. 10d.

Elastic Stockings for Varicose Veins,

and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s. 6d., 7s. 6d., 10s., and 16s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,

228 Piccadilly, London.

Notice—Behenna and Co.

ACCOUNTANTS, conduct all business entrusted to them, with secrecy, economy, and despatch. Accounts prepared in Bankruptcy and Insolvency. Arrangements made with Creditors. Tradesmen's Books regularly kept. Partnerships and Loans negotiated. Offices, 11 Beaufort buildings, Strand London W.C. Hours from 10 till 4.

Important to Surgeons.—

The old-established and well-known Business of JOHN MILLIKIN, now MILLIKIN and LAWLEY, 161 Strand, adjoining King's College. A change in the proprietorship offers to Surgeons the opportunity of purchasing any kind of Instrument from this well-manufactured stock, which cannot be surpassed in style, quality, or price.

Messrs MILLIKIN & LAWLEY beg to draw the attention of their friends and customers to the superior stock of Mathematical Instruments, their great variety of Cutlery, and the selection of first-class Microscopes, Opera and Race Glasses.

A great variety of Skeletons, Skulls, Hands, Feet, &c., of superior quality, at moderate charges.

Every description of Surgical Instruments made to order, with the utmost PRECISION and DESPATCH.

Surgical Instruments and Cutlery Repaired Daily.

S. W. Silver and Co.'s

OUTFITTING WAREHOUSES, 60 and 67 Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and Civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Gluten Bread, Semola,

CHOCOLATE, BISCUITS, CAKES and PATES, for Diabetes, Consumption, Dyspepsia, Asthmas, Invalids, and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.—John Bell and Co., 338 Oxford street; Thomas Keating, 79 St Paul's churchyard; Glaisyer and Kemp, Brighton; Alderton, Hastings; Tylee, Bath; Ferris and Co., Bristol; Schacht, Clifton; Randall and Son, Southampton; Procter and Son, Newcastle; Rendall, Torquay, Exeter, Taunton, and Plymouth; Lotthouse, Hull; Mackay, Edinburgh; and wholesale only of

G. VAN ABBOTT, 18 Basinghall street, E.C.

Medical Practitioners Supplied

with ASSISTANTS, gratis, by MAIR and SONS, 34 Bedford street, Strand, who also DISPOSE of PRACTICES on moderate terms.

Fresh Air. — "McKinnell's

PATENT VENTILATOR does that which is the great object in keeping buildings healthy. It rids them of the foul air, and provides for the free inlet of a fresh supply. It is simplicity itself—as, indeed, are most of the Mechanisms adapted to Natural Laws. It can be fitted with ease to carriages, ships, horses, coal-mines, schools, churches, &c. The system, too, is cheap."—'Medical Times,' July 7, p. 12.

JOHN McKINNELL, Patentee, 9 Gloucester terrace, Clarendon road, London, W. Descriptive Pamphlets sent on receipt of one stamp.

For Infants.—The British

FEEDING BOTTLE (registered) may be placed in any position without the food running out. The supply can be regulated by a stop-cock; being electro-plated, it may be instantaneously cleaned. Unlike wood, ivory, or bone, it is impervious to moisture, cannot crack or become sour; there is no possibility of the infant drawing air with the food.

By W. T. COOPER, Pharmaceutical Chemist, 26 Oxford street, London.

Price 7s. 6d., or free to any railway station, 8s. 6d.

Galvanic Institute,

52 Euston road.

These rooms have been opened under the superintendence of registered qualified Medical Men, for the legitimate application of Galvanism in the treatment of Nervous Diseases, Paralysis, Rheumatism, Asthma, Indigestion. It will also assist in affording the means of taking this branch of practice out of the hands of the unqualified. Hours of attendance twelve to five (Sundays excepted).

Ordinary Medical Attendant, Mr J. Smellie, Surgeon

CLINICAL LECTURES.

ON THE DIFFICULTIES THAT ATTEND THE DIAGNOSIS OF THE NERVOUS AFFECTIONS

KNOWN AS INTERMITTENT TETANUS, TETANILLE, IDIOPATHIC MUSCULAR SPASMS, ETC.

DELIVERED AT THE HÔTEL-DIEU,
By M. TROUSSEAU.

(Continued from page 69.)

In some patients it is only necessary to make pressure above the clavicle, on some part of the nerves of the brachial plexus, in order to bring on spasm. It is possible, then, to recognize this disease whenever, by compressing the origin of the nerves that go to any member, you can at pleasure bring on contraction. The importance of this diagnostic means is at once apparent.

This kind of contraction comes on suddenly, and rapidly attains a degree of great intensity, reaches its *maximum*, and then begins to decline. The duration of the disease in its explicit period varies from ten days to two or three months; but in this last case it is in a latent state; that is, it can at any time be produced by the influence of pressure.

Among the causes which I have to mention, I should say that obstinate diarrhœa seems to predispose to this affection: hence, during the epidemic of 1854, a great number of cases might be seen. This fact at first quite escaped my notice; but M. Lasègue and M. Aran have very strongly called the attention of Practitioners to this precursory circumstance. A clinical confirmation of this fact you have now under your eyes; since the woman in the Salle St Bernard, as well as several other patients whom you have seen during the last twelve months, had all been suffering, before their admission into the Hôtel Dieu, with intestinal flux.

The young man who was taken to the Prefecture of Police in the state I have described to you had not experienced any previous diarrhœa, but he had been exposed to cold and wet; and I have already noted atmospheric impressions as one of its frequent causes. Typhus fever, cholera, cholerine, and the action of external agents, thus far are as nothing; but the etiological circumstance that exerts the greatest activity, beyond contradiction, is nursing. We have here twelve beds appropriated for wet-nurses; among these we meet with a far greater number of cases than among all who occupy the other fifty beds. At the Neckar Hospital, where, in my *service*, there are thirty-six beds for women who suckle, and forty for adult women who do not, I have observed forty cases of rheumatismal contraction in the former, and only one in the latter. I have reason, therefore, for saying that lactation is a circumstance of great importance. But why is it so? Oh! do not ask me, for I know nothing of the reason, absolutely nothing.

The disease, even when left to itself, seems destitute of everything like gravity. The organic life seems to derive no taint from it, and to be in no measure disturbed, with exception of the febrile movement. No fear need, therefore, be entertained regarding the issue. Yet, in exceptional cases, and in its grave form, the spasm is seen with such a degree of intensity that you will be under the necessity of meeting it with very active means. Four or five years ago I had such a case for four months, and the patient, a woman, did not recover without the use of the most energetic treatment.

Were you not aware of the possible occurrence of such facts as I have just related, you might easily suffer yourselves to be imposed upon by the apparent severity of these symptoms, and mistake them for symptoms dependent upon some very serious pathological state; but it is easy to see, from the fleeting and fugacious nature of the phenomena, that they cannot be dependent upon any very profound or permanent organic lesion. For more than twenty years, during which time my attention has been called to this disease, I believe I have not seen a single case where death followed; yet I am told that the young man who was shown to M. Lasègue as epileptic has come to a sad end at the Hôtel-Dieu, under M. Rostan. Six weeks after leaving my wards, he was seized, it seems, with renewed spasms, cough, dyspnœa, sweats, and, in the last days of his life, feebleness of the limbs, which was well marked, and considerable orthopnœa. The autopsy showed the existence of ramollissement of the superior portion of the spinal marrow, and the usual lesions seen in pulmonary phthisis. In this case, it is plain that the tubercules contributed not a little to the fatal result.

What is the nature of the disease? That it belongs to the neuroses, no one doubts; neither can any one doubt that it should be ranked with epilepsy, hysteria, eclampsia, and catalepsy. The organic lesions evidently should be slight and quite superficial, since motility is not suspended, excepting while the contraction lasts; nor is the perfect integrity of intellect impaired, for such patients are gay and converse as usual, and all the functions are perfectly executed, while they have, in the intervals between the attacks, all the appearances of good health. There are not, therefore, I repeat, serious lesions of the brain or spinal marrow. My opinion is that this neurosis is rheumatic. Its extremely fleeting nature, and the rapidity of the attack, and the superficial character of the symptoms, all induce me to consider it as such. Besides, blood taken from a vein is coated as in articular rheumatism, and in several cases, as remarked by M. Delpech, rheumatism and spasms are found to alternate. When I first began to notice cases of contraction, I was seized with alarm, and really believed that such were grave affections of the brain or spinal marrow.

Bleeding from the arm, and cupping along the spine, have, I must say, been of great service; and I do not hesitate to declare that detraction of blood is in such case a means of incontestable power whenever there is no counter-indication in the general state. I shall not be much doubted when I speak of the efficacy of blood-letting, for you know that I do not abuse the lancet. I must, then, be well convinced that opening a vein is a good therapeutic means, or you should not hear me recommend it.

The notion I formed of intermittence led me, in this affection, to prescribe quinine, which has done me good service, though under its use patients do not recover so surely as with bleeding from the arm. Four years ago I had a patient, a woman, who was suckling twins, and who was seized with rheumatismal contraction after a persistent diarrhœa. After treating the intestinal flux, the nervous affection was attacked with sulphate of quinine. As you may suppose, loss of blood in such case is not to be thought of. Inhaling chloroform, during the attack, is occasionally of some benefit; and, thanks to this anæsthesic agent, though the rigidity disappears only to return a little after, some amelioration is always the result. Opium and belladonna, in moderate doses, are medicines the good effects of which I must also mention, though they do not in the least diminish the value of venesection and sulphate of quinine, which maintain their right to the best place.

I would, in conclusion, recommend you all to follow with minute attention the various phases through which our patient in the Salle St Bernard will pass. No doubt she will get well, and that, too, ere long; do not, then, lose sight of her case, for I am convinced you will be able to derive from it more than one useful lesson.

ON THE TREATMENT OF GONORRHŒA WITHOUT SPECIFICS.

By J. L. MILTON.

(Continued from p. 35.)

Great Natural or Induced Weakness.—By this is meant, not great physical exhaustion, but that weak, irritable state of the system under which the stomach loathes the mildest and smallest doses of medicines of any class—a state of matters sometimes induced by inordinate quantities of copaiba. The patient is gloomy and weary; sometimes prostrated by sick headaches, at other times scarcely able to rise from mere lassitude. A cold confines him for a week; his bowels are costive—his tongue coated—his enjoyment of all comforts is lost or weakened. Active purgatives, in the form of aloes, coloeynth, and blue pill—effervescent mixtures with syrup of orange peel—mild sedatives, and, as soon as possible, quinine in grain doses three times a day, generally prove quite effectual. Injections are indispensable; but as many of these patients suffer from excessive sensibility of the urethra, they may be made very weak at the outset, and not employed more than once a day till the bowels have been repeatedly purged, when they can be used as in other cases. A moderately tonic diet, with a fair allowance of meat—a little spirit or wine daily—total abstinence from porter, ale, stews, hashes, pastry, &c., will be found of great benefit.

As an instance of this complication in its most severe form, I may quote here the history of a case in which it appeared to have been chiefly induced by large doses of copaiba. The patient was a member of the medical profession, who placed himself under my care after having made a most unsatisfactory attempt to treat his own case.

I found him low, weak, and dejected; he was suffering under enlarged prostate, with a painful bearing-down as if the rectum were coming out, so that when walking he constantly felt an urgent desire to keep his hand pressed upon the anus. There was a moderate amount of discharge, with no great pain in making water or during erections. The tongue was brown, furred, tremulous, and indented by the teeth—the breath was foul—his face looked coarse and dusky—he said he had lost all his colour, along with his appetite and strength. Great part of his sufferings he attributed to the amount of copaiba he had taken; and as, according to his own estimate, he had for some time past managed to get down five oz. a week, the supposition was very feasible. The use of these enormous doses was always followed by nausea and loose stools. To complicate the case still further, it appeared very doubtful, from the patient's description, whether there was not some stricture to be apprehended, as six years previously he had suffered under gonorrhœa, which, after having been duly treated with copaiba, slowly changed to a gleet, which every now and then reappeared; so often, indeed, that I doubted if it had ever been cured. Latterly also there had been a good deal of dribbling after making water, and, the patient thought, some slight narrowing of the stream.

"All this," he said, "I could endure, and hope to see cured. There is some visible cause for these sufferings, but I cannot understand why I have this dreadful irritability of temper and gloominess always hanging about me. I feel no pleasure in anything I do, and I am quite certain many of my patients have remarked my inattention."

On examination by the rectum, the prostate was found greatly enlarged, and a blister was or-

dered to be applied. A bougie was also passed, and a most irritable state of the urethra discovered: no stricture, however, was encountered. Within forty-eight hours after this operation, the right testicle swelled in a most extraordinary way. The patient for several days could not allow me to touch it, and the attack was accompanied by such prostration that he was obliged to confine himself to his room. Morphia in large quantities was ordered, and relieved him so rapidly, that he said "he could hardly describe the comfort this dreamy, quiet state inspired, compared with his first night's suffering. Hot water to the scrotum, so as almost to excoriate it—a well-fitted suspensory bandage—a brisk aperient, and a diet from which all cold, accescent, heavy articles of food were rigidly excluded, soon relieved all the most severe symptoms.

At the end of a week I examined the testicle; and though this was the worst case of orchitis I ever saw, I was not prepared to find such evidences of active disease. The epididymus was greatly enlarged and of almost cartilaginous hardness, as was also great part of the testicle; and though all pain was gone, yet the patient still shrank instinctively from the slightest touch. I now asked him if he had ever strapped the testicle for orchitis; to which he candidly admitted that he had. Then I said, "How would you like to have your own testicle subjected to the process?" To which he simply and touchingly answered, "Not at all."

The discharge was now treated with mild injections of nitrate of silver, followed by the use of gum elastic bougies, every second day. Two blisters were applied to the perinæum, and two to the penis. Iodide of potass was given in doses of ten grains twice a day; calomel and black draught were given twice a week. A full meat diet was ordered, and a bottle of claret daily.

The discharge soon ceased entirely. The urethra became so healthy, that the bougie could be passed with scarcely any discomfort. After the first three weeks the prostate gave him no further annoyance; and finally such a steady and rapid subsidence of the hardening of the testicle ensued, that when he paid me his last visit, about four months from the beginning, little more than a slight thickening remained to mark the seat of disease. His tongue became clear, moist, and firm—his appetite returned, and he soon gained flesh and strength. From having been unable to walk a mile without fatigue, he was now almost as well as he ever had been, and in better health than he had enjoyed for years. He has never strapped a testicle from that day.

3. *Morbid Sensibility of the Urethra.*—In excessive tenderness of the urethra, it is sometimes necessary to wait a day or two, that the action of the potass may be set up, and to give a sedative every night before beginning with injections. The first two or three of these may consist of warm water; the next, of weak solution of nitrate of silver, beginning, in some persons, as low as one tenth of a grain to an ounce: after this no further precaution is necessary. Where this extreme sensibility seems dependant upon rheumatism or gout, a grain of the extract of colchicum every night is often very serviceable.

Strong Tendency to Stricture—that is, where the canal begins to contract within the first week or fortnight after the appearance of the gonorrhœa—though not very uncommon when this disorder is neglected, has only occurred in my experience three times in cases treated properly with potass and injections. In two of them it yielded quickly enough to the solid nitrate applied by means of a sheath and stilette (*a*)—an instrument which has also often stood me in good stead in those cases where isolated parts of the urethra remain tender and throw off shreds after the removal of old gleets. In the third case, the patient, quite a lad, was suddenly despatched on business, which enabled him to indulge in the pleasures of the table to any extent he liked. Not having enjoyed such a privilege before, he made the best use of it now—lived on game, salmon, champagne, punch, &c.—and returned to London with the urethra closely strictured for about two inches; a state of matters which required about eight months to set right again.

(*a*) For a full description of this instrument and the best method of using it, see 'Treatment of Spermatorrhœa,' by the Author, 5th edition, page 38.

In five cases this affection could be traced to the use of chloride of zinc injections; and though I believe these may, under proper care and when made to follow the exhibition of potass, be used with impunity, my experience of their employment without such precaution is, that they are always painful, and at times dangerous.

(To be continued.)

FRACTURE OF THE FORE-ARM—FATTY TUMOUR OF THE VAGINA—HYDATID GROWTHS SIMULATING PREGNANCY.

By THOMAS FALCON, Esq., Surgeon.

Three years ago I was requested to visit J. Wood, a stone-mason, who had received a severe injury to the fore-arm and elbow-joint, in consequence of a large stone post (which he and another man were removing to an excavation prepared to receive it) falling upon and crushing the limb. The fore-arm and joint when I arrived were so swollen, contused, and ecchymosed, that it was utterly impossible for any one to ascertain the exact amount of injury received. That there was a fracture of both bones of the fore-arm at the upper third, was evident from the distinct crepitus felt on each side of the limb. After the inflammation had been subdued and the tumefaction had subsided by the repeated application of leeches, fomentations, and general constitutional treatment, then for the first time could I discover that not only had there been a fracture of both bones of the fore-arm, but that the upper portion of the fractured radius had been dislocated upon and thrown into the hollow above the external condyle. I explained to the man that it would be utterly impossible to reduce the outer bone of the fore-arm, and that though for a considerable time the motion of the limb might be imperfect, yet that ultimately he would be likely so far to improve that he would be able to follow his usual employment. I had recourse to passive flexion and extension of the joint after the fractured bones had become consolidated, but could only bend the fore-arm to about a right angle with the humerus. I then told him he might consult some other surgeon, if he thought proper. Mr Teale, of Leeds, saw the case, and advised the passive motion of the joint to be continued. A quack was afterwards consulted, who gave it as his opinion that the couplings of the joint were out, that I ought to have thrust them in, and that the patient would easily obtain heavy damages from a jury in compensation to the man for the bad management of the case. This opinion was very modestly given by a man who some years ago employed five men to reduce a dislocation of the hip in a man seventy years of age—the case being one of fracture of the upper third of the femur (unless he had fractured the bone by his manipulations), with the edge of the fractured bone immediately beneath the skin. The hideous appearance of the limb in consequence of the diffuse inflammation which followed, and the agony which the patient endured, may be as easily imagined as described. Is it possible to reduce a dislocated radius with fracture below? or would such an operation as cutting down upon the radius, and removing that portion of the bone above the insertion of the biceps, be advisable in such a case? I thought that such an operation would be utterly unjustifiable, although I should suppose it might be performed with care without injury to the brachial artery. The result proves how admirably Nature adapts herself to altered circumstances, for he can now use the injured arm in his business as a stone-mason as well as the other. This man threatened me with an action at law for malpractice.

2.—Fatty Tumour of the Vagina separated from its Attachment by the Head of the Child, and expelled during Labour.

Three months ago I was summoned early in the morning to attend Mrs Hardy, of Pudsey, in her confinement. The child was born when I arrived, and the placenta, being in the vagina, was easily removed. Syncope, however, came on to an alarming extent, which I was unable to account for, as there was no hæmorrhage and the uterus had contracted. Mr Wade, of Stanningley, had been in attendance on the woman previous to her confinement, and had found on examination a tumour depending from the anterior part of the vagina. He was summoned on the morning of her confinement, but was unable to attend. He, however, arrived previous to my departure, and whilst I was administering stimulants to the patient. On hearing the previous history of the case, the obvious inference of both of us was that some laceration had occurred. The tumour was found on the bed after she had recovered from the syncope. It was about the size of a large potato, and consisted wholly of condensed fatty substance. The case went on favourably, no bad symptom occurring after the syncope had subsided. She made water freely soon after: I therefore did not make any further examination *per vaginam*. Are fatty tumours in the vagina common? Would any surgical interference during the existence of pregnancy be considered correct practice in such a case by the *savans* in the Obstetrical department? That, I should suppose, would depend upon the nature and extent of their attachments, and the amount of obstruction and laceration which might be anticipated.

3.—Hydatid Growths simulating Pregnancy.

I was summoned in a great hurry at midnight on the 22nd of June last to see Mrs Richardson, of Pudsey. The messenger (her husband) informed me that she was rapidly sinking from flooding, and was far advanced in pregnancy. I found that a large quantity of coagulated blood had been passed: the system had experienced a great shock. I examined *per vaginam*, and found what I thought to be a placental presentation, the fundus uteri on a level with, or rather above, the umbilicus; and I saw no reason to call in question the impression of the patient, that she was in the seventh or eighth month of pregnancy. I succeeded in restraining the hæmorrhage by cold applications to the vulva, &c., and exhibited the mineral acids more as a placebo than with any idea of deriving much benefit from their use. I had resolved to employ the tampon soaked in a saturated solution of tannin, should the hæmorrhage return. Other attacks of hæmorrhage had occurred previously to my being called in; and she had been attended in the first place by Mr Machill, and afterwards by Mr Field, surgeons. I gave it as my opinion to the husband that she was in a most dangerous state, and that it would be necessary to induce premature labour should she so far recover from the shock as to render it justifiable and necessary by reason of a recurrence of the hæmorrhage. I was summoned at 5 a.m. on July 6th, and found that uterine contraction had commenced, and the vagina distended, apparently by the placenta. This substance was soon expelled, and quickly followed by other dense masses of coagula. I saw by the expression of her countenance that no time was to be lost, and was about to introduce my arm, in order to turn if practicable, when I found, on applying my hand over the abdomen, that the uterus was rapidly emptying itself, and in a very short time the whole of its contents was expelled. She fell into a death-like swoon, vomiting and tossing about from one side of the bed to the other. I succeeded in inducing permanent contraction of the uterus by grasping that organ over a napkin soaked in cold water, and she gradually rallied after the administration of brandy and the application of heat to the extremities. What would have been the proper practice had a correct diagnosis been made at an earlier period? Would the exhibition of the ergot of rye have stimulated the uterus sufficiently to produce a detachment and complete expulsion of this immense mass of hydatid, embedded in dense fibrinous deposit, as I believe the unaided efforts of nature had succeeded in effecting in this case? or would introducing the finger or hand, and scooping out the uterine contents, have been preferable? The patient was in such a weak and prostate state when I was first called in, that I am now perfectly satisfied with the course I pursued in having left the case to nature, enjoining the most perfect quietude, supporting her strength by nutritious broths, and employing the cold applications which succeeded in restraining the hæmorrhage. It was the opinion of the females in attendance that the whole of the mass expelled when the uterus finally emptied itself could not have amounted to less than a gallon. The hydatids varied in size from that of a currant to a grape. Writers state that the size of the belly does not correspond to

the supposed period of pregnancy. In this case the woman believed herself to be in the seventh or eighth month of pregnancy, and the uterus had ascended to the umbilicus. It was this coincidence which deceived me, and led me without further reflection on the case to the belief that she was pregnant. The same view of the case, I understand, had been taken by the two surgeons previously in attendance. There was a profuse and offensive watery discharge, which continued from the 22nd of June, when I was first called in, to the 6th of July. It might be objected to this case, that it would be almost impossible to mistake a clot of blood at the *os uteri* for a placenta. But some of these masses, having probably remained for months in the uterus, had become so firm and solidified as to render it very difficult indeed to distinguish them from an after-birth. Medical writers assert that these hydatids are formed, in the great majority of cases, in consequence of the destruction of an ovum. There was a blighted ovum in this instance; but I remember seeing them connected in one case to the placenta of a well-developed and healthy child. The patient is now (July 30th) gradually recovering her strength, and is able to walk about the room.

Fulneck, near Leeds.

THE SPIRIT OF THE PERIODICALS.

We extract the following article on *Perforating Tumours of the Dura Mater*, by Dr C. T. Cooke, from the 'London Medical Review:'

"Perforation of the cranial walls may be due to a variety of causes. Of these, if we exclude mechanical injuries, the most frequent are syphilitic and carcinomatous disease of the pericranium; scrofulous and carcinomatous degeneration of the diploë; and the pressure of the intracranial tumours.

"It seems probable that tumours of every description, and growing from whatever part of the brain or its membranes, are capable of effecting a perforation of the bony wall. Thus, an hydatid cyst, growing beneath and elevating the dura mater, has been known to erode the inner table of the skull; and the same fact has been often observed in the case of hypertrophied Pacchionian bodies. But by far the most frequent seat of perforating intracranial tumours is the external surface of the dura mater. Tumours situated in this locality are undoubtedly for the most part cancerous, belonging generally to the medullary, rarely to the epithelial, variety of the disease. But there is a form of tumour to be met with here, the characters of which (although it is unhesitatingly classed by Rokitansky among medullary cancers) render its nature still a matter of controversy. It is that to which Lebert has assigned the title of 'fibro-plastic.'

"Whether these growths are or are not cancerous, is a question which may safely be left on one side until pathologists shall have arrived at some agreement as to the definition of cancer. But, however this may be eventually determined, it seems certain that they possess marks sufficiently characteristic to entitle them to be regarded as a natural group distinct both from epithelial or from medullary cancer. These marks are, that they contain no milky juice; that they do not soften from the centre; that they occur in one part only of the same individual; and that they possess none of the histological elements of epithelium.

"The above characters apply to all fibro-plastic growths, wherever situated. It will be seen farther on, that, when growing from the external surface of the dura mater, they are equally distinguished from ordinary cancer by the mode in which they perforate the bones of the skull.

"Unfortunately we possess very few authentic and well-reported cases of this disease. It is, indeed, probable that the 'sarcomatous' tumour which perforated the left parietal bone, and to which the name 'Fungus of the dura mater' was first assigned by Louis, was a fibro-plastic growth; and a similar probability attaches to a few more of the earlier recorded cases. But, on the whole, the older literature of the subject affords embarrassment rather than assistance. For, from the year 1774 (when attention was first drawn to it by Louis, the secretary of the Royal Academy of Surgery in Paris), to within quite recent times, all diseases capable of producing perforation of the skull seem to have been indiscriminately heaped together under the appellation of Fungus of the dura mater.

"Under this heading, for instance, may be found a case of caries after fracture; of congenital encephalocele; of fatty subcutaneous tumour; and three cases of cancer of the diploë. And, even when there is reason to suppose that the author has been correct in regarding the dura mater as the primary seat of the disease, it is in most instances a hopeless task to endeavour to determine, with any approximation to certainty, the nature of the tumour which grew upon it.

"I gladly avail myself, therefore, of the opportunity (for which I am indebted to my friend Mr De Morgan) of placing on record a recent and highly-interesting case of this obscure disease. Two meagre and unsatisfactory cases by H. Cloquet, and a valuable one by Dr N. Friedrich, of Würzburg, constitute the whole remaining stock of authentic cases available for purposes of comparison.

"Alfred Chapman, aged fifteen, was admitted into the Middlesex Hospital on the 8th November, 1859, under the care of Mr De Morgan, suffering from total blindness and inability to walk.

"He complains of severe frontal headache. Both pupils are widely dilated, and quite insensible to light. He has also strabismus, and an incessant twitching of both eyeballs and eyelids. His tongue and uvula are drawn to the left side; the angle of the mouth slightly to the right. On the left frontal eminence is a hard swelling, about as large as a small bean, flattened, immovable, and apparently attached to the bone. It is a little painful on pressure, but not otherwise. Neither the patient nor his friends were, at the time of his admission, aware of its existence.

"His inability to walk seems to depend merely upon a want of the power of co-ordinating the movements of muscles, and upon no loss of muscular power.

"He can use his hands, but he generally allows them to hang listlessly by his sides, flexing the thumb on the palm, and the fingers over it, in a very peculiar manner.

"There is no loss of common sensation anywhere.

"His memory seems pretty good; but he answers questions very slowly, and not in a lucid manner.

"The left fibula is enlarged and curved slightly outwards and backwards at the lower third, where the integuments are thickened. This enlargement is at times painful.

"*History.*—His father is living and in good health. His mother died some years since insane. Three sisters died in infancy; two of 'atrophy,' the other of fever. There is no history of cancer nor of syphilis in the family.

"He is by occupation a farm-labourer in Northamptonshire, and enjoyed good health up to the date of this illness, except that, for about six months, he had suffered from frequent 'weakness of sight,' which compelled him to discontinue work for the time.

"On the morning of September 17, 1859, a very warm day, he went, as usual, to his work in the fields. He was soon seized with violent headache, nausea, and heavy dragging pain in the legs. He went home, and was there attacked with vomiting, which continued incessantly during the night, and was followed the next day by diarrhœa and 'failure of sight.' Two days later, when first seen by a medical man, he seems to have been in a very weak state: the diarrhœa was persistent; loss of vision was total; and the pupils had become dilated and fixed. During the next week or ten days he suffered from fever and delirium; he then began slowly to improve. No change, however, took place in his vision, except that he now occasionally fancied that he saw flashes of light, or even a candle, in a perfectly dark room. (Photopsia.)

"Between two or three weeks since he began gradually to lose the power of locomotion, not apparently from muscular weakness, but from want of directing power; and at the same time complained of pain in his knees. Three days before admission he had had another attack of fever, headache, and vomiting; but these symptoms, with the exception of the headache, had passed away.

"He was placed on ordinary diet, and a mild mercurial treatment was adopted, consisting at first of hydr. c. cretâ, and subsequently of the liq. hydr. bichlor. in small doses, and in the application of strong mercurial ointment to the frontal tumour.

"The headache speedily disappeared; but no other change occurred until—

"Nov. 23, when he had a convulsive attack of a peculiar character. His limbs were forcibly extended, the twitching of his eyeballs increased greatly in rapidity, and he rolled restlessly about in his bed, crying in a strange childish manner, and muttering a few unintelligible words. There was no dyspnœa, nor did he foam, or bite his tongue. His pulse rose during the fit (which lasted five minutes) to 100—104.

"He is said to have had a similar fit before admission. These fits continue to recur through the month of December; but after the 11th of that month were accompanied by dyspnœa and lividity. During the same period other important changes were noticed.

"On Dec. 11th, the distortion of the face, which had hitherto been directed towards the right, was now suddenly changed to the opposite side; while that of the tongue and uvula remained unaltered.

"The frontal tumour, also, was observed to increase very much in size from the 4th December. On the 11th, it measured two-thirds of an inch in its longest vertical diameter.

"On the 17th, it was not only found to be much increased in size, but the bone felt as though split asunder in the centre, so as to admit of the protrusion of a soft substance, which communicated an impulse to the hand when the patient coughed.

"On the next day (18th), it is noted—'Had three fits, during which the tumour became very much swollen; but no pulsation can be felt in it. Headache very severe.'

"Omitto Medicamenta.

"Dec. 23rd.—Pulsation can now be readily detected in the soft centre of the tumour, which projects through the bone.

"From this period the tumour continued to increase in size, and was accompanied by increased facial paralysis of the right side until January 12th, 1860, when it was noticed that the corner of the mouth was again drawn to the right, and this was soon followed by paralysis of the left orbicularis oculi.

"This fresh attack of paralysis continued until Jan. 23rd, when it began suddenly to abate; and by February 5th, the left eyelids could be completely closed.

"He had now had no fit for twenty-nine days; he ate and slept well. In this comparatively favourable condition, and with entire immunity from fits, he continued for nearly ten weeks. On March 17th, however, the fits recommenced, and were accompanied by headache and sickness, and (in April) by an attack of diarrhœa.

"On the 4th April, a bad attack was induced by excitement (a case of severe accident having been suddenly brought into the ward). On this occasion there was marked dyspnœa and increased squinting, and twitching of the eyes; but no foaming at the mouth.

"During this month his health and strength seem to have undergone rapid deterioration. The fits again became frequent, and the note of April 22nd runs as follows:

"'April 22nd.—Another fit to-day. Severe frontal headache. Skin cool; pulse 92, of moderate power. Tongue dry and brown. Appetite bad. Tumour, if anything, larger. Pupils still dilated. 1.15 p.m. was suddenly called to him, as he has been seized with dyspnœa. His face is livid, and covered with drops of sweat. Respiration has almost ceased. Pulse too rapid to count. The pupils are contracted, especially the left, which is about the size of a pinhole. He is quite insensible.'

"In the course of a few minutes he died. The post-mortem examination was made twenty-four hours after death.

"The calvaria and brain were removed together; the former being so separated as to include the orbital plates of the frontal bone. On the brain being raised from the base of the skull, both lateral ventricles and the third ventrical were seen to be immensely distended, so as to

project upon and compress the structures at the base of the brain. The distension was so great, that a very slight accidental puncture made at the base of the anterior lobe of the left hemisphere penetrated the lateral ventricle, and allowed the escape of a large quantity of pellucid serum.

"The dura mater was found to be uniformly, but slightly, adherent to the calvaria over the frontal and both parietal bones, and the greater wings of both sphenoids. On its being gently detached, the inner surface of these bones presented the very peculiar appearances of that form of atrophy to which the name of Usura or Detritus Ossium has been applied. These are essentially three, viz. :—

"1. In patches, of very variable extent, the inner table of the bone was merely roughened and eroded. The diploë was entire.

"2. In other similar patches the inner portion of the bone had been entirely removed, leaving deep excavations often large enough to contain an almond. The external layer of bone was, in many of these instances, only 1‴—2‴ thick. But these excavations had not been effected merely by the destruction of the inner table of bone, and the exposure of the diploë. On the contrary, as the process of absorption extended outwards, the diploë seemed to have converted itself, by a deposition of new bone, into a hard eburnated tissue, presenting no trace of its original cancellated structure.

"3. In other spots, solitary pits or cavities had been excavated in the bone, varying in size from that of a pin's head to that of a split-pea. Of these fifteen were counted, of which five had perforated both tables of the skull, and were covered only by pericranium. The great majority of these pits were situated in the upper portion of the left parietal bone.

"The largest of these perforations was that which had been recognised during life, on the frontal bone. The external aperture, covered by periœranium only, measured 1.062" dm. ; the internal aperture only .75" dm. The latter was surrounded by a ring of firm hard white bone, in which no trace of diploë was visible. The former was also surrounded by a smooth elevated ridge of new bone, .125" in height.

"As in the case of the wider and more shallow excavations noticed above, the sides of these pits consisted invariably of a layer of hard new bone.

"*The Dura Mater.*—The condition of the dura mater corresponded strictly with that of the inner surface of the skull.

"1. On surfaces answering to the patches of eroded bone, the dura mater (generally injected) was covered externally with innumerable minute growths, scarcely larger than a grain of sand, but communicating a sensation of roughness to the finger. They were very readily detached from the membrane on which they grew. This condition appeared to represent the earliest stage of the disease.

"2. The large shallow excavations were also lined with dura mater, bearing numerous flat, roundish growths reaching the size of a split pea.

"3. The solitary pits and spots of perforation were filled with similar growths, of very variable size. Some of these scarcely exceeding a pin's head in thickness had yet completely perforated the skull.

"Where the perforation was only partial, it was easy to withdraw these tumours from their cavities, by gently detaching the dura mater from the bone. They evidently, therefore, had no intimate organic connection with the latter.

"In the case of the older tumours, which had nearly or quite perforated the bone, the dura mater had undergone a very remarkable alteration, which has not, so far as I know, been hitherto noticed. After forming a very firm adhesion around the internal aperture, it had passed up with the tumour into the cavity. Here it seemed to have suffered partial absorption, and losing its membranous character, to have been converted into a series of fibrous bands, radiating from the border of the internal to that of the external aperture, where they appeared to lose themselves in the pericranium. This peculiar condition was very well marked in the frontal tumour.

"The arachnoidal surface of the dura mater was considerably injected in several places, but otherwise healthy, except upon the upper surface of the left hemisphere. Here a very considerable number of growths (none exceeding a split pea in size) connected the dura mater with the subjacent arachnoid, and were in some instances inseparable from the grey substance of the hemisphere.

"Both lateral ventricles and the third ventricles were enormously dilated ; the lateral ventricles being each capable of containing half-a-pint of fluid. The brain presented no other morbid appearance.

"The chiasma and the nerves at the base of the brain had undergone no apparent structural change.

"*Structure of the Tumours.*—For the purpose of examination, portions were taken from tumours of all sizes. Their general characters were, however, identical.

"1. They were soft and of an olive brown colour. No milky juice escaped on section.

"2. They were extremely vascular. Some of the smallest appeared to be merely loops of gigantic capillaries, supported by a slight fabric of areolar tissue.

"3. The histological elements consisted of (*a*) Recent areolar tissue, with elongated spindle-shaped cells in various degrees of development. (*b*) A small proportion of round cells, containing each one minute nucleus. In the growths as large as a split pea, these cells had already undergone fatty degeneration, and had the appearance of compound granulation corpuscles.

"The enlarged fibula was very vascular, and in its upper two-thirds was thickened by a deposit of new bone to about twice the diameter of the lower third. The medullary canal was normal. No foreign growth could be discovered. All the other organs of the body were remarkably healthy."

'The British American Journal' contains the following article on *Impromptu Tracheotomy*, by Dr HORACE NELSON, which is worthy of remembrance by General Practitioners.

"How many persons have perished, perhaps in an instant, and in the midst of a hearty laugh, the recital of an amusing anecdote, or the utterance of a funny joke, from the interception at the glottis of a piece of meat, a crumb of bread, a morsel of cheese, or a bit of potatoe, without a suspicion, on the part of those around, of the real nature of the case!" — 'Foreign Bodies in the Air Passages,' p. 43.

In exemplification of the above remarks of Prof. Gross, the recital of the following case may not prove uninteresting to the readers of the 'British American Journal,' at the same time it shows what could or should be done in cases of great emergencies. On the 19th January, 1857, while coming from the Post Office, in Plattsburgh, I was stopped at the door of a grocery-tavern, and called in to meet Dr Hall, to see a man supposed to be dying. Stepping in, I found an old soldier, of the Peninsular War, named Davis, and for many years an inmate of the County Poor House, evidently expiring—his face was blue, suffused and bedewed with cold sweat ; the eyes staring wide, fixed and glassy ; the mouth opened ; pulse just flickering at the wrist : in one word, the cold hand of death was pressing upon him with fearful rapidity and certainty. In a few seconds I ascertained the following particulars :—That morning he had deserted—as was his wont frequently to do—from the Poor House, and came to the village for a glass of grog, obtained upon the proceeds of begging from a few who pitied the lone and decrepit soldier ; and on this occasion, having been more than usually fortunate in his foraging expedition, he resolved to indulge in something of a dinner ; after taking a 'hasty plate of soup,' he went to work in demolishing a piece of shank beef, and with hunger and the loss of his teeth, he was disposed to do justice to his coarse food, when, after taking the first mouthful—and not a small one—at that he was noticed by the landlady to gasp, turn blue in the face, and drop from the chair upon the floor. Dr. Hall was immediately sent for, when, seeing the danger and urgency of the case, he requested my assistance. Presuming that the suffocation resulted from the impaction of a piece of bread or meat in some portion of the larynx or trachea, I opened the man's mouth as wide as possible, but neither with the eye nor finger could I detect anything ; the all-certain and prompt death of the poor fellow staring me in the face, left me no time to speculate upon the course of treatment to be adopted, and still less to run to my surgery, a few squares off, to procure the necessary instruments ; therefore, I at once proposed to the Doctor, in which he readily acquiesced, that desperate as the case was, there remained but one chance, and that was to make an opening in the trachea. Seating the man on a chair near the window, the head being thrown back as far as possible, with a thumb-lancet I cut through the integuments, cellular tissue and fascia, from opposite the cricothyroid space, in the median line, over the cricoid cartilage down to the two upper rings of the trachea ; separating, by scratching with the finger-nail and handle of the lancet, the sterno-thyroid and hyoid muscles from their congeners, the cricoid cartilage and rings of the trachea were exposed to view, to divide which with my lancet was quite out of the question ; they were so old and ossified, that I had to resort to a good sharp penknife ; steadying the larynx and trachea with the thumb and first finger of the left hand, I cut, not without much difficulty, through the cartilage and rings, when at once froth and mucus issued from the wound, and the sucking in of air told me that the obstruction, whatever it might be, could not altogether be below the opening. The immediate danger being in some respects now passed, I took time to look around, if not to breathe, for the operation had been performed before I had scarcely any idea that it had been begun : there being nothing in the shape of spoons, except big pewter ones, one of which of itself would have completely filled the wound, to keep the lips of the opening apart, I called for a smoking pipe, and breaking the stem three-quarters of an inch from the bowl, passed it into the trachea, and although the opening was certainly very small, there was still a sufficiency of air introduced to carry on the respiratory process ; the suffusion of the face began to decrease, the colour returned to the lips, and the cold and glassy appearance of the eyes gradually and slowly gave way to a more natural and less dreadful expression.

"Looking about me for something to act as a probang to explore the trachea, I seized upon a whalebone rib of an umbrella, and rounding off the end, passed it downwards to the bifurcation of the trachea, when finding everything clear in that direction, I next turned it upwards, when its progress was soon stopped by something which, for a moment, effectually prevented the further advance of the whalebone ; but I was determined that an opening should be made there, and that something ought to be removed : opening the old man's mouth, and pushing with considerable force from downwards, I fancied that glottis, epiglottis, and the components of the regional anatomy of the posterior fauces were being pushed up into the mouth. I now thrust in two fingers, seized hold of some substance, and with a good pull drew away a large piece of beef that had become firmly impacted in the rima glottidis. At once the trouble was at an end : the old fellow looked rather surprised, if not foolish, at the figure he was cutting, and staring at the laughing crowd, wondered what the trouble was, and why he was not eating his dinner. The edges of the divided integuments were brought together by two sutures carried through a large cambric needle, and a compress and bandage completed the dressing.

The next morning Davis returned to his quarters, and was quite well in a few days. When my bill was presented to the County Poor Authorities, I was allowed five dollars (because I had not been employed by them) for saving the poor creature's life, with the gentle hint that had I allowed him to die, they might have had no objection in paying the whole amount charged—fifty dollars—as I would have done myself and my 'fellow-citizens' a service as tax-payers, in ridding the county of a man who had been a burden upon it for over thirty years ! The poor fellow had seen hard service in Spain ; was wounded three times at the battle of Albuera; a ball passed through the shoulder, producing partial paralysis of the right upper extremity, and during the same action he lost sight of one eye : a few years after he became deaf, and to finish the chapter of his infirmities, in 1854 I removed one of his testicles for cancerous tubercle, and in 1857 a piece of tough beef came near putting an end to his precarious existence.

"The novelty of the accident, the promptitude of the operation and its unexpected success, together with the well-known name, if not history, of the old 'Britisher,' invested the case with more than usual interest, and the Editors of the three Plattsburgh papers called upon me for a few

notes, which were published under the head of 'Local Items.' A couple of weeks after, a copy of the 'Albany Argus' was placed in my hands, with the notice that a gentleman, dining at the Stanwix Hall in that city, fell back in his chair to all appearance dead: the medical man of the house was immediately summoned; he came, examined the case, diagnosed that something had lodged in the windpipe, and that he should have to go to his surgery for the necessary instruments. This he did, and returned with his armamentarium in about twenty minutes, when he found the man stone dead, and stretched out upon a table in a private room. An examination showed that a piece of beef had become impacted in the glottis, closing it and inducing almost, if not truly, instantaneous death.

"Another case in illustration of the criminality in not being prepared to meet emergencies. Dr Allen, of Rockville, Indiana, was sent for to go a distance of four miles in the country, to see a child, without being apprised of the nature of the ailment. On his arrival, he found out that tracheotomy was required; he rode back home for his instruments, and before his return the child had expired?—Gross, 'Foreign Bodies, &c.,' p. 208.

"When the danger in any case is so great and impending, it is not only folly, but culpable negligence, on the part of the medical man to wait till he has procured all his instruments, and, perchance, consulted some book to renew his acquaintance with anatomical facts and boundaries long since studied, and as long since forgotten: the patient dies, and although from the nature of the accident non-professional persons may not directly attach any blame to the physician, still the latter cannot entirely divest himself of the idea that he should have attempted the operation let the result be what it may.

"Another cause of postponement on the part of the junior practitioner, is the fear of performing this, as well as many other operations; and this, to a certain extent, is principally attributable to the course adopted by some teachers of surgery and anatomy, who clothe their descriptions of the various surgical regions, and the operations occasionally necessitated therein, with such anatomical niceness and minuteness, the innumerable difficulties to be encountered, the vast dangers to guard against, the whole shrouded in such a cloak of apparent forebodings, accompanied with *such* shrugs of the shoulders and knowing turn of the eye, as much as to say—though they truly mean it—'Boys, don't touch them; send them here; we are the men to do these things!' Many young men are literally *scared* out of the performing the most trivial operations, by the recollection of what they had heard and seen in the lecture-room. Well do I remember listening to the teachings of some most distinguished surgeons and anatomists, and with all eyes and ears, I was amazed at their erudition, astounded at their boldness, if not recklessness, in undertaking some of those grand operations which have shed such a bright lustre on their names, and made them the Napoleons of the Surgical World—the various steps of which they detailed with such *gusto*, led me almost to think that there were but few, if indeed any, who could, or had a right to perform such operations except themselves; and it is more particularly for this reason, that some of the surgeons of all large cities enjoy such a large country consultation and practice, as the young physician, either unwilling or unable to perform any operation, sends the subjects to the city, where they are always well received, and in some instances their expenses are not only paid, but a bonus is thrown in to secure the case.

"On another occasion I will make a few practical remarks upon the operation of Tracheotomy, and show that it is easily performed, far from dangerous, and, in the great majority of cases, followed with successful results."

The 'Lancet' opens with Mr Hilton's Lectures on *Pain and Rest* in accidents and surgical diseases, copious reports of which have already appeared in the Medical Circular. Dr Robert Barnes continues, in the same periodical, his observations on the value of the operation of *Turning* in labour obstructed through coarctation of the pelvic brim. We extract the case.

"Case 4.—On the 8th of March last, my assistance was required by a midwife of the Royal Maternity Charity in a case of obstructed labour. The patient—aged twenty-six—had borne one child before; the labour had been very lingering, but the child lived. I found her at 7 p.m. in labour at term. She was weakly and ill nourished; pulse feeble, and getting excited. She had been in labour twenty hours; the membranes had been ruptured eight hours, and it was represented that no progress of the head had been observed for five hours. The pains had flagged, and ultimately failed nearly entirely. I found the head lying on the brim in the transverse diameter, forehead to right ilium. The feeble contractions of the uterus had no effect in driving it into the pelvis. The apposition of the parietal bones to the pubis and promontory was very close; the occiput filled the left half of the brim, and in the right half a small space was left by the frontal part of the head. The head was movable, and, pushing it a little up, I took the dimensions of the pelvis. The conjugate diameter barely exceeded 3·25"; the two sides of the brim seemed equal, so that the circumference of the brim was kidney-shaped. On withdrawing my hand, I found it soiled with meconium. The fœtal heart could not be heard. Believing that moderate extractile and compressing force would bring the head through, I endeavoured to apply the Dublin forceps, but, owing to the shape and contraction of the pelvis, the instrument could not be made to lock. I introduced my left hand to turn. I passed this through the right half of the brim over the child's face. Laying my finger on the child's chest, I felt a pulsation, so feeble as to be almost doubtful as to its nature. Passing on, I felt the umbilical cord; there was no pulsation in it. I then seized the left knee. By upward counter-pressure effected by the right hand externally, pushing up the head, the leg was readily brought down. This being secured by a tape and held steadily, the evolution was completed by pushing up the head by the hand in the pelvis. The breech was soon born. The head was delayed at the brim; it entered in the transverse diameter, occiput to right ilium. By moderate force exerted for three minutes, pressure being maintained on the uterus externally, the head came through with a slight jerk. Whilst the head was in the brim, I felt a slight convulsive movement of the child's arm—the first sign of life. It was born breathless; not cyanosed; its limbs quite flaccid; no pulsation in the cord; a very feeble pulsation at the heart. At first, respiration was inexcitable. I kept up semi-rotatory movements for five minutes, with occasional cold aspersions over the area of distribution of the respiratory nerves. The heart began to beat rather tumultuously; respirations, at first imperfect and at long intervals, occurred. Presently, on dipping the body into warm water, and quickly withdrawing it, the child cried. Taken to the fire, it soon cried strongly, and seemed safe. It showed no depression on the skull or distortion, and the caput succedaneum was very small. The child was a female, of full size; head of ordinary dimensions. The placenta was cast in ten minutes.

"*Commentary.*—This case afforded me unusual satisfaction. It exhibits the superiority of turning over craniotomy in a new light. Here was a child saved, which, if auscultation and the escape of meconium had been relied upon as evidence of death, would, under the accepted doctrine, have had its head perforated. It may be urged that the child might have been delivered by natural pains stimulated by ergot. A first child had been born alive. But in women of defective organisation, exposed to hardships of poverty and toil, it is not uncommon to find the parturient power exhausted by the first labour. I think it possible that energetic uterine contraction might have sufficed to drive the head through the pelvis. But uterine contraction, and, indeed, the woman's general strength, had long given way before the obstacle. Ergot might have failed to rouse them sufficiently, and would, in all probability, not have done so at all under half an hour. Moreover, there was the risk of rupture of the uterus. My experience is not favourable to the attempt to lash the *exhausted* uterus into spasmodic energy by ergotic stimulation. The half-hour would have been a period of protracted suffering to the mother, and destruction to the child. The long forceps might have been successful. I entertain a strong bias—a prejudice, perhaps—in favour of delivery head foremost. But the forceps could only have been applied in the transverse diameter of the brim, one blade over the forehead, the other over the occiput, or a little obliquely. The grasp under such circumstances would have had the effect of causing the bi-parietal diameter of the head to bulge out more strongly against the promontory and pubis, increasing the disproportion and difficulty. The operation would have been severe, and the risk to the child great.

"I am satisfied that the delivery by turning was, in this case, the least distressing to the mother; admitting of being performed with greater ease and celerity than any other. And if we recognise the right of the child to a share in the appliances of Conservative Midwifery, then must this case be regarded as one of leading importance."

Dr Bree also reports a case of *Myelitis* and extensive spinal irritation, with paralysis of left leg. We give it:

"Susannah C——, aged thirteen, admitted into the Essex and Colchester Hospital, Feb. 24th, 1859. The following history, down to the middle of November, was obligingly furnished to me by Mr. Johnson, the house-surgeon:—The account this girl gives of herself is, that she has never had any particular illness until about two years ago, when she had fever, which laid her up for about seven weeks; but she has always been delicate. On admission, she complained of feeling weak, and being unable to follow her employment, that of factory hand. She states that she has been accustomed to work in a room heated by steam pipes, and that she was in the habit of fainting away at her work. She dates her present illness from running home one day in the wet, when she felt pain in the side, with slight cough, which confined her at home for a few days, when she resumed her employment for two days. She had medical advice, but received no benefit. On April 22nd (whilst in hospital), she had a good deal of pain in the head and back; and, on coming up stairs, she fell and lost consciousness, and remained insensible from 7 p.m. till 2 a.m., during which time she was very rigid, but did not struggle. On recovering sensibility, she felt pain in her left leg, which she attributed to rheumatism, and did not mention it until she discovered that she had lost all power of using it, and that it had no sense of feeling. About this time she complained of pain in her back. She was put under the influence of mercury, and had the tartrate of antimony ointment rubbed along the course of the spine. From this time she had attacks of insensibility about once a week, until Sept. 29th, when she left the hospital on five weeks' leave of absence, much improved in health. She was readmitted at the expiration of her term of leave, having had several of her old attacks, and was altogether not so well in health as when she went out. Her leg was now more particularly examined, when she was found to have neither motion nor sensibility from the knee downwards. The muscles and integuments of the thigh appeared scarcely, if at all, affected. She was ordered tonics and good diet, and the leg to be galvanised daily, and frequently rubbed with a rough cloth.

"The patient came under my care about the middle of November, and I continued the above treatment for another fortnight, without any benefit.

"On the 1st of December, I carefully examined the spine, which was extremely tender on pressure from top to bottom. So sensitive was this region, that she could not bear the slightest pressure without pain, and even gentle percussion made her cry out. This tenderness was more pronounced in the lower part of the dorsal region, just below the antero-posterior curvature in this situation, but not localised over any particular vertebra. She had had no fit since she came under my care. Her complexion was sallow, and expression dull. She had never menstruated. Appetite bad; bowels regular; urine normal. The left leg was completely paralysed below the knee, and insensible to pain. She could use the flexors of the thigh so as to bend it partly towards the abdomen, and there was no anæsthesia above the knee. I ordered her to have two grains of ergot twice a day, and the spine to be rubbed night and morning with a liniment containing extract of belladonna; the leg to be well rubbed

with the flesh brush, and the diet to be liberal, with moderate allowance of beer.

"The only alteration in this treatment up to the 25th of January, 1860, was that of increasing the dose of ergot to four grains after a slight appearance of the catamenia on the 22nd of December. After the first fortnight she began gradually to amend, and the notes in my hospital book are—

"Jan. 14th.—Begins to walk nicely without assistance; sensibility has in a great measure returned in the limb.

"23rd.—She is daily gaining more use of the limb; spine is still very tender.

"25th.—To be made an out-patient.

"On the 5th of February she walked up to the hospital from her residence in the town. She had quite regained the natural use of the limb, but the spine still remained tender. To continue the liniment, but omit the ergot. I have not seen her since.

"*Remarks.*—Now, what was the pathology of this interesting case? We have, in looking over the history, evidence of a lesion of the cerebro-spinal system and its consequences—loss of consciousness, tonic spasms, paralysis, anæsthesia. The spinal curvature I satisfied myself did not depend upon disease of the bony column, and the tenderness along this tract indicated, I think, inflammatory action, as well as that combination of symptoms, as Dr Brown-Séquard has it, termed 'spinal irritation.' I think it will be admitted that the amendment was entirely due to the treatment. It was founded upon the above view which I took of the pathology of the case, and upon the principles so ably set forth by Dr Brown-Séquard as to the therapeutical action of ergot and belladonna in the treatment of myelitis. In my notes of the lectures I heard delivered by that distinguished physiologist in Edinburgh, I find the following:—

"'Strychnine is almost useless in all lesions of the spinal cord, and especially hurtful in congestions of that structure. It acts by producing paralysis of the bloodvessels of the cord, and therefore in its lesions it can only increase the morbid effects. In sympathetic paraplegia, however, it is very useful. Ergot of rye and belladonna may both be used where strychnine cannot; they excite reflex action by acting upon the bloodvessels of the nerves.'

"In the summer of last year I saw two cases of myelitis with partial paralysis of the lower extremities, the bladder, and rectum, successfully treated with ergot of rye and belladonna by Professor Bennett, in the Royal Infirmary of Edinburgh, such treatment being founded upon Dr Brown-Séquard's views. I therefore venture to draw the attention of the Profession to the subject by the details of the present case."

Mr Holmes Coote contributes to the same journal a paper on the *Nature and Treatment of Deformities*, and Dr Richard Hughes an article on *Periodicity* as a character of disease.

The 'Medical Times and Gazette' contains a Lecture by Dr Goodfellow on *Bright's Disease*. We quote some of his remarks upon the chemical conditions of the urine:

"Thus we find by comparing the two sets of Tables—those of health, with those of disease,—that the proportion of urea ranges in health from 11 or 12 to between 32 to 33 parts in 1000 parts of urine, while in these affections of the kidney it is only found in one of the cases noted in the tables as high as 11, and this was when the quantity of water was much below the average proportion, and at the outset of the disease. In nearly every other instance it was found varying in proportion from 7½ to below two parts in 1000. The uric acid seems to undergo a less notable differenec. In health it runs from 0·391 to 1·098; in these diseases it varies from 0·6 down to 0·2. Another very important, but rather indefinite ingredient in the urine undergoes a great diminution in this disease—those substances called by chemists the 'extractive matters.' These are, however, important to us in connection with these diseases. These matters are, I believe, universally considered by chemists to have their origin in the metamorphosis of the tissues, and in the effete matters which are no longer useful in the body, but ought to be excreted from it. These matters in healthy urine vary from 10 to 16 grains in 1000. In these diseases they are reduced from 5 to 2 grains in 1000, being from ⅓ to ⅛ the usual proportion. The fixed salts also are diminished. In health they vary in amount from 11 parts in 1000, the lowest, to 16 parts or more, the highest; while in these diseases they vary from 11, the highest, down to 1·8, the lowest. There is also a great difference in the proportion of water. In health it varies from 981, the highest in any analysis, down to 932. In these diseases that we are now considering, it runs from 948, the lowest (and in this case it was in the earliest stage and the most acute form of these affections), up to 989. On the whole, the contrast in the amount of solid residue in health and in these diseases is most striking. In Berzelius it is 67·00 in 1000 parts, and in Marchand's 30 in health. In these affections it varied from 36·0, the highest, down to 10·9, the lowest. And it should be noted, in connection with this residue, that in Bright's Disease the amount is increased by the adventitious substances present,—albumen, casts of tubes, blood-corpuscles, &c.; so that the nominal amount of solid residue in these affections is greater than the real or absolute amount.

"So much, then, for the alteration in proportion in the natural constituents of the urine in these affections. What are the adventitious constituents? The first and most important is albumen. The quantity of this proximate principle is found, by the most approved analyses, to vary from 22·64 to 0·1 in 1000 parts. I need not here occupy your time in describing the manner in which albumen is detected in urine. Most of you are practically acquainted with it; and for those present who have not as yet been much in the wards, it is described in the 'printed instructions' in the case-books. It would be well, however, in some cases to weigh 1000 grains of urine, and filter, to separate extraneous matters. Then coagulate the albumen by heat, wash and carefully dry it, and weigh. You will then discover yourselves, what was first pointed out by Dr Christison—namely, that although the proportion as estimated by its volume in the fluid is very abundant, it weight is insignificant. Ten parts by weight in 1000 parts of urine, will render it almost a thin uniform pulp when heated. Less than this is seldom met with in the early stage of the disease. The highest Dr Christison has found has been 27 in 1000. Here, as in all similar instances, heat converted the urine into a gelatinous mass, from which no fluid issued on turning the test-tube upside down. With reference, however, to the presence of this principle in the urine, I ought to state that it has been found occasionally in the urine in persons apparently healthy. Christison found it temporarily in persons after eating plentifully of cheese, pastry, and other indigestible articles which are known to have the effect of increasing the solid ingredients of the urine. He has found it also follow the application of a blister, when this happened to have given rise to renal irritation; when the system has been effected by mercury also. When I come to speak of the blood, you will find that not only is albumen occasionally present in the urine in apparent health, but that urea is present in the blood under the same healthy conditions.

"Rayer has detected albumen in the urine in pregnancy; and this is the state most calculated to mislead as to its true cause, because in many cases there is more or less œdema of the feet and ankles. But, knowing as you do the symptoms of these affections, and the way in which the anasarca makes its appearance, I apprehend that you will have very little difficulty in ascribing the presence of albumen to its true cause. Many have detected this principle in the urine in the crises of some fevers, in inflammations of the thoracic organs, in acute articular rheumatism, intermittent fevers, typhus, measles, and especially cholera. In gout also it may frequently be observed. But in all these cases its presence is not permanent.

"Besides the albumen and other constituents of the serum of the blood (for I look upon it that its presence in the urine is principally owing to a simple transudation of the serum into the uriniferous tubes and Malphigian capsules), we may have the blood-corpuscles and blood-casts, fibrinous filmy matters and casts of tubes, epithelium particles or epithelial and other kinds of casts, granular, fatty, wax, and so on, and occasionally (and especially in advanced stages) puriform mucus-globules from the urethra, bladder, uterus, and even pelvis. Now these casts and adventitious constituents, with the exception of albumen, are only to be seen by the microscope, and to recognise them with certainty is one of the most valuable accomplishments which you can attain; and I would emphatically recommend you never to lose an opportunity of making yourselves practically acquainted with these casts—measuring their diameter, and so on. Here are diagrams of all the different forms. But no diagrams will convey an idea of their appearance under the microscope like that which you will derive by examining the tube-casts themselves, as well as the other constituents, the different kinds of epithelium, the tessellated and columnar from the bladder, the columnar from the ureter, the smaller and fine tessellated from the pelvis, the globular and glandular from the convoluted tubes, and the same kind of epithelium but somewhat flatter and more resembling the scaly variety in the straight tubes. Of course, with this you may have both scaly and columnar epithelium from the urethra, and this last and the vagina. It is important also to be able to recognise the extraneous matters that are always found in the urine, such as cotton fibres, blanket, hair, &c. But a perfect acquaintance with the casts is essentially necessary, for it is by the character of these casts, when taken in conjunction with the history and symptoms, that you will be able to discriminate the several affections which we are now considering, and which I shall describe more at length in a futnre Lecture."

Some observations on the condition of the blood follow. Dr John Conolly continues his *Recollections of the Varieties of Insanity*, and Dr Meadows reports the following unusual case of the delivery of a living child weighing more than eighteen pounds. He says:

"I am induced to record this case because, so far as I know, the child was the largest ever born, and certainly the largest ever born alive.

"I was called on the 13th instant at 10 a.m. to Mrs K., aged thirty-five, who was in labour with her second child. She stated quite positively that she was at least a fortnight over time; and she fully expected to have twins, as she was such an enormous size, and had been greatly inconvenienced thereby for the last month. Fœtal movements had sometimes been so strong as to be quite painful.

"The present labour began at 6 a.m., with pain which regularly increased up to the time of my visit. The membranes were still entire. On examination, I found the parts soft; the os uteri dilated to about the size of a shilling, but I could not make out the presenting part, the child being still very high. By the abdomen I believed I detected the head at the fundus, with the back of the child looking forwards. Auscultation gave distinct evidence of fœtal life, for, notwithstanding Dr Adams's disbelief in the use of the stethoscope in pregnancy, I am still disposed to have some faith in my own ears.

"I left the patient, desiring to be sent for should any urgent symptoms arise. At 10 p.m. I made another examination, the labour having so far gone on steadily and well. The membranes were still entire. I now made out a breech presentation. The os was well dilated and soft, the patient in good condition, and the pains regular and strong. The breech descended but very slowly, and seemed, notwithstanding powerful uterine action, much jammed in the pelvis. However, at 4 a.m. on the 14th it had so far descended as to enable me to get a purchase on it with the fingers hooked round the groin, and with strong efforts I succeeded, at 5.30, in bringing down the breech and lower extremities. The cord was pulsating. Great difficulty was now experienced in extracting the head, but after some little force I had the satisfaction of bringing this down, and in a few minutes the child recovered and breathed comfortably.

"All the lower part of the body and thighs were of a deep purple colour, as if violently bruised, but the child was otherwise well. The placenta was expelled in half an hour, and the mother subsequently did well.

"I called five hours afterwards, and to my

surprise found that the child had died suddenly about an hour before, while lying at its mother's side. No reason could be given for this, as a short time before it appeared quite well. No post-mortem examination was permitted. On weighing the child, it was found of the enormous weight of 18 lbs. 3 oz. Its extreme length was 32 inches; the circumference of the head, 17½ inches. These are post-mortem measurements. It was most perfectly formed and beautifully developed. The placenta was of proportionate size, and weighed 3 lbs."

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Dr C. J. B. ALDIS, was read, on

A CASE OF BRONZED SKIN CONNECTED WITH DISEASE OF THE SUPRA-RENAL CAPSULES.

Robert B——, aged twelve, was admitted under the Author's care as a patient at the Surrey Dispensary on March 29, 1859, with the following symptoms:—The body generally was of a dark olive colour, and the pulse feeble, with occasional vomiting, pain in the back, languor, and disposition to lie down. The eyes were sunken, and the conjunctivæ pearly white. The illness commenced about four months previously, at which period he was in very good condition. The discolouration of the skin had been noticed during two months; soon afterwards the urine began to dribble away, and loss of flesh supervened, with extreme prostration. The Author, believing the complaint to be that mentioned above, placed the patient under Dr Addison's care, at Guy's Hospital, on August 17, who confirmed the diagnosis made before he entered that institution. The complaint having proved fatal on August 20, 1859, Dr Wilks, who took much interest in the case, kindly sent an account of the post-mortem examination to the Author. A model was made of the diseased organs. The body, spare and universally tinged of a brown hue, presented no disease internally, excepting in the supra-renal capsules, which were converted into a tough yellow matter, their original tissue having entirely disappeared.

A paper, by Mr JOHN F. FRANCE, was read, being a

REPORT OF CASES ILLUSTRATING THE USE OF FORCEPS IN EXTRACTION OF CATARACT.

The object of the present report is to illustrate the advantage obtained by employing forceps, in addition to the ordinary means of fixing the globe, in extraction. The Author, after glancing at the need felt for some such auxiliary from the earliest introduction of this operation to the present time, as proved in a former communication on the subject in 'Guy's Hospital Reports,' pointed out the casualties to which defective command of the globe is apt to give rise—viz., premature escape of the aqueous humour, faulty section of the cornea, injury to the iris, loss of vitreous humour; and, in short, from various sources, jeopardy to the ultimate issue. He then briefly explained the mode of using forceps for the purpose in view; and, having noticed the complete command of the eye obtained by this means, proceeded to a condensed recital of twenty-one cases not hitherto published, exhibiting the practical working of his suggestion. These examples comprised every one, without exception, in which the Author had performed extraction, from the date of his previous publication to that of the twenty-first case; and, in collating them with the former series, he showed the infrequency of the accidents above adverted to, and the high average of success under the plan recommended. The Author claimed weight for the extended evidence thus yielded by a catena of forty-one examples, affording as they do the strongest testimony in favour of the method of operating in question; and, in conclusion, quoted the report of Dr Steventon, of Cheadle, who speaks highly of the advantage he had himself derived from adopting this method, and acknowledges the increased success he had met with since doing so.

Dr T. GRAHAM BALFOUR laid before the Society a

CONTRIBUTION TO THE STUDY OF SPIROMETRY.

The Author's investigations confirm the observations on the vital capacity of the lungs in Mr Hutchinson's paper, read to the Society in 1846. He gives the results of the measurements, by the spirometer, of the recruits, 1,126 in number, enlisted into the Grenadier Guards between October, 1848, and March, 1853, with the mortality and invaliding among them from the dates of their enlistment till the end of March, 1854. After certain corrections pointed out by the Author as necessary to render a comparison accurate, the results of the measurements in the Guards are almost identical with those made by Mr Hutchinson, as will be seen by the following summary showing the average "vital capacity" of men of different heights:—

—		Height of Grenadier Guards.				
		5ft. 8in.	5ft. 9in.	5ft. 10in.	5ft. 11in.	6ft.
Vital capacity	Balfour	231·5	239·8	245·6	251·5	258·9
	Hutchinson	231·5	240·5	245·5	252·0	258·8

The Author observes that the identity of these results is very remarkable, and may fairly be accepted as evidence of their accuracy. He next examines the question whether a low vital capacity may be taken as an indication either of a tendency to pulmonary disease, or of a feeble constitution, rendering the individuals liable to a high rate of mortality. To test this, the men have been divided into three classes, according to the extent of their vital capacity, and the mortality in each class has been traced. The results show a most remarkable coincidence in the mortality of the three classes, the difference amounting only to 0·6 per 1,000 in favour of men having a vital capacity above the average. But a different result was obtained in regard to the men discharged as invalids, the number who became non-effective being much greater amongst those having a vital capacity below the average than in the other two classes. The Author next discusses the value of the spirometer in the selection of recruits, as indicating the men having a tendency to pulmonary disease, and points out the necessity, in such an investigation, of including the total loss arising from consumption, both by death and invaliding. The tables and calculations submitted showed that this loss is much greater among the men having a vital capacity equal to or above the average. From the results obtained the Author concludes that a vital capacity below the average may be considered rather as indicating a generally feeble organisation, less capable of resisting the deteriorating influences to which a soldier is exposed, than as evidence that a definite relation exists between the vital capacity and a tendency to pulmonary consumption. Although this conclusion would seem to justify the opinion that the spirometer might be advantageously employed in testing the fitness of recruits, the Author points out practical objections to it which appear insurmountable; but he admits that it might be useful as an indication to the inspecting officer of the necessity for a careful examination by the stethoscope in cases of a very low vital capacity among men coming forward for enlistment. Finally, he concurs in the views expressed by Mr Hutchinson of the practical value of the spirometer to the Medical Referees of Life Assurance Societies.

A paper, by Mr C. HANDFIELD JONES, was communicated by Dr H. BENCE JONES, being a

TABULAR STATEMENT OF SEVENTY-TWO CASES OF HÆMATEMESIS, WITH REMARKS.

The Author stated that the seventy-two cases of hæmatemesis contained in the table are all that have been met with among 2,500 selected cases of all kinds, and about 10,000 (speaking roughly) of all cases occurring in ordinary Medical practice. The chief practical points which a perusal of these cases suggests are—1. The number of cases met with in which the existence of gastric ulceration is a matter of great uncertainty, and in which one cannot avoid asking oneself whether the hæmorrhage may not be simply analogous to common epistaxis. That this is possible, even when the hæmorrhage is copious, is shown by the record of a case given by Dr Brittan. 2. The number of cases in which all complaint of dyspepsia was either absent or so slight that it would have been impossible to distinguish it from that attendant on gastric catarrh, gastralgia, or gastric debility. 3. The great benefit of a tonic plan of treatment steadily carried out. The paper was accompanied by a table in which are recorded, for each of the seventy-two cases, the age and sex of the individual, the period at which hæmatemesis occurred, any important events prior to the attack, the symptoms observed at the time, and the treatment of the case, with its result.

URINE SUSPECTED TO BE CHYLOUS.

The present case of chylous urine differs in some respects from that described in page 11 of the first volume of the 'Archives.' For the specimens of urine and for the following notes of the case we are indebted to Dr Milner Barry, of Tunbridge Wells, who has taken great trouble to discover the real nature of the affection.

CASE.—William Avery, aged ten, a staid-looking pale-complexioned boy, but fairly grown and nourished for his age, has always been delicate, his spirits outrunning his strength, but does not appear to have suffered from any serious attack of illness, until last summer, when hæmatemesis and discharge of blood from the bowels came on, after a school feast, where he had displayed too much prowess as a trencher-man. This illness passed off without, apparently, leaving any ill effects. Three weeks ago he began to suffer from constant weakness and vomiting. Soon after swallowing his food, he has to rise up from the table, and the food is immediately ejected from the stomach. He also vomits "watery phlegm" when he gets up in the morning. There is some tenderness at the epigastrium, but not to any great amount, and no pain complained of in any region. Coincident with the commencement of this attack of illness, he has been passing "milky urine," having never done so previously. It resembles milk more or less diluted with water, does not vary much from day to day or from night to day, seems to have no urinous smell, is acid, and usually about of the sp. gr. of 1018. After reposing for some hours, a cream-like layer forms on the surface, which becomes diffused again by agitation. By the application of heat or nitric acid, a scanty, curdy precipitate is produced. Shaken up with æther it becomes transparent, and a thin coagulum forms by repose between the ether and the urine.

This urine contained numerous oil globules, like those present in milk, and a substance possessing the ordinary reactions of caseine, and it appeared, therefore, very important to avoid all possible chance of being misled by imposition. Dr Milner Barry has been at very great pains to settle the question, but has not yet succeeded in satisfying himself beyond a doubt that the case is a genuine one of chylous urine. He has not actually seen the boy passing the urine, but has obtained the following statement from the boy's mother:—

"She positively states that she has repeatedly observed the boy passing the white urine. Several weeks before he had medical advice, she noticed that the water was white in the chamber-vessel of the little bedroom where he slept by himself. That she had seen the water white when he had made water in the court-yard behind the house. The white water and the dreadful sickness frightened her very much. When he sat down at meals they always had a basin at hand, but the sickness used to come on so suddenly that the contents of the stomach were ejected before there was time to lay hold of the basin. For the last few months the sickness has left him, and the urine has not been white, but he does not look well. She had seen him herself passing the urine."

Dr Barry goes on to say that "This is the substance of the boy's mother's replies and statements. If there is deception, it seems to belong to the boy, and to be motiveless. There is one point, perhaps, worth noticing, viz.: that in cottages of the labouring population in towns, milk is not very extensively consumed, and therefore it would not always be at hand to enable this boy to play the imposter. I asked to have some of the urine sent to me if it should ever become white again."

If this was a genuine case of chylous urine, it would afford much interest, as the fatty matter was in the form of globules, and not merely in a granular state. I have never seen a specimen of chylous urine in which the fat occurred in the state of globules like those of milk, but think it not improbable that such cases occasionally occur. The present instance cannot be regarded as conclusive, and Dr Barry hopes that before long he may be in a position to determine the nature the case with certainty.—'Archives of Medicine.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2l.	2s.	0d.
A Page or Three Columns	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 8, 1860.

SPECIAL HOSPITALS.

When thought and enterprise exhibit a strong tendency to develop themselves in a particular direction, we may be sure that there a vacuum requires to be filled up. As certainly as water flows into hollow places, does the tide of opinion run into the voids of social life. When the water has reached its level, stagnation begins. Every new movement meets with opposition; because it is itself opposed to established facts, institutions, interests, and prepossessions. The very flourish of self-assertion with which new ideas and undertakings are heralded to the world, helps to organise against them all the slow-going, quiet-loving people, who are satisfied with things as they are, because perchance they have earned wealth and credit by their instrumentality. That "there is nothing new under the sun," is the favourite wise-saw of aged experience; and it always comes opportunely in aid of the equally venerable opinion, that the world is very well as it is, and cannot be bettered by the new-fanglements of young men and the saucy professions of adventurers. When we are young, we love the hubbub of fife and drum, and the sheen of bayonets and banners, and, marching step for step with the troops, fancy ourself a soldier; when we are old, we shake our heads at all this noise and vanity, and as we hear the drum beat, know its hollowness, and turn away our steps to our own door, where peace and contentment dwell with feather-beds, easy-cushioned chairs, and turkey carpets. There is nothing new in the Riflemen, or the proposed Toxopholites either: were there not Volunteers fifty years ago—and, for that matter, Bowmen too, as far back as five centuries? Pooh! the Nineveh ruins present us pictures of Archers defending their towers against bands of resolute assailants. As for straight shooting at a bull's eye, what can beat that of the man who labelled his arrow for "Philip's right eye," and hit it, too, with the only shaft he had the chance of sending?

But the Rifle is a specialty, you say; is it the better for that? It is only a new way of doing an old thing. And what will become of the regular army, we should like to know, if Riflemen become numerous? Why, the Guards and Line must be all Riflemen! Horrible thought! The art of military warfare consists in a knowledge of the organisation of armies—of strategy, drill, and the natural dispositions and idiosyncrasies of troops. A good aim, indeed, goes for something in the account; but any man in the ranks can take a good aim, so there is no necessity for Riflemen. Thus argues our antiquated old friend, Sir Stedfast Sticklebaek, who grumbles at every new thing, and believes with all his heart that the nation will go headlong to ruin if these novelties are not authoritatively put down.

A similar conflict of opinion is now waging between General and Special Hospitals. During these last few years there has been a rapid extension of the practice of Specialism, and therewith a smouldering feeling against it among the Staffs of the older Institutions—a feeling which has at length burst into a blaze We printed last week a Protest signed by some of the most eminent members of the Profession, denouncing the practice, and invoking the aid of the public to abolish the nuisance. Sir Benjamin Brodie's respected opinion was enlisted on behalf of the malcontents; but it is somewhat amusing to remark that Sir Benjamin makes an exception in favour of the Ophthalmic Hospitals; though what claims beyond that of relative antiquity these Charities can have upon the writer's benevolence, it is not easy to conceive. Ophthalmic Hospitals are as strictly special as Aural, Orthopædic, or Cancer Hospitals: why, then, should a lenient judgment be passed in their favour, when all other similar Institutions are unmercifully condemned? Is it possible that the fact that these Institutions have been and are officered by some of the most distinguished members of the General Hospital Corps, has influenced the decision of our surgical Minos? Lawrence, Guthrie, Bowman, Hancock, Critchett, and Walton, are names that cannot be scouted.

The opponents of Special Hospitals found their main argument against them on the plea that the pursuit of a Specialty tends to divorce the mind from the study of the general laws of the animal economy, and that, consequently, a Specialist is less likely to advance a knowledge of his art than a general Surgeon, who has at the same time all descriptions of cases under his care, and has therefore larger opportunities of observation and comparison. This is a plausible, but by no means a satisfactory argument. It answers the purpose of those who want a plea for the justification of Special Hospitals only when they are officered by General Hospital men; in short, it is the argument of the thorough-going monopolist, who having already the General Hospital, would like exclusive possession of the Special Hospital too.

So far as the argument is worth answering, it may be met in this way: that all qualified men are already presumed to be well versed in physiological laws and the phenomena of disease generally, and that the extensive opportunities which a Special Hospital affords for the study of particular forms of disease enable a Surgeon to examine all the phenomena more completely and exhaustively than can be expected from a man whose mind is so much distracted by the endless variety of cases in a General Hospital, that he is quite unable to find time or leisure to devote his attention to unravel the intricacies of any one order of maladies. We ask the General Hospital men themselves who happen to be connected with Special Hospitals, whether they have not received more instruction and experience from their Special Hospital, in the particular class of disease there treated, than from the more pretentious General Institution? Every man can predict the answer to this question. Should any one of these gentlemen, however, answer perversely in the negative, we can only reply that he is acting very dishonestly in retaining office in the Special Hospital.

Again, it is said that the General Hospitals afford adequate accommodation for all classes of cases. This is undoubtedly incorrect. Cases of stone, probably, are never turned away, because they minister to the reputation of the operator, and for these, therefore, there may not be a necessity for a Special Hospital; but it is not so with the large majority of cases, for which provision is made in Special Institutions. As for the financial argument, that does not deserve notice: if there were no Special Hospitals, the General Hospitals would be no richer. Some of them were poor before Special Hospitals were established, and poor they have remained.

Our conclusions upon this matter are, that Special Hospitals are beneficial, inasmuch as they provide an asylum for numerous poor persons who cannot obtain admission into the Charities instituted for general cases; that the collection of a large number of persons labouring under the same malady provides more constant and fuller opportunities for studying disease than are likely to occur at a General Hospital; and that the division of labour which is so efficient in advancing other arts and sciences is equally beneficial in the science of Medicine. We admit the possible evils of Special Hospitals, as stated by the Protesters; but they do not, in our judgment, counterbalance the advantages. Then it must be remembered that General Hospitals have their evils too; but we would not like to see those institutions closed on that account. There is no unalloyed good in this world, and he is a foolish man who expects to find it.

A final word upon this subject must be pronounced. There can be no doubt that there is a larger amount of available surgical talent

in our metropolis than our large Hospitals can employ; and this talent, finding itself shut out from a fair competition for distinction in the old paths of fame, strikes out into new and unauthorised courses. This is the pinch of the complaint. Our old Hospitals are exclusive and illiberal; at one time none could attain office in one of them unless he had been apprenticed to a member of the Staff; that practice has been abolished, but the evil is continued in another form, and none now can hope for an appointment unless he have been educated in the Hospital. John Hunter was ineligible in his time for St Bartholomew's, because he was not a pupil of one of the Surgeons; and a similar custom would have made him equally ineligible at the present day.

We are aware that general laws cannot be made to include special cases, and that all ambitious men are not John Hunters; on the other hand, it is unseemly to assail men for endeavouring to be useful, and to attain distinction in some unaccustomed way, who are inevitably excluded from an honourable rivalry in the beaten paths of fame. We think that it would be more decorous on the part of the General Hospital men, if they would leave the specialists to pursue their own course, unmolested by their jealous machinations.

Should a Specialist do anything derogatory to Professional honour, he is equally as amenable as any other man to the law that governs the whole body in such cases; but there we stop: we disapprove of the attempt to disparage Specialism as a mode of promoting Medical Science, believing most confidently that, ere long, we shall be indebted to it for most of the improvements that will increase the usefulness of our charitable avocations. We already owe it much, from anæsthesia to the ophthalmoscope.

SUMMARY OF THE WEEK.

THE EDINBURGH LICENTIATES AND THE LONDON COLLEGE.

A Committee of Edinburgh Licentiates have lately been successful in obtaining the erasure from the Medical Act Amendment Bill of a clause repealing the right, as conferred by the Medical Act, of the Licentiates of the other Colleges of Physicians to be admitted into the London College by the payment of a small fee. We congratulate those gentlemen on their success, as whatever tends to introduce Collegiate uniformity into the Profession will meet with our approbation. In a circular letter which the officials of this Committee have addressed to the general body of Licentiates, we remark these words: "You will probably have observed that the Medical press has failed to impart to its supporters a *single word of warning* of the attempt to deprive us of our legal rights." This assertion surprises us by its extraordinary inaccuracy. These gentlemen issued their first circular on July 17th, and one week *previously*, in the No. of the MEDICAL CIRCULAR dated July 11th, there was an editorial article on this Bill referring especially to the obnoxious clause.

We then said, "Let the Scotch and Irish Physicians look to this. It is the first step backwards to the old class system—if, indeed, we can be said ever to have advanced a step out of it," &c. "The Licentiates of the Scotch and Irish Colleges have a claim upon those bodies which, vigorously urged, cannot be treated with indifference," &c. &c. Thus, one week before these gentlemen began to move, we *warned* them of the attempt to denude them of their legal rights; yet they now state that such warning was not given. The omission has been on the part of the Committee, who failed to communicate their proceedings to the MEDICAL CIRCULAR, or, as we believe, to any one of the other Medical journals. We think that they are right in organising themselves into an Association; for, as we said on July 11th, "there must not be a sinister policy for Corporate aggrandisement to the injury of the Profession at large," and the best way to defeat such a policy is to be ever on the watch against it.

We have deemed it necessary to make these remarks in justice to this Journal, which has been ever foremost in pointing out the dangers of probable legislation, and denouncing the wrongs it may have accomplished.

THE ROYAL COLLEGE OF PHYSICIANS IN CHANCERY.

The College of Physicians and the Apothecaries' Society, having taken Counsel's opinion upon the right of the former body to create a new order of Licentiates, and each being satisfied that its own Counsel has given the just one, find no way of settling the antagonism but by a suit in Chancery. This might, of course, have been expected. No Corporation ever yet consulted a lawyer with a rational hope of escaping law. Law is a calculation of probabilities, and Counsel have an art of exaggerating the likelihood of particular probabilities to suit the case of their clients. This suit, it is said, will be a friendly one: we hope so, for it is not often that friendship is pledged in the Court of Chancery; and if it be, there is but a poor expectation that it will ever be redeemed.

ST GEORGE'S HOSPITAL.

The continuance of the *exposé* of the affairs of St George's Hospital has led to a correspondence in the 'Times' on the subject of the Out-Patients' Department. Our readers already know our opinion of this feature of our Metropolitan Charities, so that we need not dilate. A writer, however, signing himself "An Assistant," and representing himself to be one of the Staff of the Hospital, has very clearly pointed out the evils of the system as they affect, particularly, the Assistant Medical Officer. He shows that it would require six hours of hard, unintermitting work to see two hundred patients a week, supposing that only three minutes were devoted to all the new cases, which would amount to forty in number, and a minute and a half to each of the remainder; and he considers this apportionment not fair either to the patients or the Medical Officer, the latter being required to waste a large portion of his time and to employ his intellect upon a large number of trivial maladies. If the case be so bad at St George's, what must it be at St Bartholomew's, where it is boasted that 90,000 patients are seen every year? We have several times affirmed that it is impossible that this amount of work can be done by the Hospital Staff, and we challenge the Governors to prove that it can be properly discharged. We cannot help saying that we think this statement one of the most extraordinary mystifications, put forth as *bonâ-fide* work, which can be lighted upon in this great city. As it is, the duty falls with great hardship upon the shoulders of two or three Assistants. This is quite wrong.

THE WEATHER AND THE HEALTH OF LONDON.

Is it possible for an Englishmen to get through the year without grumbling at the weather? This is one of our constitutional maladies, breaking out in the form of rheumatisms, coughs, sore-throats, rashes, diarrhœas, and a general distemperament of humours, mental as well as bodily. Perhaps we should be seriously disappointed if we had not something to complain of, and should grumble at the monotony of our own satisfaction. So our best philosophy is to take the world as we find it. We cannot but feel some commiseration, however, for those unhappy people who have left our splashy streets to luxuriate under the umbrageous and floral beauties of Bonchurch, or to spread their limbs *sub Jove* upon the beach at Margate. Fancy pale ladies looking mournfully out of close casements upon the rain driving over the misty sea, or, determining not to be done out of their enjoyment, doing "all the sights" in a covered carriage, and consequently resolved to admire the scenery and believe themselves happy. As for us Londoners, we are getting used to it; we are told the crops are abundant, and accept the news as some compensation for the present famine-prices; but our greatest satisfaction is, that notwithstanding the unseasonable state of the weather, the amount of sickness has been low, and there is not at present any appearance of an epidemic visitation. August is usually our worst month, and we have now entered it with a cheerful expectation of a salubrious autumn. We owe something of this, no doubt, to the efficient ministrations of our sanitary officers, and to the fact that the unu-

sually large rain-fall has thoroughly purged our river, for the time, of its varied pollutions.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

This Society has just concluded its anniversary meeting at Torquay. The meeting was well attended, and an animated discussion took place, as usual, upon the state and prospects of the 'Journal.' This is the thorn in the side of the Association, keeping up a festering sore past all associative surgery. That surely cannot be right which is the source of continual division and disquiet.

REVIEWS

The Management of Infancy, Physiological and Moral. By Andrew Combe, M.D. Ninth Edition, revised and edited by Sir James Clark, Bart. M.D.

Advice to a Mother on the Management of her Offspring. By Pye Henry Chavasse, F.R.C.S. Fifth Edition.

Andrew Combe was the pioneer of the cause of sanitary science in relation to personal hygiene. It was he who first stated the principles of the science in that pleasing style that made the subject popular, and induced a body of imitators who have only advanced beyond him by following out his indications. Sir James Clark could scarcely perform a more acceptable service towards the close of his professional career, than that of editing this book, and endorsing its sagacious counsels by his long experience. There is a sad want among the public of a due appreciation of the truths of physiology. It is a fact to be lamented, that young women become wives and mothers without the slighest preparation for the responsible duties they undertake by any preliminary instruction in these matters appertaining to their own and their offspring's health, which are absolutely necessary to be known to ensure an intelligent direction of the hygiene of the household, and of the physiological and moral training of the family. On the contrary, we fear that an unwise silence is generally observed upon these points, and the young woman is left to discover by her own sad experience that which she ought to have been taught from the experience of others. Were mothers more impressed with the importance of these topics, instruction in physiology would become a part of the general education of young women, who would then become better qualified to discharge the duties enforced upon them by the inevitable laws of Nature. Ignorance of these matters is not bliss, but sickness, pain, and premature death. We can scarcely believe that the households of the humbler classes—and of thousands, too, among the better classes—would be so dirty, unwholesome, and ill adapted to maintain the healthy action of the human organisation, if women were better instructed in the elementary laws of hygiene. The charge of the young especially rests with them; and it is an unquestionable fact that the enormous mortality among children is almost entirely to be ascribed to the ignorance or negligence of hygienic rules.

Hygiene is comparatively a new application of medical science, and even our own Profession is not yet sufficiently convinced of its importance. The only Medical School requiring a knowledge of hygiene from the candidates for its diplomas is the University of London; and it is only since the Crimean War that the officers of the Army have been expected to have a sufficient knowledge of sanitary science. Where human beings are grouped together in masses, there is a powerful tendency to the evolution of disease; consequently, preventive is of equal or even of greater importance than curative medicine. The history of all military campaigns proves this, and demonstrates the necessity of a careful study of all those conditions that generate and propagate disease.

Of the two volumes that head this article Dr Combe's has precedence, not only by priority of publication, but by its mere philosophical tone and spirit. Dr Combe sets forth the principles of hygiene in an easy and elegant style; Mr Chavasse follows out these principles in dogmatic instructions on every imaginable detail incidental to the management of children. Both works are good of their kind; the latter, perhaps, likely to be most satisfactory to a young mother who has no wit or judgment of her own, and wishes for a counsellor at her elbow to tell her how to put a pin into a napkin, and give her the reason why; the latter will be regarded as the hand-book of the science by the better-informed, laying down, as it does, sound principles for guidance, but not superseding individual judgment in points of detail. In some respects we think that Mr Chavasse's work would bear the use of the pruning-knife, since it gives occasionally very doubtful advice and sometimes descends into trivialities. For example:

"*Is there any objection to butter for children?*

"I myself can see no objection to it; on the contrary, if the child be healthy, I consider bread and butter more nourishing than dry bread, provided the butter be used in moderation. Of course, if too much be given, it will disorder the child's stomach and produce sickness. Hot buttered toast should never be allowed: nor should melted butter."

Why did not Mr Chavasse make his anxious mother inquire whether bread also was a good thing for children? Of course new bread would be pernicious, like hot buttered toast; but still the question would be open whether bread made from the best wheat, one day stale and spread with fresh spring butter, is a suitable food for children? The answer would, we anticipate, be, "I myself can see no objection to it." This *ex-cathedrâ* dictum would, no doubt, appease the anxieties of the young mamma.

Again, if change be required,—as no doubt it would be beneficial,—where is the propriety in a teacher of hygiene recommending an unhealthy site, or a farm-house as perhaps the best place, though it is nearly certain to be surrounded with dung-heaps and stagnant water? Why not a house in the country without the farm?

"*In an obstinate case of Hooping-cough, what is the best remedy?*

"Provided there be no active inflammation, change of air to any healthy spot; nay, *change* even to an unhealthy one frequently effects a cure when other remedies have failed. A farm-house is as good a place as can be chosen."

We observe that Mr Chavasse strongly urges that the child should, whether milk be secreted or not, be placed at the breast immediately after labour, or at most within twelve hours, and reapplied every two hours, should there be no milk, until it shall be secreted. As a general rule this advice is good; but we regret to find that there is no caution expressed against a useless perseverance when there is little or no milk, or the nipple too flat to enable the child fairly to seize it. Reiterated attempts under these circumstances are almost sure to induce thrush in the infant by mere mechanical attrition of its own lining buccal membrane—thence disorder of the primæ viæ and atrophy. Even grown persons are obliged to discontinue their efforts to draw such a breast by the abrasion of the mucous membrane—how much more so in the case of a young infant? In these and other points, Mr Chavasse, as it appears to us, does not surround his advice with sufficient precautions, and interferes a little too much with the duty of the medical attendant.

There is another remark in this book which we correct for the sake of biographical accuracy. Speaking of the failure of mental power in precocious children, Mr Chavasse says:

"The young Roscius, who made such a noise in the world some years ago, and whose brain was overworked, when he grew up to man's estate lost that remarkable genius for which his early life had been distinguished. Had his brain been spared when young, when the excitement of youth had worn off (as then there would not have been that danger in study), he might have improved his intellect, and he might now (if he be still living) have possessed talents to have delighted and enraptured mankind."

This young Roscius died three or four years ago at a ripe old age, and in the last year of his life we had the satisfaction to hear him recite one of his most striking passages with all the fire and power of which he was ever capable. Having grown very plethoric, his energy was more alarming than agreeable. The miracle consisted, not in his being so great an acter absolutely, as in being so great a one for a youth. His style was not reflective, but impassioned, and therefore was not improved by age. Hence his failure. He was, however, always fine. We suspect that many similar anecdotes that are current in books would prove to be equally baseless if the facts were accurately stated. Facts are too commonly tortured to suit the Procrustes' bed of doctrine.

Here are a few paragraphs, however, which have our cordial assent. We quote them with the greater willingness, as we should like to deal a strong blow at the brutal practice of flogging which is now the rule in schools, and which has recently culminated in the horrors of the Eastbourne bedchamber.

"*Do you approve of corporeal punishment in schools?*

"I do not: I consider it to be decidedly injurious both to body and mind. Is it not painful to witness the pale cheeks and the dejected looks of those boys who are often flogged? If their tempers are mild, their spirits are broken; if their dispositions are at all obstinate, they become hardened and wilful. A boy who is often flogged loses that open ingenuousness and fine sensibility so characteristic of youth. He looks upon his school as his prison, and his master as his gaoler, and, as he grows up to manhood, hates and detests the man who has flogged him. Corporeal punishment is revolting, disgusting, and demoralising to the boy, and degrading to the schoolmaster as a man and a Christian. 'So far am I from holding with the dictum, Spare the rod and spoil the child, that I believe there are more children spoiled, rendered dogged and bad, and put into the wrong way, by the application of personal chastisement as a panacea for all evil—I believe many more moderately good children have been thus made perverse and incorrigible, than perverse children have been rendered mild and docile by the softening influence of the omnipotent stick. The French law forbids flogging children, except in extreme cases of rebellion.' 'Do not leave hearts to ache and break when it depends on yourself; nor, by impatience and passion, cause unnecessary personal chastisements to be inflicted, which only debase the mind and harden the disposition.' A writer in the 'Dublin University Magazine,' in speaking of his schoolboy reminiscences and of a master fond of flogging, makes the following pithy remarks:—'I said he had done much to harden the feelings of children—to create bad men therefore; I said that it had been well for all of us, had Mr Rarey appeared long since in the school-room, instead of the stable. At ten guineas per pupil, he might have taught tutors the secret of governing children, as well as horses—by kindness. He might have told them to approach the boy gently, to pat him on the head, to be quiet and kind with him, and to conquer

his timidity. Did the boy appear restive, and inclined to rebel, he might be softened by talking quietly—very quietly—to him. By degrees the school-room Rarey would gain an ascendency over the boy; the child's heart would be touched, and he would follow his master most cheerfully. This Rarey doctrine taught in school-rooms might bring a goodly fortune to a bold professor. It may be said, that I am travelling out of my province in making remarks on corporeal chastisement in schools. But, with deference, I reply, that I am strictly in the path of duty. My duty is to inform you of everything that is injurious to your children's health; and corporeal punishment is most injurious to the health and happiness of children. It is the bounden duty of every man—and of every Medical man especially—to lift up his voice against the abominable system of flogging, and to warn parents against sending their children to those schools where flogging is permitted."

We shall now leave these books; and omitting from view minor faults, we may justly say of them, that they comprise everything that can be said on the subject of which they treat, and that what is said is said well and pleasantly.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 78.)

In the winter of 1755, William admitted his brother into partnership in the anatomical lectures, a portion of which John undertook to give, and also to take the Doctor's place when occasionally absent by the demands of his increasing practice. No doubt he felt the disparagement under which he laboured in delivering lectures from the same chair in which the oratorical abilities of Dr Hunter were conveyed to the same audience. He always performed this office with great difficulty, and certainly no man was less qualified to undergo such comparison and rivalry. Fortunately there were two opportunities of competition, and two fields of emulation, in one of which John was unrivalled. His dexterity, accuracy, and skill in dissection, and preparation of specimens in anatomy and natural history—a department at that period very little known—aided by his careful and painstaking demonstrations in the public lecture-room, were perhaps more convincing and important than the textual correctness and didactic eloquence of his brother; the specialty of John, in his public lectures, being simply practical. His capacious mind made this a physical circus in which to expend his energies, and to give vent to the realities of science by displaying the relations and types of comparative anatomy, which afforded him subjects for deep and profound inquiry and investigation during his whole life. Even his hesitations, doubts, and delays were virtues, and, perhaps, if properly estimated, manifestations of genius and judgment in grappling the mysteries of Nature. The subjects John Hunter investigated to the present day remain in doubt and unsettled, and have progressed but little since he put his mark upon them. Being no reader, he knew little of the opinions and labours of others until informed by third parties, and could with great difficulty coin language to convey and express his own; in short, so much perplexity and obscurity frequently occur and pervade many of his views, that it was stated that he did not himself understand them. In his pursuit of inquiry, he was often injudicious and intemperate, but always sincere, honest, and laborious. Abernethy says of him, "He had received but little education; his mind had not been taught to act in imitation of others; he disliked to read as much as he liked to think, and had a tendency to distrust opinions, and examined every subject for himself." Mr Cline also observes that "he (Hunter) used to say his delight was to think." Not content with the discoveries of contemporaries or predecessors,—of Haller, Ruisch, Malpighi, Meckel, Morgagni, or his brother, he did not limit the field of his labour to surgery or pathology, but boldly approached, through comparative anatomy, the higher laws of life and physiology.

To forward this strong passion for natural history, he cultivated a good understanding with the keepers of menageries, and of the wild animals in the Tower. To conciliate and secure their good will and amity, and to obtain specimens, he sent them numerous curious animals, which had been given to him, or which he had purchased while alive, on condition that they would allow him to dissect and make preparations of them after death. He thus prosecuted inquiries into the types of organisation—the analogies that would help to unravel the difficult and complex functional combinations of the human machine.

Sir Everard Home, in speaking of John Hunter's labours at this time, says: "Mr Hunter worked for ten years on human anatomy, during which period he made himself master of what was already known, as well as made some additions to that knowledge. He traced the ramifications of the olfactory nerves upon the membranes of the nose, and discovered the course of some of the branches of the fifth pair of nerves. In the gravid uterus, he traced the arteries of the uterus to their termination in the placenta. He was also the first who discovered the existence of the lymphatics in birds." On another occasion Sir Everard, in speaking upon this subject, says: "Of the wonderful extent of these labours some idea may be formed when I state, from good authority, that the records of them occupied no less than nine volumes in folio, and a tenth on the natural history of vegetables. This is the more wonderful when it is conceded that he was extensively engaged in the practice of an anxious and laborious profession." (*a*) His collection of comparative anatomy cost him more than 10,000*l.*, and he spent 2,000*l.* in purchasing dead animals. Before going abroad he had been present at the dissection of more than 2,000 bodies.

The great devotion of John Hunter to the museum and the labours of the dissecting-room inflicted the usual penalty of untiring application, and in 1760, in the thirty-second year of his age, symptoms were manifested which demanded serious regard, and a milder climate was recommended to counteract incipient symptoms of pulmonary consumption. Having an appointment as Surgeon on the Staff conferred upon him through Mr Adair, John Hunter in the following spring embarked with the army for Belleisle; which circumstance brought the talented Mr Hewson in connection with Dr Hunter, as his assistant, during this necessary but temporary absence. For three years John Hunter remained in the Service as Senior Surgeon on the Staff with the army in Belleisle and Portugal, during which he collected a series of important facts, materials for his valuable work on Gun-shot Wounds.

During his absence on military service, he took advantage of the many opportunities which offered to examine the bodies of those recently killed in combat, to learn the healthy structure of the animal economy in cases suddenly carried off in the vigour and prime of life, and also the character of the healthy secretions. On the return of peace in 1763, John Hunter came to England fully convinced of the superiority of his native land, and, at the same time, sensitively alive to the position of isolation in which he found himself, at the age of thirty-six, amongst active and successful competitors, in a large city, with only very limited means and few friends. During the short absence of two years, the place of John Hunter had been most ably supplied by Mr Hewson in Dr Hunter's dissecting-room, and in superintending the anatomical theatre and museum. Surgical practice at this time offered no opening for him, all the avenues having been occupied by successful men in family practice, amongst whom may be named Sharpe, Hawkins, Broomfield, Pott, and many others, whilst the practice of the army was carried from him by his seniors in the service. These were gloomy prospects; but the ardour with which John Hunter resumed his anatomical labours and pursuits was significant of the type of the man, and he soon resumed the teaching of practical anatomy and operative surgery.

Before we proceed in our narrative, we must pause to make a slight notice of that eminent anatomist, Mr Hewson.

William Hewson arrived in London from Cumberland in 1759, and attended Wm. Hunter's anatomical lectures, given at that time in Covent garden. Upon John Hunter going abroad to join the army, Hewson undertook to instruct his fellow-pupils in the dissecting-room of that school, for which he was paid. After the session he went to Edinburgh, and took with him letters of recommendation to the Professors, from Sir John Pringle and Dr William Hunter. On Mr Hewson's return to London, in 1762, he entered into partnership with Dr Hunter, gave some lectures, and received a share of the profits. Their lectures became well attended and prosperous; and upon the completion of the building in Windmill street, Mr Hewson required, and had, an assistant in his labours. This partnership continued until 1771-2, when Hewson, upon a dispute with Dr Hunter, left him, and commenced lectures on his own account in Craven street.

To record the many disputes in which the brothers Hunter were engaged would be unprofitable, and in bad taste. The memoirs published of William and John Hunter, numerous as they are, especially of the latter, are unsatisfactory, from the tone and temper in which they have been written. Biographers, contemporaneous or living nearly upon the period in which these eminent men flourished, prejudiced by the influences prevailing, have given either injudicious praise, or manifested an envious and jealous spirit unworthy of their indisputable talents. Thus, Dr Joseph Adams, who was the pupil and friend of John Hunter, gives a record of his life coloured with panegyric, generously proving his devoted attachment to the man. Dr Adams, nevertheless, was not blind to the infirmity, pugnacity, and irritability of John Hunter's character—of which, having lived with him, he must have often been an eye-witness, and not unlikely a victim, and had ample opportunities of appreciating his failings and disposition. His memoir—which is written in a good style, and proves him to have been a man of judgment and learning—deprecates these disputes and contentions, especially between the brothers John and William, and speaks of them with impartiality and unreserved censure. Mr Jesse Foot, on the other hand, who wrote a memoir of John Hunter couched in language of undisguised animosity and virulence, is nevertheless constrained to bear testimony to the indomitable labour, perseverance, and honest zeal, in pursuit of discoveries in physiology, anatomy, and natural history, of John Hunter. Mr Abernethy, Mr Cline, and Mr Thomas sought every opportunity to eulogise John Hunter,—often in that warm and sincere style charateristic of idol-worship. Mr Abernethy arrived on the field of labour and enterprise at the time, Dr Hunter and Percival Pott being dead, John was in the ascendant, when honours, emoluments, and even patronage lay at his beck. At that time his opinions were oracular; he was the last appeal on all occasions of dispute or difficulty, and his decisions were final. He, notwithstanding, manifested great hesitation and timidity both in public and private, as instanced on the occasion of the memorable trial of Donella, in the case of Sir Theodosius Broughton's poisoning by laurel-water, at Warwick, in strong contrast to the bold and unscrupulous evidence given on that occasion by the Professor of Anatomy at Oxford; and another for murder by stabbing at the Old Bailey In the first, his doubts and confusion rendered it impossible for the court or counsel to obtain from him any satisfactory conclusion or opinion; on the second, which was a very plain and clear case, the ingenuity and talent of one of the counsel, only by a leading question, stole from him an affirmative reply on cross-examination. In private, he was never satisfied with the results of his own investigations, inquiries, and discoveries; and the confusion displayed in his writings and language explain his long delay in publishing. Mr Abernethy's sympathies were genuine; he was a pet of John Hunter, and their temper and character were somewhat alike; and his enthusiasm was natural and creditable.

Mr Hewson, during his connection with Dr Hunter, had been prosecuting a series of anatomical experiments to elucidate his inquiries into the properties of the blood, which were published in 1771. Whether this was the subject of dispute between William Hewson and William Hunter is

(*a*) 'Hunterian Oration,' by Sir Everard Home, p. 30.

unknown. Two years after their separation, Hewson communicated several papers to the Royal Society, upon "The Lymphatic System in Birds and Fishes," which gained him the Copleyan Medal and election to the Fellowship of that body. These investigations—in which the Hunters and Monroes, and afterwards Cruickshank and others, were engaged—produced much contention and animosity. William Hewson's lectures became popular, and his amiability and mildness of manners conciliated numerous friends. Dr Adams, speaking of him, says: "Hewson was an able man, eloquent, diligent, and agreeable in his address; he was freely chosen on account of his industry and fitness for the purposes required." (*a*) He married a lady of considerable attractions and worth, who enjoyed the friendship of the celebrated Benjamin Franklin. Mr Hewson terminated a most promising career in his thirty-fifth year, from fever caused by a wound received in dissecting a diseased body. Franklin, while in England as delegate from the new Republic of the United States to negotiate the establishment of their independence, lived in Mr Hewson's family fifteen years; "in short, formed a part of it." Mrs Hewson, on the death of her husband, accompanied Benjamin Franklin to Passy, and resided with him in France, and afterwards took her family to Philadelphia, in America, to be his neighbour, where she died in 1792. (*b*)

(To be continued.)

HOSPITAL REPORTS.

GUY'S HOSPITAL.—July 17th, 1860.

Amputation of Thigh—Necrosis of Tibia.—Mr Hilton.

This patient, a man about forty-five years of age, had received injury of the left leg, in which the head of the fibula and knee-joint were implicated, and became diseased. About seven weeks since, the head of the fibula had been removed in hospital. On cutting down to the joint, pieces of bone and cartilage were found carious, necrosed, and eroded; but no communication had at that time become established with the knee-joint, by sinuses or otherwise; although considerable disease of integuments and tissues was manifested. After this operation, for a few weeks the knee-joint improved. Then a deep abscess formed amongst the tissues, communicating with the knee; and sinuses were also formed in the surrounding integuments and tissues. Mr Hilton performed the flap operation, under chloroform, at the lower third of the thigh, on the anterior and posterior aspects of the limb, in the usual way. Suture and water-dressings applied. Upon examination of the joint, the cartilages were gone, and bones diseased; but no communication existed with the fibula, as suspected.

Necrosis of Tibia—Removal of Bone.—Mr Hilton.

This patient had received extensive injury of the leg at its middle and lower third—abscesses formed, and several sinuses amongst the integuments and tissues, but no communication with the ankle-joint. After administration of chloroform, Mr Hilton made an oblong incision upon the anterior aspect of the tibia of between three and four inches, then a crucial one. On dissecting the flaps, he removed a piece of dead bone, about one inch long and one inch broad, with elevator and nippers, and then a smaller portion.

Tuesday, July 24th.

Amputation of Leg—Amputation of Conical Stump of Arm.—Mr Hilton.

The amputation of leg was done for extensive and long-existing disease of ankle-joint. This patient, an emaciated, bad subject, was operated on in the usual manner by the flap operation on the anterior and posterior aspects of the limb.

Conical Stump.

This patient, a young woman eighteen years of age, had the arm removed by amputation when a child, and it appeared to have formed a good stump. As the girl advanced in years, outgrowth of bone occurred—the bone continuing to grow after muscles and tissues had ceased; and the bone extended about an inch and a quarter beyond a mobile and well-looking stump, in all respects free from disease, deformity, or any signs of retraction. In consequence of this outgrowth, an extension of the thin cuticular tegument over end of the bone, by drawing the nerves with it, had induced great irritation and neuralgic pains: failure of health resulted. This stretched integument showed over it a blush, with a few inky spots here and there; indications of degeneration of tissues at those points, probably implicating the extremities of nerves. *Operation.*—Incision at end of the stump on each side of bone to give side flaps; sawing off bone about an inch within the stump, by dissecting back and retracting the muscles and integuments.

(*a*) 'Memoir of John Hunter.'

(*b*) A new edition of Mr Hewson's work 'On the Properties of the Blood' has been recently edited by Mr Gulliver.

ST THOMAS' HOSPITAL.—July 20th, 1860.

Lithotomy—Lateral Operation.—Mr Solly.

This patient, a fleshy, vigorous-looking man, about fifty years of age, in tolerably good apparent health and condition—Mr Solly thought he had been of free habits of living—was on the preceding week brought into the operating-room, and the lithotrite applied without discovering the stone. The stone was easily sounded to-day. Under the influence of chloroform, the lateral operation was done, in the same way as last week, by Mr Le Gros Clark, with a common knife for the external incision, and beaked knife to pass through the grooved staff into the bladder. In this case the beaked knife used was longer, straight, and not so convex on the edge. The stone (small) was brought away in two pieces with some delay and slight difficulty, appeared to be of phosphatic crust, and lithate of ammonia nucleus. Little hæmorrhage attended the operation, which was favourably over. This patient died at 3 o'clock p.m. on the following day. The boy operated on by Mr Le Gros Clark the preceding week goes on well.

KING'S COLLEGE HOSPITAL.—July 21st.

Removal of Diseased Lymphatic Glands—Resection of Elbow-joint—Amputation of Ankle-joint; Pirogoff's Operation.—Mr Fergusson.

Removal of Diseased Lymphatic Glands.

The lymphatic glands, extensively diseased in this patient, were situated below and partly upon the parotid gland, and directly over the carotid artrey; they had become hardened and enlarged. Mr Fergusson stated that, if left, they would have increased much in size. This operation, he said, was formerly called "extirpation of the parotid gland." Although seated near or upon, they had nothing to do with the parotid gland. He said this might have remained, perhaps, five years longer. After a certain time, the active or acute state of disease in these glands subsides into a passive, chronic condition; but, if left till much enlarged, from their position upon the carotid, Mr Fergusson said they would be dangerous to remove, and would go on to form deep-seated chronic abscess, or proceed to rapidly-extending ulceration. It is an awkward affair to detach and remove diseased and indurated lymphatic glands from such a locality; and the condition of ulceration they may assume is, if possible, even more embarrassing. Under the most favourable circumstances, they require to be very carefully dissected away. Mr Fergusson showed an extirpated gland. He remarked that, having no capsule, they require nice dissection in their removal. He said, "You saw in this wound a portion of a gland not removed, which I cut away afterwards. This patient desired not to have chloroform administered; but I gave it, to avoid delay from struggling in so delicate an operation. In the previous case of fistula—a slight operation—I did not give it, thereby avoiding what little danger attends the administration of chloroform."

Resection of Elbow-joint.

The patient, an intelligent-looking boy, about sixteen years old, of good appearance and condition, had disease extending amongst the soft parts and tissues into the elbow-joint. Mr Fergusson remarked that it showed more disease at present than it would upon much longer duration; being now in a state of active disease and inflammation,—if it remained five years or any longer period, it would exhaust itself, and become succeeded by a chronic state of disease. He further said, the longer the patients live, the diseased action becomes gradually more exhausted, and wears out. With it the system also becomes worn out; but they may survive for twenty years, and may even then be operated upon. This patient had suffered great pain, the indications of which might have been noticed in the careful way the boy carried his arm on coming into the room. By this operation of resection, you get what is called a false joint; osseous union is prevented, and a ligamentous capsule is formed amongst muscles and mobile tissues, which gives a greater sphere and limit of motion than by anchylosis, or osseous union, and we gain a useful limb.

This was a curious case. The cartilages were sound; there was no disease of cartilage. The synovial membrane had begun to be inflamed. Bones are rarely diseased—in short, they are never considered to be so—when cartilages are sound, and especially if the synovial membrane is not diseased. These diseases are generally considered to be curable. If you wait ten or twenty years, patient surviving such long suffering, you might have a cure of limb, but perhaps, and more likely, a loss of life. If the first, it would be with an awkward limb and stiff joint. In this case, incipient disease of synovial membrane already indicates future degeneration and disease of heads of bones. Mr Fergusson operated by the single incision, which seems now to be the mode preferred. He cut, guided by the line of sinuses, down to, and dislocated the elbow-joint; removed, with saw and nippers, the extremities of the bones, the condyloid of humerus, olecranon of ulna, and head of radius. The tissues and soft parts were extensively diseased. He said, in some parts of Britain this practice of resection in infirmaries is known nothing of to this day, and has never been heard of. Amputation goes on, or, all at once, we hear of an isolated case of resection which has been performed after twenty years of suffering which might have been avoided. We had a man who had his elbow-joint cut away at this hospital, who afterwards became a good sailor. Another case, a shoemaker, undergone this operation of resection of elbow-joint, became afterwards a good Crispin; and another, a young woman, became a good sempstress. These triumphs of surgery cannot be too highly cherished.

Amputation of Ankle-joint—Pirogoff's Operation.

This operation has received more notice and discussion than M. Pirogoff could have dreamed of. An operation which he has relinquished as a failure, or as not a safe one, has set all surgical Britain by the ears and caused plenty of ink as well as blood-shed. The want of faith of M. Pirogoff in his own operation may be probably explained by cases of frost-bites, of frequent occurrence in Russia, being cases upon which he may have declined to operate by the calcanean section. The low circulation and vitality in such cases might justify his want of confidence. But the controversy so much bruited is within small limits, and the envious rivals to whom the eminent Russian surgeon relinquishes his honours are really fighting for a shadow.

Some perform a given operation better in one way, and under particular circumstances, than another; and very few eminent surgeons slavishly copy or implicitly follow the mode of any other operator. The bone of contention in this operation has been between Dr Eben Watson, on the one hand, and Mr Syme and Dr Pirrie, of Aberdeen, on the other. It has turned upon the mode of operating *with* or *without disarticulation* of the ankle-joint. When the conditions of disease of the joint will permit, a better and quicker operation may be done without disarticulation than with dislocation, and a cleaner stump be given. It takes some time to dissect the skin of the heel from the os calcis. Perhaps greater safety may be also obtained for the arteries; but this is a matter for prompt decision during operation, and to be decided *sub litem*.

Pirogoff's is a more rapid operation than Syme's, and parts of low vascularity and vitality are less compromised and disturbed. It also gives a longer stump, and firmer, larger, and better pad to bear upon. The portion of calcaneum left on flap makes full 1¼ inch difference in length of limb; the difference between the amputated and sound limb being only at most half an inch. Mr Fergusson operated upon a woman about twenty-five years of age, under *narcotism*, in the usual way. He made the section of the os calcis from below upwards, instead of from above downwards, having

first disarticulated the joint. A larger portion of calcaneum was preserved than by Pirogoff; but Mr Fergusson found it desirable to slice off a small portion more, and also to gouge out a soft part of diseased os calcis. He then sawed off the articulating surface of the tibia and extremity of fibula, and both malleoli, and brought up and held the posterior flap *in situ* by ligature, applying water-dressings. Mr Fergusson spoke highly of M. Pirogoff and his operation. He observed that in this case the bones were very brittle, very little calcareous matter being deposited, which makes them soft, as he showed by cutting into them. He said this was not disease, but resulted from the limb having been out of use for a length of time, and in consequence a sluggish secretion of calcareous matter.

GENERAL CORRESPONDENCE.

THE BATH.—HOT AIR *VERSUS* VAPOUR.

To the Editor of the Medical Circular.

SIR,—Having personally observed the construction of the improved form of hot-air bath built by Dr Barter, and experienced its salutary influence, I can recommend any medical gentleman disposed to patronise and support these improved thermo-electrical baths to visit Dr Barter at Blarney, where he can see the imperfections of the first Turkish bath constructed under the direction of the gentleman who was the first to introduce them into this United Kingdom, and the improved form since erected, and then judge by comparison. The first bath erected being found imperfect, the remains of a Roman bath of ancient Britain were examined, from which Dr Barter was enabled to introduce the mode of heating adopted by the ancient Romans, and to abandon that Turkish innovation of admitting vapour. The question next to be considered is—Are hot-air baths to be preferred to vapour baths? In other words, is the ancient Roman hot-air, "dry-vapour" bath to be preferred to the modern Turkish humid-air or vapour bath? Which of them will aid Nature most in her efforts to eliminate morbid matters—pestilential poisons—from the blood? Which of them can refer back to the most glorious history—that of Rome or of Turkey? It is true that there were abuses in the ancient Roman, which the "Reformed Roman bath" will avoid and correct.

A few physiological facts established by experiments seem to me to decide in favour of the ancient, or rather the Reformed Roman hot-air bath, and against the modern or humid-vapour or Turkish bath, which I venture to submit for your consideration and that of your readers. It appears that the President of the Dublin College of Physicians, referring to the "deficiency of vapour" in these improved baths, considered this "a dangerous and serious mistake;" but, when rectified, he stated that "these baths will become most useful medical adjuvants." He published this opinion upon the report of another doctor, not in practice, without having personally inspected these baths. Such a statement can have little or no weight, until it be supported by personal observation and experience.

The great capacity of water and the little capacity of air for caloric is an important fact worthy of notice. It will take one pound of coal to heat one cubic foot of water one degree, and the same quantity of coal will heat 2,850 cubic feet of air one degree; which shows that water has a vastly greater capacity for caloric than air.

If ice (temperature 32°) be dissolved, its water, remaining at 32°, will absorb 142° of caloric, which becomes latent—lost in the change from ice into water.

When boiling water at 212° evaporates into steam or vapour, and remains at the same degree of heat, it will expand into 1,700 times its bulk as water (Pereira), and absorb and render latent 100,8° of caloric without any increase of sensible heat (Fownes). Here we have an example of the enormous capacity of water for caloric, and of the cooling power of evaporation.

For further proof of it:—The hygrometric thermometer was placed in the hottest room of a hot-air bath, in which the dry bulb indicated 150°, and the wet bulb 98°; but when water was poured upon the floor of the hot-air chamber, it became charged with vapour in consequence, and the wet-bulb thermometer was raised to 150° of heat, because the cooling process of evaporation was prevented. The human body, three-fourths of which is supposed to consist of water, represents the wet-bulb thermometer; so that whatever prevents the evaporation from respiration and perspiration must increase the temperature of the body. Dr Marshall Hall stated that respiration and perspiration are cooling functions. It is also estimated that if evaporation from the living body could be completely obstructed, the animal heat would in a few hours be accumulated and increased to the boiling point of water; but this being incompatible with life—impossible, it can only be estimated. Had the learned President of the College of Physicians reviewed this question with the scientific light I have now furnished, he never could have recommended a bath charged with vapour to be preferred to one of pure dry hot air, when taken with all the prudent precautions suited for each particular case, which are so scientifically prescribed in the bath rules or instructions that I have read in those establishments. For instance, if the bather feel any unpleasant fulness or pain of head, or difficulty of perspiration—dry skin, he is treated, like the wet-bulb thermometer, to some warm water poured upon his head and body, the evaporation from which into the dry hot air cools and relaxes him into a more pleasing and agreeable condition: but if the whole atmosphere of the hot room were charged with vapour, there could be no cooling evaporation; the animal heat should then increase to a fever heat; there could be little or no elimination of morbid matters—animal poisons—from the blood in such a sad state as this.

I perceive, in your Journal of yesterday, a report from the 'Transactions of the Academy of Medicine,' of a new system of bathing, by means of an hydraulic apparatus—"a hydrofère bath," which Dr Sales-Gilons has used for reducing water into spray, and in that condition to be introduced into the lungs. I shall only observe that whenever novel notions run contrary to the immutable laws of Nature, they may live, like French fashions or follies, for a day, but they can never stand the test of time. The stomach is the organ destined by Nature to receive food and medical remedies; the lungs, to discharge morbid matters, and to receive the pure air of heaven, which no proud philosopher of Nature can improve by any amount of spray beyond that which Nature supplies. I have just shown that if we overcharge pure air with an excess of moisture, we must obstruct the elimination of carbonic acid poison, and of other morbid matters, and prevent the purification of the blood by respiration from the lungs. Surely this hydrofère spray bath will not increase the elimination of carbonic acid poison from the blood through the lungs, which, Dr Marshall Hall stated, decreases after thirty years of age and under the influence of alcoholic liquors, and ceases entirely during collapsed cholera, because there is no animal heat or carbonic acid generated in that disease. The hot-air bath seems well calculated to eliminate carbonic acid and other animal poisons by respiration and perspiration, and thus aid Nature in her own efforts to purify the blood, "the life of the flesh."

The experiment by Berger and Delaroche throws clear scientific light upon this question of evaporation from hot dry air.

They introduced a porous vase, containing two wet sponges and a frog, into a furnace at 126°—143°. The temperature of the sponges and vase was previously raised to 101°—105°; that of the frog was 70°. After fifteen minutes the temperature of the vase, sponges, and frog was uniform—that of the blood, and remained so for two hours, so that the vase and sponges *fell* about a degree and a half and the frog rose 29° in fifteen minutes, and all three remained at from 20° to 45° *below* the temperature of the furnace, thereby showing the cooling influence of evaporation produced by high heat. It is on this principle that ices are baked. The ice being enveloped in pastry, the evaporation from the latter, on being baked, is sufficient to keep the ice cool and solid; so that the epicure, after thrusting his tooth through a burning crust, may cool his tongue in ice. (G. H. Lewis.) Evaporation of fluid is the most powerful means of producing artificial cold: for instance, when carbonic acid gas is condensed into a liquid and allowed to escape from a narrow aperture, the intense cold produced by the evaporation of a part freezes the remainder into a solid snow. (Fownes.) It is estimated that if evaporation from the living body were completely obstructed, the animal heat would in a few hours be increased to that of boiling water; but this high heat, being incompatible with life, can never be shown.

Having read your able review of Dr Markham's work on 'Diseases of the Heart,' I fully subscribe to your scientific sentiments, that "Medicine is on the threshold of great improvements." "Disease is not to be cured by drugs alone; but whatever influences the varied functions of the human body, is the philosophical way of regarding the practice of Medicine, and provides the only weapon that will extinguish quackery and prejudice." The Professor of Medicine of the Oxford University declared that to separate the study of Physiology—*i. e.*, the Science of Nature—from that of Medicine, was to reduce the latter to a mere empiricism." In Ireland an empirical prejudice seems to be industriously circulated by some few Medical Practitioners, who ought to know better, against the "Reformed Roman or Oriental Bath"—that of ancient Britain, although it is based upon sound scientific truth—"magna est veritas et prevalebit." This bath is not put forward as a panacea, but as one of the friendly allies of Nature, to *aid her* in the varied functions of the human body, and in her efforts to eliminate morbid matters; for she, after all, is the physician of all diseases; let no man usurp her powers or resist her efforts. I have seen some few patients maltreated for heart-disease by bleeding, blistering, and mercurials—a practice now deservedly exploded. I was called to one whom I saw dissolving down under mercurial alteratives and a perpetual blister over the heart for six weeks, given up to die in two days, but who overcame the mercurial poison and the prediction, which were given up for tonics, &c., iodide of iron having replaced iodide of mercury, &c. &c.

I perceive in a Dublin paper, the 'Warder,' 14th July, a letter from a surgeon, dated Chincha Islands, Peru, in which he dwells upon the impropriety of sending consumptive patients to Australia, in the forlorn hope that such a long voyage would improve their condition, whereas it only aggravates their state, and pronounces it a cruelty to send such patients in the last stage away from home, comfort, and the sympathy of friends, to perish miserably on board ship, in a cold, moist ocean atmosphere. "They, no doubt have a constant 'hydrofère spray bath.'" He concludes—"The insertion of this letter in your (Dublin) paper may be productive of much good, for the majority of the patients who fell under my care were Irish, chiefly from Cork and Dublin."

Here is a warning to those medical men how drive their patients out of sight, beyond the seas, to foreign climates, although they can have at home a warm atmosphere in a hot-air bath, better adapted to the physical strength and the pecuniary circumstances of each particular case, and which is found by experience to have such a beneficial influence in renovating the constitutions and recruiting the health and strength of many invalids.

In the hot-air bath, cold water to drink and hot air to breathe are the natural elements to promote perspiration, to purify the blood, and to cool the body by evaporation from the surface.

I am, &c.,

Sligo, 26th July, 1860. J. TUCKER, M.D.

THE DIETARY OF THE IRISH WORK-HOUSES.

To the Editor of the Medical Circular.

SIR,—As I observe by the newspapers that Mr Maguire, during a discussion which took place in the House of Commons the other day on the Poor-law Relief (Ireland) Bill, very forcibly and most judiciously called the attention of the House to the wretched state of the pauper children in the Cork Workhouse, wishing to know the cause why hundreds of the children in that establishment were suffering from scrofula—recommending that further Medical inspection was urgently required to ascertain the nature or cause of the calamity, and proposing that in all cases five out of the ten inspectors should be Medical men,—may I beg leave, through the medium of the MEDICAL CIRCULAR, to express my humble opinion as a Medical man, and to state that the principal cause why so much scrofula prevails

amongst the children confined, not only in the Cork Union Workhouse, but every other workhouse in Ireland, is through a niggardly and mistaken economy on the part of the Poor-law Guardians? There is not a morsel of animal food, fish, or flesh of any kind allowed to the poor inmates of our Irish workhouses from one end of the year to the other; so it is no wonder that scrofula should prevail to so great an extent amongst so many helpless and unfortunate children as are doomed to stop in them; and I consider that it would be a very great benefit, and even a kind of real luxury, to a great many of those poor creatures, were they only to be allowed a little dried fish, or salt herrings even, occasionally, instead of the cold, insipid, milk-and-watery sort of diet that is only afforded to them at present. This could be done at a very trifling expense to the Poor-law Guardians. But a great many, Sir, harbour the opinion that salt fish of every description is bad or injurious to the blood of children—a very erroneous opinion indeed, as far as my experience in the matter goes. No—salt herrings even, the most plentiful and cheapest of all kinds of fish, are both salutary and invigorating to the systems of those pale-coloured and emaciated children, and act also as a most powerful check upon the tendency towards scrofula and serous deposits. The poor of this country, and the Medical Profession, are under a deep debt of gratitude towards the right hon. gentleman, Mr Maguire, for having brought this very important subject so ably and prominently before Parliament. Yours, &c.,

AN IRISH SURGEON.

[This subject was referred to some months ago in the MEDICAL CIRCULAR. The condition of the paupers in the Cork Workhouse is disgraceful to a civilised community. Red herrings would no doubt be a "real luxury;" but animal food is a real necessity (not, however, in the living form of "carouges"), and the children ought to be provided with it.—ED. MEDICAL CIRCULAR.]

OUR NOTE BOOK.

INDUCTION OF PREMATURE LABOUR.

In the 'Louisville Medical Journal' for February, Prof. Henry Miller has an article upon the induction of premature labour and abortion, with cases. We refer to it for the purpose of quoting his method of using the *uterine douche*. He says, "For this purpose an apparatus was constructed according to the directions of the German Professor (Kiwisch), with only a slight and important variation, consisting of a tin box ten inches square, holding about four gallons, with an india-rubber tube, twelve feet long, attached to the bottom of the tin box by a screw and nut, and having a metallic tube, six inches long, affixed to its other extremity—the end of the metallic tube being fashioned like the nozzle of the common enema syringe. Instead of arranging the apparatus to act on the principle of the siphon, as recommended by M. Kiwisch, a stop-cock was adapted to the india-rubber tubing, about two feet from its metallic end. To put the apparatus in operation, the box must be suspended on a nail driven into the wall, near the ceiling of the room, say nine or ten feet above the floor; the india-rubber tubing must be screwed on, and the stop-cock turned, so as to prevent the flow of the water till it is wanted. The patient takes her seat on a stool placed in a bath-tub to receive the water; the metallic nozzle is introduced into the vagina, and in contact with the os uteri, and the tin box having been previously filled with water, the stop-cock is turned, so as to pour a continuous stream upon the os uteri until all the water in the box is discharged." Prof. Miller uses the water warm at first, and, if need be, subsequently alternates cold and warm. In the successful case reported, the douche was used but once on the first day. On the second, third, and fourth days, it was used twice each day. On the fifth and sixth days he used warm, and then cold immediately after, using the warm and cold douche each twice each day when labour set in.

The fact that the douche will sometimes fail in inducing labour, and the number of times it has to be repeated before success crowns the effort, will always operate against this procedure. We prefer the separation of the membranes, which can be done at one sitting, is usually safe when properly performed, and is always successful.—'American Medical Monthly.'

INFLUENCE OF THE MOTHER'S MIND ON THE FŒTUS IN UTERO.

In the 'Nashville Journal of Medicine and Surgery' for February, Prof. John M. Watson has an able article upon the influence of the mother's mind on the fœtus in utero. He believes the mother's mind may, under certain circumstances, produce changes in the organisation of the embryo in her womb, and the reasons for his faith are well stated. We have not the space to follow his arguments, and will content ourselves with stating his fifth and sixth propositions:—"5. The mind, when improperly employed, may develop premature puberty, premature ova, and premature menstruation, to which may succeed premature conception; and all the energies of both soul and body being directed to this uterine function, may not certain images, under strong mental excitement, be transferred to the embryo? Seeing that the mind can exert such remarkable and undeniable influences over the female organism, may I not add a sixth fact? 6. That the embryo is sometimes altered or changed in its organisation in various ways, through the mother's mind or imagination; or shall we admit the influence of the mother's mind over her in every other respect, and then exempt the organisation of the embryo from its influence?'—'American Medical Monthly.'

TRANSFUSION.

In the 'Chicago Medical Journal' for February, Prof. Brainard reports a case of amputation of the thigh in a feeble subject, in which life was temporarily saved by transfusion of blood. He says: "In order to obviate the danger from loss of blood, I had an assistant hold a bowl under the member at the moment of the incision; in order to catch the blood, and stir it, so as to separate the fibrin, the bowl was placed in another containing water at the temperature of 98°. When the bone had been sawed, and the small vessels secured, the patient appeared to be dying from syncope. I then fixed the tube of the transfusion syringe into the femoral artery where it had been divided upon the stump, and the syringe at the proper temperature; I charged it with the defibrinated blood, which had been actively agitated, so as to be of a bright red colour, and threw gently into the artery nearly all the blood which had been secured. A light tremulous movement followed, and for about a minute no change was perceptible; but at the end of this time the respiration and the action of the heart became more regular, and he was soon as well as before the operation. The blood thrown into the artery was just two ounces." We have space only to quote another practical remark in this connection. Prof. Brainard says: "The choice of the artery instead of a vein for the transfusion was made for these reasons: 1st. It obviates the danger of fibrinous clots passing to the heart. 2nd. It diminishes the danger of air-bubbles passing to the heart. These are the great dangers of transfusion." — 'American Medical Monthly.'

TONGUE REMOVED BY THE ECRASEUR.

In the 'New Orleans Medical News and Hospital Gazette' for February, Dr S. Choppin reports a case of removal of the tongue, for cancer, with the *écraseur*. The operation lasted fifteen minutes, and was accompanied with no hæmorrhage. The operation is usually accompanied with considerable hæmorrhage, and it is highly probable that the *écraseur* is, in such cases, a valuable surgical appliance.

WESTMINSTER HOSPITAL.—The Prizes, Certificates of Honour, and Medals, awarded to the successful competitors in the Medical School of this Hospital, were distributed in the Board-room of the Hospital on Tuesday last. Lord Charles Russell, one of the Vice-Presidents of the Hospital, presided, and, after a few appropriate remarks, distributed to the following gentlemen the rewards of their diligence and industry:—Mr F. Little—Certificate of general proficiency in subjects of first year's study. Mr A. W. Edis—Certificate and Silver Medal, for proficiency in subjects of second year. Mr F. P. Edis—Certificate and Silver Medal, for proficiency in subjects of first year. Mr A. W. Edis—Prosector's Prize Case of Instruments. Mr Wilson—Special Certificate for Anatomy. Mr Wilson—Special Certificate for Physiology. Mr Kempster—Special Certificate for proficiency in Physiology. Mr Wilson—Mr Clendon's Prize of Dental Instruments for proficiency in Dental Surgery.

SIR J. OUTRAM'S MINUTE
ON THE INDIAN MEDICAL SERVICE.

[We publish with much satisfaction the annexed Minute on the subject of the amalgamation of the Royal and Local Medical Services in India. As a part of a general question of vast political importance, it is no part of our duty to express an opinion upon the policy advocated by the writer; but we feel that the Profession generally are under an obligation to Sir James Outram for his generous testimony to the "noble and ill-used Service" whose particular interests he defends.]

67. There is one class of officers in respect of whom I would fain make a special appeal on this score, as they are a class which, to our disgrace be it said, has been treated with singular harshness and illiberality, alike by their Military and Civil superiors. I allude to the Officers of the Medical Department,—a body of men who not only are unsurpassed by any other body in the Service for professional zeal and skill, gallantry, and devotion to their duties, but have especially distinguished themselves by the success with which they have cultivated general science, and the earnestness with which they have applied themselves to the promotion of education and other philanthropic objects. These men, especially those of the Bombay Establishment, have been treated by us with such unfairness, that a late Physician-General of that Presidency, a man whose name is held in honour both in and out of his Profession—I allude to Dr McLennan—felt himself authorised to assure the late Lord Frederick Fitzclarence, that had any officer treated his dog-boy in the manner in which the Court of Directors and Board of Control had treated the Medical Service, he would have been brought to a court-martial and cashiered for dishonourable breach of faith. The Physician-General's illustration was a strong one; but, after explanation, its justice was admitted by the Commander-in-Chief, who thenceforth felt as warmly on the subject as the head of the Medical Department.

68. In behalf of this noble and *ill-used* Service, Lord Dalhousie made a generous interposition; and though his Lordship's efforts were at the time unsuccessful, his appeal was so forcible, and his general views have been so earnestly and ably supported by Lord Canning, that justice cannot long be denied them if the Army of India be kept a local one. But to the Medical Service amalgamation would be ruinous.

69. Than Dr Alexander, the Director-General of her Majesty's Medical Service, I am sure that no worthier or more honourable man exists. But he is only a man—of finite knowledge and human feelings. He knows the officers of his own Service—he knows that many of them are eminently deserving of that promotion which at present it is not in his power to bestow, but for which amalgamation would afford an opportunity. And, not knowing the men in the local Army, his partialities would needs be in favour of the men of his own Service, to an extent that would prove ruinous to the just claims of the Medical Officers of the local Service. And even if he should deem it his duty, on the first opportunity, to promote to higher grades those Medical Officers the seniority rules of whose service prevented their obtaining promotion for the same services as secured promotion for their more fortunate brethren of the Royal Army—the very number of promotions that have recently been made to the grade of Deputy-Inspector in the Royal Service would, for a considerable length of time, prevent him doing justice to those of the local Service whose names had been honourably mentioned by the various Generals commanding in the field. And ere these arrears of promotion were disposed of, the claims of those in whom as members of his own Service he naturally feels more interested would have again accumulated and pressed for favourable notice.

70. Amalgamation, then, would prove injurious to the moral claims and legitimate expectations of the Military and Medical Officers of the local Service to an extent which only very urgent public necessities could justify; and I have endeavoured to prove not only that no necessity has arisen for destroying the local character of the Indian Service, but that its destruction would, in many ways, be productive of injury to India. But I would not be understood as claiming for the offi-

cers of the local army any exclusive right to Staff employ. And in Appendix B to this Minute will be found a scheme, the adoption of which would secure for the various Staff and departmental offices of the State an amount of general professional and special Indian qualification of very high order. Throw these appointments open to expectant officers of the line equally with local officers, and this probably would tend, more than any other possible arrangement, to make Indian service popular with line regiments. The fullest and purest competition of a practical—not a pedantic—nature would be introduced; and the best men would be preferred to the best appointments. The efficiency of the whole Indian Service—line and local—would be increased; no new burdens would be imposed on the people of India that did not bring commensurate advantages; and no injustice would be done to those six thousand gallant and honourable gentlemen who have long, and faithfully, and successfully toiled in this land of exile.

APPENDIX B.

76. Medical appointments to local service to be by competition, as at present.

77. Medical Officers of the local forces to undergo the same course of instruction at the Military Clinical Schools, as Medical Officers of the Royal Service.

78. Their period of service to reckon from the date on which they are gazetted as successful competitors for Medical appointments.

79. To receive a free passage out to India.

80. To be equally with military officers eligible for all the appointments enunciated in paragraph 74.

81. Surgeons and Assistant-Surgeons in Medical charge of political offices and residences to be permitted, if so minded, to enter as probationers in the political department; and on passing a satisfactory examination to be eligible for permanent employment in that department.

82. When the exigencies of the Service permit, Medical Officers, having served two years in India—who have passed the Interpreter's examination in two Indian languages—who can produce testimonials from their military and professional superiors of undeviating good conduct, personal and professional—and who may believe themselves possessed of special aptitude for civil duties, to be permitted to attach themselves to a collector's or a magistrate's office for two years in the character of a probationer on the regimental pay and allowance of a lieutenant; and on creditably passing the same examination as is prescribed for civilians, to be eligible for permanent employment in the civil service of the State.

83. Under the same conditions to be permanently attached to the Public Works Department.

84. All Medical Officers who, after qualifying for employment in the Civil or Public Works Department, shall elect to be permanently attached to these Departments, and all Medical Officers appointed to the offices enumerated in paragraph 74, to be placed on a separate "List of Medical Officers on permanent extra Professional Employ;" their promotion to the (honorary) ranks of Surgeons and Surgeons-major, to proceed as if they were still on the effective list; their retiring pensions, as well as subscriptions to, and claims on, the Military Fund, to be regulated by their honorary rank; but their connection with the Medical Retiring Fund to cease on removal to the non-effective list—the amount of the actual payments already made by them being refunded without interest.

85. So soon as the state of the public finances permits, the following appointments to be made, for which Medical Officers shall be alone eligible:—

(1.) "Minister of Public Health" for each of the Presidencies, whose duty it shall be to exercise a surveillance over the sanitary (Civil) arrangements throughout the Presidency.

(2.) A "Sanitary Commissioner" for each Collectorate, whose duty it would be to devote his entire time to the sanitary welfare of the different towns and villages of the Collectorate (and to the performance of vaccination) under the control of the Minister of Public Health.

(3.) A "Sanitary Inspector" for each division of the army, whose duty it should be to devote his whole time and energies to the sanitary arangements and requirements of the various cantonments, barracks, forts, &c., within the division, under the orders of the superintending Surgeon.

(4.) A "Commissioner of Lunacy" for the whole of India, under whose general control all the Indian Asylums should be placed, till by the multiplication of these institutions sufficient duty be found for a Commissioner of Lunacy for each Presidency.

(5.) A "Registrar-General" for each Presidency, whose duty it should be to collect, tabulate, and analyse the vital statistics of India.

86. All the advantages above offered to the Military and Medical Officers of the Local Force to be extended to the Officers of the Royal Army so far as may be consistent with the Rules of the Royal Army.

THE MEDICAL ACT AMENDMENT BILL.

[CIRCULAR LETTER.]

London, July 27, 1860.

DEAR SIR, — We have much pleasure in announcing to you that the obnoxious clause has been struck out of the Medical Bill.

In our former note we were in error in assuming that it had passed the House of Commons. We were in time to get the alteration made at the third reading.

We are indebted to Lord Derby for our success; but Lords Chelmsford and Ebury most kindly intended to oppose it in the Lords.

The only other provision in the Bill of any interest is to render the office of President of the London College annual.

We received so many and such satisfactory replies to our former Circular, that we have deemed it proper to form ourselves into a permanent Association, designated "THE ASSOCIATED LICENTIATE PHYSICIANS."

A Subscription of 5s. per annum constitutes a Member—this will meet our necessary expenses, and enable us to communicate by circular any information we may obtain touching our interests. You will probably have observed that the Medical Press has failed to impart to its supporters a single word of warning of the attempt to deprive us of our legal rights.

We hope this step will meet your approbation, and that we may enter your name as a Member of the Association.

The Subscription may be forwarded in Postage stamps, or by Post-office Order, either to Dr JOHN GARDNER, 23 Montague street, W.C.; or to Dr DE LISLE ALLEN, 18 Hunter street, Brunswick square, W.C.

At a meeting on the 24th inst., a Committee was formed, of which every resident Licentiate in London may become a Member, and also any Country Member who may be in town on the days of meeting.

It was resolved at the meeting to take up the matter of titles, and we shall esteem it a favour to be informed of your views on the subject.

Your obedient servants,

JOHN GARDNER, Chairman,
23 Montague street, W.C.
DE LISLE ALLEN, Secretary,
18 Hunter street, Brunswick square, W.C.

By order of the Committee.

Births, Marriages, and Deaths.

BIRTHS.

FITCH.—On the 26th ult., at Chaddesley Corbett, near Kidderminster, the wife of Dr Fitch, of a son.

STEVENS.—On the 27th ult., at Biggleswade, Bedfordshire, the wife of Chas. P. Stevens, Esq., F.R.C.S., of a daughter.

ASHDOWN.—On the 30th ult., the wife of Geo. Ashdown, Esq., M.R.C.S., Northampton, of a son.

HALE.—July 17th, at Barrow hill, Staveley, near Chesterfield, Derbyshire, the wife of Thomas Fredk. Hale, M.R.C.S., L.A.C., of a daughter.

MARRIAGE.

DEAS—HEPBURN.—On the 31st ult., at Hollycot, Lasswade, Dr David Deas, C.B., &c., Inspector-General of Hospitals and Fleets, to Margaret, youngest daughter of the late William Hepburn, Esq.

DEATHS.

ATKINSON.—July 31, at New Cross, William Bold Atkinson, M.R.C.S. Eng., late of Margate, and of the R.M. West India Steam Packet Company's service.

BANKS.—July 19, at Newport, Barnstaple, Howard Ralph Banks, Surgeon Royal Navy, M.R.C.S. Eng., late Surgeon H.M.'s ship 'Cumberland,' Sheerness, aged 44.

BELL.—July 15, at Malvern, Worcester, suddenly, F. Bell, Esq., M.R.C.S., of Aldborough, Suffolk.

COLLINGWOOD.—Recently, at Greenfoot, Sebergham, Carlisle, William C. Collingwood, L.S.A. Lond, L.M. Edin.; late Surgeon H.M.'s steamship 'Bentinck,' aged 44.

DAVIES.—July 24, at Eldon row, Dolgelly, Griffith Davies, late of Canarvon, Student of Medicine, aged 19.

DAVIS.—July 22, at Pontypridd, Glamorganshire, Evan Davis, L.S.A. Lond., aged 51.

GAIRDNER.—July 24, at Northumberland street, Edinburgh, Susanna Tennant, wife of Dr Gairdner, F.R.C.S. Edin.

HENDERSON.—July 12, at Bankhouse, Stow, Edinburghshire, Robert Henderson, L.R.C.S. Edin.

MACLAGAN.—June 27, at Ruatan Bay Islands, Honduras, David Philip Maclagan, M.D. University of Edin., L.R.C.P. Edin., L.R.C.S. Edin., Assist.-Surgeon to H.M.'s ship 'Icarus.'

MACLARAN.—July 25, at No. 53 Schoolhill, Aberdeen, William Maclaran, M.D. Univ. Edin., L.R.C.S. Edin., L.F.P.S. Glasg.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS. — At the Comitia Majora, held on Friday, July 27th, the following members of the College were admitted into the Fellowship:—John Peet, M.D., Bombay; Alexander Armstrong, M.D., R.N., Hospital, Malta.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 31st ult.:—William Alban Atwood, Aberystwith, Cardiganshire; George Bartlet, Culsalmond, Aberdeenshire; Thomas Bell, Uppingham, Rutland; Robert Thomas Burrows, Westbourne park place; Edmund Walter Coleman, Portsdown road, Maida hill; John Mark Bernard Grant, Newcastle-on-Tyne; Francis James Hammond, Sherborne, Dorset; Joseph Hocking, St Ives, Cornwall; Frederick William Houghton, Portsmouth; James Francis Lovegrove, Maidenhead; Henry Thomas Marsh, Upton-on-Severn; Robert Rosier Merry, Hemel Hempstead; Alfred Monckton, Brenchley, Kent; Evelyn Pocklington, Walesby, Notts; John Williams Pridham, Llanelly, Carmarthen; James Scott Sequeira, Jewry street, Aldgate; Absalom Harvey Smith, Palermo, Canada West; Mark Batt Tanner, Exeter, Devon; Henry Tofts, Cambridge.—The following gentlemen were admitted Members on the 1st inst.:—Thomas William Blake, Hurstbourne Tarrant; Edmund Henry Camerford, Kilkenny; Joseph Thomas Cape, Cheltenham; Henry Charles Chune, Colebrookdale, Shropshire; Douglas John Dutton, Bristol; Charles Hilton Fagge, Guy's Hospital; James Joseph Foley, Cork; Charles Ferdinand Keele, Highbury; Isidore Bernadotte Lyon, Euston square; William James Mallett, Bolton-le-Moors; Courtney Nedwill, Magherfelt; James Reid, Exeter, Devon; John Smith Crosland Richards, Bedford square; Robert Harman Smith, Halifax; Francis Patrick Staples, Wexford; Arthur Edwin Hutchinson Trotter, Stockton-on-Tees; Edgar Beckit Truman, Nottingham; Richard Williams, Kingston Bagpuize; William Henry Williamson, Wimbledon.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, July 26th, 1860:—Benjamin Evans, Duffryn, near Newcastle Emlyn, South Wales; William Gimson Gimson, Walton, Leicestershire; Henry Lewis Harper, St Luke's Hospital; Edwin Matthews James, Shrewsbury; Arthur Samuels, Eldon place, Liverpool.—For Assistant:—Edward Lee Bailey, Maida vale.—The following gentlemen also on the same day passed their first examination:—Decimus Currie, King's College; William Date, King's College; Edmund Gwynne, London Hospital; Bartholomew Lumley, King's College; Frederic Meggy,

Guy's Hospital; Herbert M. Morgan, King's College; Thomas F. Morrish, St Bartholomew's Hospital; Richard Jones Owen, St Bartholomew's Hospital; Daniel Taylor, Bury, Lancashire.

APPOINTMENT.—Dr George Buchanan has been appointed Lecturer on Anatomy at Anderson's University, Glasgow, in room of his late father, Dr M. S. Buchanan.

DR ROBERT LEE has been appointed Examiner in Midwifery at the College of Surgeons, in place of Dr West.

DR WEST has been appointed Examiner in Midwifery at the University of London, in place of Dr. Rigby, resigned.

Dr MURCHISON has resigned the post of Assistant-Physician to King's College Hospital, and has been appointed Pathologist and Lecturer on Morbid Anatomy at the Middlesex Hospital.

ANNIVERSARY OF THE OPENING OF THE SUSSEX LUNATIC ASYLUM, HAYWARD'S HEATH.—On Wednesday, the 25th ult., the anniversary of the opening of the Asylum at Hayward's Heath was observed as a holiday by all the inmates and *employés* of the asylum. In spite of the many difficulties attending the opening of a new asylum and getting it into working order, the whole year has happily passed without one untoward accident. The general health of the patients in the asylum is excellent, and has steadily been improving. The bracing air of Hayward's Heath, and the excellent dietary, have combined to produce this result; and for the rest the unremitting care of Dr Robertson is to be cited as the chief cause of the satisfactory result attained. The numbers in the asylum have been steadily augmenting; and on the day of the anniversary there were 166 males and 205 females; total, 371. This number, we understand, will shortly be further increased by the arrival of the patients belonging to the City of Chichester. The asylum was lately inspected by the Commissioners in Lunacy, who recorded their most favourable opinion of all the arrangements and the management of the patients.

TESTIMONIAL TO A SURGEON.—A circumstance highly honourable to the poor, and to their medical attendant, has lately occurred at Barnsley, a parish in the Cirencester Union, Gloucestershire. Mr. Iles, surgeon, having resigned his appointment, the inhabitants of Barnsley, whose respect he had won by his skilful and assiduous attention to them when sick, presented him with a proof of their gratitude in the form of a handsome ormolu clock, with the following inscription:—"To Albert Iles, Esq., M.R.C.S., from the parishioners of Barnsley, Gloucestershire, in grateful acknowledgment of his unceasing attention, kindness, and liberality to the poor, as Medical Officer of the Cirencester Union. June, 1860."

THE JOHN HUNTER STATUE.—The Medical Profession in this country will learn with satisfaction that Mr South, the President of the Royal College of Surgeons, has received, through Dr Bowditch, of Boston, U.S., 45*l.* as a first instalment from the State of Massachussets towards the statue. Mr Weekes, the eminent sculptor, has already commenced his work.

THE THAMES at the present time (March, 1860) is fuller and cleaner than it has been for some years, mainly owing to the large rain-fall at the end of the last year and during the present year, and to the frequent agitation and consequent increased exposure of the water to the action of the air by the long prevalent gales. Dace and other fish, seldom of late years found below Kew, are now taken as low as Chelsea. The smelt has come up the river in unusual quantities to deposit spawn; and the fishermen from the Medway, the Lee, and other places in the lower part of the river, state that from the present purity of the water they are enabled to bring fish to Billingsgate, in their well-boats, without loss, whereas many were before destroyed by the polluted and comparatively still condition of the water at London.

APOTHECARIES' HALL OF IRELAND. — At the annual meeting of the General Council held, according to Act of Parliament, on Wednesday, August 1, the Governor, Dr. Madden, jun., in the chair, the following officers were elected for the ensuing year:—Christopher Shaw, M.R.C.S.E., Governor; Charles Holmes, M.D., Deputy-Governor; who, with the following Directors, constitute the Court of Examiners:—Dr Betty, Dr Bolland, Mr Collins, Dr Leet, Dr Madden, Dr Madden, jun., Dr McMunn, Dr Mulock, Dr. Nolan, Mr O'Flaherty, Dr Owens, Dr Shee, and Dr. Wyse.

SANITARIUM AT THE CAPE OF GOOD HOPE.—It has been finally resolved by the Indian authorities to institute a sanitarium at the Cape of Good Hope for invalid soldiers from India. This measure has long been debated, but, being resolved on, will be carried into execution without delay. Three hundred sappers are now undergoing a special course of instruction, with a view to fitting them for the nececessary duties in connection with the establishment of this extensive sanitarium. They will very shortly leave for the Cape of Good Hope.

VENTILATION.—A novelty in ventilation may be seen at 142, High Holborn, which appears likely to be beneficial in many cases which have hitherto been beyond the art of man. Unlike ordinary ventilation, which only changes the air of an enclosed place, by admitting the external air, which in populous places is fouled by smoke, dust, and every kind of impurity, this ventilation separates every kind of impurity from the air in its passage through the machine. The change is effected by forcing the air into extended contact with water, or with water containing disinfectants in solution. The process is founded on the natural law, that water has the property of heterogeneous adhesion for all substances that come in contact with it. Common observation and chemical analyis show that the descending rain brings down every kind of impurity of the air, and Mr White has ingeniously imitated this natural process. By means of various machines, he forces the air into contact with water in a manner that will be useful to the cottager in his sick-room, and that provides a luxury and means of health to the denizens of hot climates; for by his process the air can not only be purified, but cooled or warmed at will. The inventor has also pointed out, what has long been a desideratum with sanitary reformers, popular means of testing the amount of impurity of air, and thus the utility of his machine is made a matter of common observation.

PAY IN THE INDIAN ARMY.—In a late number of the 'Medical Times and Gazette,' I noticed an extract from one of my letters. I forward you more details about the pay and allowances of an Assistant-Surgeon of her Majesty's Army when on service in India. I fear it will be stale news, though. To give you a better idea I will contrast the pay of an Assistant-Surgeon of her Majesty's Army serving in India, with the pay of an Assistant-Surgeon of her Majesty's Indian Army. The following is the bill you have to send to the Paymaster of the Queen's Troops at the end of the month; and then you wait eight or ten days while your little account is being audited and pulled about by a lot of indolent natives before you receive the cash in new rupees. To get that money it costs me gurree or carriage hire, two rupees, sometimes four or even eight. Pay at a central station:—Pay and Indian allowance, 145 rupees 12 annas, or 14*l.* 10s. and a fraction per month; extra batta, none; regimental house-rent, 30 rupees, or 3*l.*; tentage, 50 rupees, or 5*l.*; palkee allowance, 30 rupees, or 3*l.*; total, 255 rupees 12 annas, or 25*l.* 10s. In England I drew 16*l.* 10s. for thirty days. A smaller sum than the above, to all appearance, yet really it was greater. I lived easier on English pay than I do on the Indian rupees, and you know I am prudent. My expenses are, per month:—Servants, including washing and everything relating to servants, 29 rupees; messing, 62 rupees; beer, &c. (indispensable), 21 rupees; moonshee, 30 rupees: total, 142 rupees. This list does not include horse expenses. Horse exercise, I may add, is absolutely necessary, as it helps to lessen the intensity of constipation, from which all Anglo-Indians suffer more or less. I have not included either price of quarters, cab hire, or extras (such as ice, brandy, dinners, tailors, who are awfully expensive here), and other things as necessary as the above. At the end of the month I can assure you I have very few rupees to spare. I forgot to mention, too, that you must also furnish your rooms, and when you are ordered off, sell at a loss. You must put up with being robbed right and left, and with your washerman, who also pounds your linen to rags in a fortnight. All these little things are never thought of by our Indian Nabobs, or else would their hearts have softened towards the hard-used, over-worked Assistant-Surgeon of her Majesty's Army. The pay of a friend of mine, an Assistant-Surgeon of the Indian Army, is 421 rupees a month. We ought, and shall, be better paid, for we run risks from diseases which kill more than the sword; and we have the same chance of carrying about a congested liver as have the servants of the Indian Government. Shameful to say, we are in the Queen's country and yet her noble Warrant is not recognised. I tell these things so that you may not, if you enter the Queen's Army, apply for Indian service as I did, with the idea that I should be better paid here than elsewhere. No one would come here for glory now, for the mutiny is over. If you wish to serve in India, serve in the Indian Army.—Extract from Letter of an Assistant-Surgeon of her Majesty's Army, May 20, in 'Medical Times and Gazette.'

APPOINTMENTS FOR THE WEEK.

Wednesday, August 8.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 9.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2½ p.m.

LONDON HOME.—2 p.m.

Friday, August 10.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 11.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, August 13.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, August 14.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

J. C. H.—Certainly.

CHIRURGUS.—Mr Fergusson and Mr Syme are, we believe, the only great surgeons who have frankly expressed their non-conformity with the general opinion about the superior advantages of the metallic suture. Our opinion is that there has been a great deal of exaggeration about the evils of the silk and the advantages of metal; and we are, at the same time, certain that the silk threads are much more easily applied in difficult situations. It is a satisfaction to find a man like Mr Fergusson giving his candid opinion, uninfluenced by fashion.

L.S.A.—The Bill will not affect your position.

A LICENTIATE.—We have done our duty; the responsibility of self-defence necessarily devolves on those whose interests are attacked. The present Bill, however, is not so important as supposed.

Mr H. JONES.—1st. Yes.—2nd. Yes.

M.R.C.S.—1st. No.—2nd. Undercliff, Isle of Wight, during the winter and spring would be eminently suitable.—3rd. There would be no advantage in going further south.

ALPHA.—We think your complaint justified by the facts.—2nd. There is no legal remedy.

Mr HODGES is thanked.

Dr H. T.—The publisher will attend to your request.

PATER.—Under the regulations now in force.

A SUBSCRIBER.—Yes; by examination.

MEDICUS (Brighton.)—The best remedy for psoriasis in its acute stage, that we know, is liq. potassæ, from forty minims to a drachm, diluted in half a pint of milk, three times a day. It is important to observe the proportions. Small doses are of very little use. Afterwards arsenic may be administered.

PETER PINDAR. — Communication received; but poetry being unsuitable to our columns, we decline the verses.

A SUBSCRIBER TO THE ROYAL MEDICAL BENEVOLENT COLLEGE.—The fault does not lie with us, if fault there be. We trust that Mrs Jenner will be admitted.

Dr HILL.—Received.

AN IRISH SURGEON.—Received and inserted.

Mr FALCON (Fulneck.)—Communication received and inserted.

Dr TUCKER.—Received; your request shall be attended to.

Letters received from Dr Smart, W. Graham, A. Furlong, Dr Paley, Dr Bullocke, R. B. Moore, W. H. Johnson, W. Batten.

ON THE TREATMENT OF GONORRHŒA WITHOUT SPECIFICS.

By J. L. MILTON.

(Continued from p. 88.)

4. *Tendency to Inflammation of the Lacunæ of the Urethra.*—However hazardous the statement may seem that inflammation of the lacunæ rarely—perhaps never—ensues under the use of the treatment recommended for simple gonorrhœa, provided this has had time to act before the lacunæ are involved, I believe I am warranted in making it; but, whether it ensues or not, the treatment of the parent disorders may be safely pursued, even though the previous experience of the patient is that this complication will follow.

A surgeon, at that time a student, placed himself under the care of Sir Astley Cooper for gonorrhœa. The great surgeon ordered him an injection of nitrate of silver, five grains to an ounce. The inflammation and pain, however, became so unmanageable that he was soon laid up with orchitis and abscess of the lacunæ. The latter burst externally, leaving a fistulous opening which healed in a few weeks, and a gleet which lasted ten months. Subsequently he had a second attack, which healed in four months by means of copaiba and injections. This time the lacunæ suppurated. He contracted a third gonorrhœa, and treated it himself with small doses of copaiba and cubebs, which purged and nauseated him so much that he was quite prostrated. Dyspepsia and total loss of appetite came on, making him so irritable and weak that he could not mount his horse or attend properly to business. Within a fortnight, three of the lacunæ had run into suppuration, and one had burst externally. He then consulted me. A mild saline aperient with full doses of morphia at night was ordered, along with sulphate of zinc injections. Subsequently quinine and purgatives were given, and blue ointment was directed to be rubbed over the lacunæ. He speedily improved; no more lacunæ suppurated—the discharge rapidly subsided, and in a few weeks gave way entirely.

5. *Excessive Irritability of the Bladder and Rectum.*—Sudden and almost irresistible irritability occurs at times in very healthy persons, often when the gonorrhœa is yielding to the influence of medicines; but there is also an extreme and rare form which is encountered in delicate persons, and appears to arise from the gonorrhœal inflammation extending back to the bladder within the first few days of its existence. It is sometimes accompanied by a strong tendency to evacuate the bowels on administering a urethral injection.

I regret to say that, notwithstanding all my attempts, I have failed to discover any remedy on which we can rely in either form of irritable bladder. I have tried every means recommended in standard works, along with most of our sedatives and antispasmodics—such as sumbul, chloroform, &c.—with no better result; and now, after accurately noting every case that came within my observation during the last ten years, I am obliged to confess that in at least half of these, medicines in safe doses produced no effect, and in the other half it was often doubtful if improvement was not rather a concomitant than a result. In the form, however, to which I allude, and which I have not often seen, I found the ordinary remedies so injurious, that I soon abandoned them in favour of tonics and mild sedatives—an antacid purgative, such as a dose of Henry's magnesia or the effervescing citrate, and the steady use of injections. The following history will, I hope, exemplify this class of cases better than any formal description:—

A gentleman engaged in speculation of a very hazardous nature, and subject in consequence to all the variations between the extremes of excitement and depression, consulted me respecting a gonorrhœa which he had just contracted. As he seemed very irritable and nervous, I inquired into his history, and found that, after having been long in indifferent health, he had two years before been attacked with influenza, for which he placed himself under the care of a well-known physician.

The disorder slowly gave way, but he had never regained his flesh and strength; his digestion was impaired, his appetite capricious—bowels often costive, urine loaded with phosphates and mucus, tongue coated and marked by the teeth. He was haunted by a feeling that he was growing smaller, which, he said, in spite of its absurdity he could not shake off. The discharge from the urethra was thin, yellow, and profuse, much like that occasionally seen, without any very manifest cause, in elderly men. There was no particular uneasiness about the parts of generation; no pain in making water, chordee, or swelling of the prepuce. The discharge had appeared only two days previously.

A mild saline aperient was ordered, and, as the patient was very timid, only a weak injection was employed. In a few days the irritability of the bladder became so excessive, that the injection was instantly thrown out again with a little urine, and the patient had to make water three times in the first half-hour after. This state continued to a certain extent up to a late hour in the evening. He was ordered meat and a glass of port daily—quinine and sedatives were given, and as it was found that the occasional use of brisk cathartics induced much less irritability of the bladder and rectum than the mild aperient had done, they were substituted. Injections of nitrate of silver, however, were principally relied on to remove the discharge.

The first effect of these was to increase the irritability of the bladder for an hour or two after using them, when it quickly ceased, and did not return till the injection was repeated the next day. Having syringed out the anterior part of the urethra, the tube of the long syringe was passed down, and, when withdrawn, pus was found adhering to its point. This symptom, coupled with the extreme tenderness of the whole of the urethra, led me to believe that the gonorrhœal inflammation had extended backwards to the neck of the bladder, if not also to the cavity of this viscus. The long syringe was substituted, and the injection was gradually raised to the strength of ten grains to an ounce; an amount I have always found necessary whenever it was requisite to apply injections low down. This alteration had the desired effect, the discharge diminishing steadily, though it did not entirely disappear for six weeks. The irritability of the bladder grew gradually less, but to the very last the patient was always compelled to sit down immediately after an injection, and hence, as they were continued occasionally for some weeks after, it may be assumed that this irritability endured, in all, full ten weeks in a rather severe form. There was no relapse—the patient gained flesh and strength under the use of quinine, and married soon after.

Excessive Irritability of the Rectum seems principally due to the sudden and irregular distension of the urethra by the injection. I injected a gentleman with solution of nitrate of silver for a gleet which had been treated with chloride of zinc injection and copaiba; he was compelled to make a precipitate retreat to the water-closet. The next day I made the injection quite weak, although the first had occasioned no great pain. The irritability of the rectum was still as great: I then passed down a short sheath and stilet, and introduced a strip of calico soaked in a strong solution of nitrate of silver. This did not induce any irritability of the rectum, and four applications removed the discharge. It came back a little, and he never summoned up resolution again, saying that for a mere drop of discharge it was not worth the trouble.

5. *Perinæal Abscess.*—Of gonorrhœa accompanied by this complication I cannot give so favourable an account, not having found it so amenable to treatment as might have been expected. Fortunately enough, it is rather rare.

It is laid down as a rule of treatment, that leeches, antimony, calomel, and black draught should be exhibited for this affection. Those who have succeeded with these remedies in checking the progress of perinæal abscess, have had better fortune than has fallen to my share, as they have never appeared to me to exert any material influence over its course.

The only remedy from which I have ever found benefit arise, is the potassio-tartrate of antimony, in large doses, aided by the application of water at a very scalding heat to the perinæum, and sometimes the free application of the nitrate of silver to the surface.

24 Castle street, St Martin's-le-Grand.

(To be continued.)

CLINICAL REPORTS.

Rupture of the Urethra, with Hæmorrhage and "Retention," from Stricture—how should they be treated?—Mr Clark.

Two cases recently under treatment in St Thomas's Hospital indicate how useful it is occasionally to try cautious medical temporising measures previous to the adoption of hazardous and heroic cutting surgical operations: indeed, there are few thoughtful persons who have been a series of years observing operations in our larger hospital, especially operations on the urinary organs, amputations, &c., that would recommend unnecessary cutting of any kind.

Case I.—One case was that so frequently seen in our large hospitals—rupture of the perineum in a young man, who in this instance fell violently with his perineum in contact with the sharp edge of a chair-back straddle-wise, lacerating the tissues of the part, and causing profuse hæmorrhage from the urethra. This class of case, though seen so frequently, is yet well calculated to test a surgeon's skill, whether he would try temporising means, or have recourse to something more showy and brilliant. Mr Clark, called to see the lad, at once obtained a large full-sized catheter, which he passed into the urethra as a sort of "tampon" without difficulty, and he ordered a bag of ice to be applied to the perineum. The urine drawn off was clear, proving that the blood was derived from the urethra, and not from any injury to the neck of the bladder. Mr Clark observed at the time, that it was important to pass a catheter before the patient made water; and his reason for selecting a full-sized instrument with a blunt point was, that he was thus less likely to meet with obstruction or to do mischief than with a small one: moreover, it would effectually fill the urethra, as just said, and prevent the urine from finding its way along the side of it. The success of this plan was quite satisfactory.

Case II.—In a case of retention, the patient had not been able to micturate for several hours. His bladder, as felt over the pubes, was very much distended. The man said that, at the best of times, his water was "twisted like a cork-screw," and he felt there was something incontrovertibly wrong in the passage: attempts to pass a catheter out of doors, before he came to hospital, had failed. Warm bath and opium (in which, we may say, "en passant," Mr Skey and Mr Erichsen also have very great faith) did not seem to act as quickly as expected, and it was in contemplation to puncture the bladder by the rectum, when Mr Clark tried a little expedient or "knack" which he has frequently seen succeed. This is, to introduce a firm bougie as far as it will go, and while passing it through or against the stricture, directing the patient to strain as if making an effort to pass water, and then suddenly draw out the instrument. The opium, we believe, assists this manœuvre also, or chloroform assists it. A small stream of water followed the experiment, and after a short time the man had passed six or eight ounces. He was then ordered an active saline purge to take the strain off the kidneys, and on the following morning the man had passed abundance of water, and has had no retention since.

This man was saved a disgusting and not at all a safe operation—perforation of his bladder through the rectum. He now passes water fairly, but still even a small catheter cannot be got on into the bladder: the urethra, as the surgeons at St Thomas's believe, is most probably quite tortuous by the irregular deposit of lymph at different sides or points of its track in the submucous cellular tissue. It is not impossible that in this little expedient or "knack" of passing a bougie, and directing the man to strain as if bringing the bladder and urethra into "consensus" for micturition, the delicate muscular fibres and detensor muscles are all brought into action.

How is Hæmatocele to be diagnosticated from Extra-Uterine Gestation? or Extra-Uterine Gestation from Fibrous Tumour of the Uterus?—Dr Jones.

Hæmatocele in the female is a new disease, liable to be mistaken for what we described (*ante*, page 78) last week as extra-uterine gestation. As this is now "all the talk" of the hospitals, we believe it will make the subject more complete to refer to this and a case recently at the Metropolitan Free Hospital. Some cases of extra-uterine gestation, like that given by us last week in the practice of Dr Ramsbotham, might be mistaken for hæmatocele, or another different disease, fibrous tumour of the uterus; so that we deem it important to give the particulars of the diagnosis in such cases: indeed, this case of "tumour," thought to be extra-uterine gestation, has been for some time under care at the Metropolitan Free Hospital, but turns out to be a different case altogether. Fibrous tumours of the uterus, perhaps, if well marked, would be recognised by their history, their consistent hardness, their attachments, &c.; hæmatocele, by growing more quickly, being less moveable, and the like; extra-uterine pregnancy, by the usual signs of pregnancy, with the ordinary alterations in the mammæ and cervix and body of the uterus. This all seems clear enough; still we are not so sure that the signs and tokens so easily laid down in special treatises are so easily remembered, or ever at all taught by our "pures,"—or that even the boasted *tactus eruditus* of our most solemn pure surgeons or general physicians, who join in a useless crusade against obstetricism and specialism, (our Baker-Browns and Simpsons,) would not be, and in point of fact is not often at fault, (they will excuse us,) in these odd things taught us by the special hospitals and specialists.

Hæmatocele in the female has been noticed as a very rare, if not mythical affection, by Dr West, as also by Professor Simpson; but Voisin gives twenty-seven cases. It has been recently imagined as seen also in Dublin; but, except in the out-patients' department of our larger hospitals or in private practice, we think it is not likely to come under notice in our usual visits to hospitals. Dr West with much assiduity got together eight problematical cases. It is sometimes very sudden in its appearance, and a patient may even die before she can be carried to hospital; yet it is a disease, like extra-uterine gestation, that may be met at any moment in general practice.

But what is the disease? some one asks. The name is perhaps not a fortunate one. The disease as originally noticed and its history perfected amongst the specialists of France, and now known as "retro-uterine hæmatocele," consists of certain hæmorrhagic tumours of a fluctuating nature, situated between the uterus and rectum; this true hæmactocle, so to call it with the specialists, existing essentially, as it is now found to do, as an accident or error of menstruation, the blood lying almost always in the peritoneal sac between the uterus and rectum. Another form of the disease, not so specific, exists where blood is extravasated into the cellular tissue behind the uterus and outside the peritoneum, of the nature of thrombus rather than as encysted blood from menstrual disturbance. Or, again, in a third form, blood may collect in the folds of the broad ligaments, caused by any unusual violence of the parts. Here it is, at a glance, quite obvious that in the first variety only are the active organs engaged in menstruation—the ovary, Fallopian tube, or uterus at all implicated. The disease in the woman is usually caused by some violence during coitus or menstruation; as, for instance, with a violent drunken man; in this particular agreeing in some measure with the chief cause of extra-uterine gestation referred to by us previously (p. 78), viz. fright on the part of the woman also at this time: this, of course, is easily understood. The mischief generally in uterine hæmatocele, but not always, dates from a menstrual period; nor is it difficult to understand how this comes about, as, in addition to the organs just named as so much engaged by reflex action or emotion, or congested, we have also the entire uterine system in a congested state, as well as the hæmorrhoidal vessels, &c. The blood in the simpler forms of the disease is found to be extravasated and coagulated in masses, and is probably absorbed; but in the other more complicated shape in which the disease appears, the blood becomes altered, suppuration takes place, and the contents of the cyst, as in extra-uterine gestation already referred to, escape externally; nay, it has been found that the hæmorrhage may be active in some cases, though passive in others. As to the causes of the disease, diminution or alteration of the fibrin in the blood is thought to be a predisposing cause. A patient with measles has been known, for instance, to die immediately after the commencement of menstruation from a hæmatocele which originated in the left Fallopian tube; another patient in slight small-pox, also has been similarly affected from the same cause.

This disease, it is well to remember, is not associated with amenorrhœa, but rather with the conditions already referred to of emotional excitement, or a condition of plethora with abundant and habitual menstrual flow, usually light red with clots. There is also pain, and very often pain is felt at the time already referred to, when the woman suffers violence. The disease is very likely to be met with in manufacturing districts, where women mix in a rough manner and drink in company with men, and it has been more than once mistaken for poisoning!

A very essential difference is found to exist between what is known as the encysted and the non-encysted forms of hæmatocele. If the extravasation be slow, it becomes encysted and surrounded on all sides by lymphy adhesions; but if rapid and abundant, the blood spreads over a large surface of the peritoneum, and if the patient does not sink from the loss of blood, death is unfortunately sure to result from the extensive peritonitis set up: the blood from the uterine cavity, if it should reach to or remain in that part, is also mixed up with a very irritating mucus. "Hardly have some drops of blood penetrated into the serous cavity," says the chief authority on this disease, "than it inflames. This results in speedily establishing adhesions between all the pelvic organs, or rather between their peritoneal coverings. The coils of intestines are pushed upwards; the collection of blood encysts rapidly, by means of the inflammation of the serous membrane and formation of cellular adhesions." In the non-encysted hæmatocele the disease is so sudden and alarming, that poisoning will probably be suspected. The symptoms are intense abdominal pain, with intense distress and agitation: the poor woman is anæmic from loss of blood; the belly becomes hard and tender; hiccup and vomiting are sometimes present; syncope follows, and death in a few hours. A tumour is felt above the pubes, on the right oftener than the left side; or where the disease is more persistent, examined through the vagina, it is felt pushing forward the cervix uteri, flattening the rectum, and stretching the walls of the vagina, it fills the inferior opening of the pelvis; it may become as large as a child's head, and rarely increases in size after its first formation; the serum of the blood in the hæmatocele is absorbed, but the coagulum remains. When menstruation is established again, it is followed by a diminution of the tumour, and it may even all go away in three or four months. In twenty-seven cases, six emptied themselves by the rectum, three by the vagina, and four burst into the peritoneum.

So far we have said what the disease at the Metropolitan Free Hospital is found NOT to be, though in some measure not unlike hæmatocele. It is useful, sometimes, thus to have a peg on which to hang something of the thin tissue, the web and woof of diagnosis, the hair-splittings of the talk of hospitals, especially as we ever and again, notwithstanding the utmost industry, come on men who will misrepresent us.(*a*) In our figures we always strive to be rigid and correct; though many other portions of our clinical reports we wish to be of the nature of diagrams, giving the rough, broad outlines of hospital practice, which are many times more useful than dry, unreadable details of second year's students, as to every-day common cases, mirrored for us week after week. Diagrams are like statistics, finger-posts in the cross roads of medical and surgical science, and many cases like the following are mere diagrams.

Mrs W., aged twenty-nine, applied last June with a history of what would be called "spurious pregnancy," from January, 1859, to October of that year, when, although a midwife had been engaged, and everything ready for her confinement, a consulting accoucheur having been sent for, the case was declared to be an abdominal tumour, perhaps fibrous, but not pregnancy. This is a case which we might spread over an entire page. Admitted to hospital eighteen months after the suspension of menstruation, the woman's abdomen was about as large as it would be in the seventh month of pregnancy; it is, in fact, occupied by a large firm mass, which may or may not be an extra-uterine gestation, hæmatocele, or pregnancy. The breasts are developed and contain milk, the areolæ are dark; the fact that the woman has had no hæmorrhage or injury militated against extra-uterine gestation, and as the os uteri is felt high up, the cervix short, and a flexible sound may be introduced for the length of four inches, and as the tumour is easily felt and peculiarly hard, it is now deemed to be a fibrous growth. For some time, however, it had the character of "hæmatocele," a new disease as far as our London hospitals are concerned, and of which and extra-uterine gestation we have deemed it right to give the preceding description.

(*a*) Of such is Dr Eben Watson, a young surgeon, a "pure" who deems it *infra dig.* to look into the specialism of Mr Baker-Brown's vesico-vaginal fistulæ cases, of which we have in this place reported thirty cases—about twice as many as all our larger hospitals or Dr Eben Watson's picked milder cases put together.

THE SPIRIT OF THE PERIODICALS.

The 'Dublin Quarterly Journal' opens with an article on the *Natural Constants of the Urine of Man*, by the Rev. Samuel Haughton. This reverend gentleman appears to follow out his physiological inquiries with remarkable zeal and acuteness. We are unable to give an abstract of this very elaborate paper; but we may remark that some curious conclusions are stated: for example, the Author says that it requires 297·7 grains of urea to keep 150lb. of man alive for twenty-four hours, and that the actual value of vital work this represents is calculated at 769·45 tons lifted one foot. He says:

"This enormous force is requisite to keep 150lb. of man living during twenty-four hours, and yet it is not all that is required; for, in addition, there is the *Opus calorificum*, or work necessary to keep the skin at a constant temperature of 90° F. The amount of this latter work will vary with climate and season, and appears to depend altogether on the excretion of carbonic acid, and not on that of urea."

In another place he says that the vital force required to keep "a man of any weight alive for twenty-four hours, is capable of lifting his body through 2·18 miles in the same time."

Some observations then are made on the vital force expended on mental work; we can only, however, append the conclusions arrived at:

"1. The quantity of urea passed per day by men in health varies with their food and occupation, the latter being the principal cause, and regulating the other.

"2. Men employed only in manual or routine bodily labour are sufficiently well fed on vegetable diet, and discharge on an average 400 grs. of urea per day, of which 300 grs. are spent in vital, and 100 grs. in mechanical work. This conclusion is in conformity with the experience of the mass of mankind employed in manual labour in all ages and countries.

"3. When the work is of a higher order, a better quality of food must be supplied, sufficient to allow of a discharge of 533 grs. per day of urea, of which 300 grs., as before, are spent in vital work, and 233 grs. in mental work and the mechanical work necessary to keep the body in health.

"4. The quantity of urea discharged per day

varies also with the weight of the individual, which influences the vital and mental work.

"5. The habits, weight, and occupation of the individual enable us to account for a range of the diurnal quantity of urea, varying from 300 to 630 grs. per day; and this discharge may be confidently predicted, when the habits and weight are known.

"When, in any case, the discharge of urea exceeds that calculable from the preceding data, it must be attributed to ill-health, and most generally to that most fatal of all diseases to which man is liable—anxiety of mind—a vague and unscientific expression, which, however, denotes a most real disease.

"This fact alone would render the preceding investigation of importance to the physician, as it enables him, in a given case, to pronounce whether there is an excess of urea or not, and a consequent waste of the system. I have shown that the mere quantity will not decide this question, as from 300 to 630 grs. may be discharged by persons in perfect health, according to their peculiar work and physical conditions.

Note.—The following Table has been published by Dr William D. Moore, of this city, since the first part of my paper was read, in the 'Dublin Medical Press' of the 27th July, 1859, and reached me too late for insertion in my own paper.

Quantity of Urea eliminated during Twenty-four Hours, according to Dr Warnecke.

		Grms.	Grs.
1	Adult man (mixed diet) . .	33·7	520
2	,, (vegetable diet)	25·3	390
3	Adult woman (mixed diet) .	26·8	413
4	,, (vegetable diet)	20·1	310
5	Boy (seventeen years) . . .	19·8	305
6	Girl (,, ,,) . . .	18·0	277

"These results, which are the averages of seven experiments on each individual, are perfectly in accordance with my own results, contained in Tables A and B."

We extract the following article on *Diabetes Mellitus* from the 'Journal of Practical Medicine and Surgery:'

"In Saint-Antoine ward, we noticed a woman, aged forty-six, who, eight months ago, observed on her linen and upon her shoes whitish stains, in which Dr Béhier, a physician of the hospitals of Paris, detected the presence of diabetic sugar. In this case, the disease had originated twenty-two months previously. At that period the patient experienced a burning thirst, particularly at night. She was in the habit of drinking as much as fifteen quarts of water in the course of the day, and a quantity of urine, at least equivalent, was passed in the twenty-four hours; a fact illustrative of Thénard's remark that in diabetes the quantity of urine secreted by the kidneys is generally superior to that of the fluids ingested into the stomach. The patient moreover had lost all taste for food, as it most commonly happens, although the contrary has been asserted. Under the influence of the treatment instituted by M. Béhier, the appetite had improved, and she was in other respects progressing satisfactorily, when she became affected with cough, expectoration of greyish sputa, oppression, and precordial anguish extending to the throat, but without the propagation of pain to the left arm, peculiar to angina pectoris. On auscultation, the signs of incipient pulmonary tuberculosis were detected, a complication frequently met with in diabetes. The thoracic symptoms, for which the patient had been admitted into the Hôtel-Dieu, speedily yielded to appropriate measures, diabetes remaining to be contended with, and towards this complaint the attention of the Professor was exclusively directed.

"Other signs, in addition to excessive thirst and polyuria, point to the probable existence of diabetes mellitus. We may mention, for instance, the acid condition of the salivary secretion, a circumstance noticed by M. Mialhe, and the significance of which was fully confirmed in the present instance. On one occasion, by this single symptom, M. Mialhe was led to the discovery of diabetes in a person who was entirely ignorant of his condition. The best guide of diagnosis, however, is the examination of the urine. In health, this secretion presents a specific gravity varying between 1017 and 1020; and when its weight is found to exceed 1040, the presence of glucose may be strongly suspected. In the case alluded to above, the urinometer marked 1033·34. As to the actual detection of glucose, it is most commonly effected with Bareswill's solution, a very delicate and satisfactory test, when added to the urine in the proportion of 2 to 1, and when the absence of albumen has previously been ascertained. In his patient, M. Aran found 9½ drachms of sugar for 32 ounces of urine.

"The functional disturbances arising from diabetes mellitus are well known, although both physicians and chemists remain in doubt as to their causes and seat. M. Bouchardat considers diabetes to originate in a morbid change in the digestion and assimilation of farinaceous substances, while M. Bernard refers it to a peculiar lesion of the nervous system. M. Alvaro Reynoso ascribes the disease to the imperfect combustion of glucose, from improper accomplishment of the respiratory functions; in M. Mialhe's opinion, diabetes is caused by the insufficiently alkaline condition of the fluids of the system, hence inadequate assimilation of glucose. Whatever be the respective value of these theories, M. Aran conceives that both M. Bouchardat and M. Mialhe have rendered signal service to the treatment of the malady, the former in pointing out the injurious effects of farinaceous nutriment, the latter in recommending the use of alkaline remedies. The history of the patient who suggested the present remarks is confirmative of M. Bouchardat's theory. She chiefly fed on farinaceous substances; after consulting M. Béhier, she restricted herself almost entirely to azotized food, and under the influence of this change the amount of urine excreted fell from 15 to 11 quarts, and subsequently after a spontaneous attack of diarrhœa, by which this quantity was further reduced to 6 and even to 5 quarts in the day; she also derived considerable benefit from repeated doses of aperient medicine, and after four months' treatment she seemed restored to health. She then, however, returned to her previous regimen, and diabetes has reappeared in consequence of indulgence in the forbidden articles of diet.

"Diabetes has ceased to be a serious malady. For the last twenty years, M. Mialhe has attended patients affected with glucosuria, who may still continue to live long. It is, however, a cause of emaciation. M. Aran's patient, while in health, weighed a little above 15 st., and now she weighs but 9½ st. On a former occasion, when descanting on the utility of the ophthalmoscope, we mentioned the disturbances of vision to which diabetes gives rise (Art. 5329). It is therefore a complaint which should be treated, and although M. Aran is inclined to think it is not one which can be radically cured, still he doubts not that diabetic subjects, provided their constitution has not been too deeply injured, may, by proper care, ward off its fatal tendencies.

"For this purpose, the action of the skin must be solicited by violent exercise, vapour baths, and flannel garments. The food should be highly azotized, and bicarbonate of soda be exhibited in accordance with M. Mialhe's views. M. Aran does not venture on any rational explanation of the *modus operandi* of this system of treatment: the chemical data on which it rests may be correct or incorrect, but the results are manifest, and it is not without reason that Vichy is crowded with patients afflicted with diabetes. In the case of the patient lying at present in the wards of the Hôtel-Dieu, the daily prescription is the following:

"One ounce of bicarbonate of soda to be taken in the drinks.

"Claret 16 ounces.

"Bark-wine, 3½ ounces.

"Full diet of meat, equivalent to about 24 or 26 ounces of animal food.

"A vapour bath, followed by cold affusion.

"Spa-water at meals.

"Four quarts of the usual diet-drink."

The 'Lancet' opens with a continuation of Mr Hilton's Lectures on *Pain and Rest*. This is followed by a report of a *Case of Abscess of Bone* under the care of Mr Quain. We quote Mr Quain's remarks upon the case:

"Mr Quain observed, that the first point—the main point—is in this, as in many other cases, the formation of an accurate diagnosis. To establish it here the chief reliance must be placed on the character of the pain and the swelling. As regards the pain, it is often difficult, in examples of local suffering, to determine if the suffering is owing to an appreciable local disease or not; and the presence of local disease—say of bone—being decided on, it is essential to determine its nature, for on the decision arrived at must depend the treatment.

"Very intense pain is found to exist without appreciable local disease; for instance, I was asked by a surgeon connected with a dispensary in this neighbourhood, to see one of his patients who had suffered for a considerable time from pain—excruciating pain—in one of the knees. I found the knee and the hip free from evidence of organic change. It was an example of local nerve-pain. Subsequently, the limb was amputated at the thigh by an eminent surgeon, who took a different view of the cause of the suffering. But the joint was sound, and the operation only served the purpose of proving again, and beyond all question, what was well known before, that local pain by itself is not a proof of appreciable local disease.

"The reverse of this, too, happens:—*e. g.*, I know a person who complained of a tingling in the fingers of one hand, and inability to use it. He had been treated for more than a year, and had taken a large quantity of medicine, in the belief that the tingling of the nerves arose from an affection of the brain. Yet it was wholly the result of a swelling in the wrist, of which he was almost unconscious, and to which he had not called the attention of the physician under whose care he had been. The pain and disability in the fingers were removed by the removal of the disease in the wrist.

"Examples of pain occasioned by disease at a distance from the seat of distress are of every-day occurrence at the hospital. You will remember a man suffering much in the wards just now, who complains exclusively of the knee, which is free from disease, the real malady being at the hip. Such cases must be familiar to you. But one case, from its singularity, may be dwelt on for a moment, as affording a clear illustration of this kind of suffering. A female patient complained of intense pain under the balls of the toes, across the foot. She had long been under treatment at various institutions; had taken much medicine, including arsenic, and she stated that she derived relief from that drug, and only from it. The relief, however, was only transient. Suspecting, from the appearance of this person, that there might be a local cause,—perhaps from pressure on some part of the nerve, at the end of whose branches the pain was felt,—I made a closer examination along the limb, and found a small swelling on the back of the thigh, beneath the hamstring muscles. Pressure upon it aggravated the pain of the foot. I removed a bone-like tumour from the interior of the internal popliteal nerve, and the long suffering in the foot was thenceforward at an end.

"Pain, then, may exist without appreciable local disease at the part where it is felt or elsewhere; it may result from disease, more or less remote from the seat of suffering; and it occurs (this is most common) in close connection with actual disease. Of this last, examples are constantly before us in the hospital in cases of disease of the bone.

"I have said enough to show the importance of a close inquiry into the cause of that important symptom, *pain*, in order to determine what it really betokens. To the indication it afforded in the case under observation we shall return presently. Meanwhile a few remarks on the *swelling*. We have to inquire if that swelling was a certain indication that active interference was necessary. Here, too, as in every other matter of practice, cases previously observed will help us by illustration or contrast. Brief references will be enough for our present object. A man, aged forty, felt in going down stairs, and afterwards in walking anywhere, a good deal of pain in the upper part of one leg, and he fell lame. On examination, the tibia was found to be enlarged above the shaft, and the enlargement was accompanied by a change of shape. The bone was filled out on each side below its head, so as to be uniformly rounded, instead of being angular, as it normally is. The contrast between the limbs was very well marked.

The pain, though severe during exercise, was diminished, but did not cease, during rest.

"With improvement of health, which had been somewhat impaired, this gentleman was relieved of his local pain, and now, after the lapse of twelve years, he is able to take any active exercise on foot, without suffering; he *feels no pain*, but the *swelling continues undiminished.*

"That, like the case the history of which I have read to you, was an example of swelling of the bone confined to the upper end, and accompanied with pain. We are seldom without examples of enlargement of the shaft of the tibia, attended with more or less suffering from pain. The enlargement or hypertrophy in these cases commonly affects the thickness of the bone only, but occasionally its length as well. The worst cases of thickening of the bone that I have seen have been connected with syphilitic taint of the system. In such cases, the shaft is the part chiefly affected.

"Let us turn now to the pain and the swelling in the case recited, as the guides in forming the diagnosis. First, as regards the pain. After careful examination, it was plain that the pain did not arise from any general or constitutional state of the patient. He had never been subject to any local pain without a local disease. He was a laborious and healthy man, not one of the class of persons in whom pain without a local cause is found to arise. There was not, moreover, any disease in the limb, except in the place referred to, to account for the pain, and no other conclusion seemed possible but that the pain arose from the swelling at the point at which it was felt.

"The character of the pain was not without its importance. The patient described the pain as like that of a 'gathered finger;' it was such, in fact, as might be expected when pus was being formed.

"Again, as to the swelling, it was confined to the end of the bone, and it is at that part of the bone that collections of pus have been met with. It had not lasted for a great length of time, and there was tenderness to the touch over it.

"These were the circumstances which led to the conclusion that the patient's sufferings were owing to abscess in the cancellated part of the bone, and to the practice pursued."

Dr Sisson of Cheltenham contributes a paper on *The Value of Tonics in Asthenic Dropsy.* As there are some points of interest in the case, we quote it.

"Whilst Dr Handfield Jones's case of ascites, in 'The Lancet' of the 7th ult., shows that some forms of dropsy are curable by tonics, and unaffected by diuretics, the following points out the fact, that others, though benefited by drugs of the latter description, require the former to complete a cure:

"Mrs ——, aged forty-five, has been ailing more or less for the last ten years, during which time she has been frequently under treatment with only temporary benefit. For the last three years she has had swellings of the face, abdomen, and legs. Catamenia have appeared only once in that time, and then in excess. Has had an eruption on the skin, unaffected by treatment. For the last two years or more, she has lived on slops, forced down without appetite. Has had frequent vomitings, with diarrhœa, blood being often passed with the stools.

"May 16th.—Found her in bed, presenting the following symptoms:—Face much bloated; abdomen very protuberant; body generally anasarcous, with large dropsical swellings in depending parts; much emaciated in parts not concealed by effusion; patches of eczema on back of hands, feet, and front of legs; great dyspnœa; horizontal position intolerable; incessant cough, expectoration thin and frothy; complains of great pain in the chest; on percussion, marked dulness on the right side, over lower half of lungs posteriorly and anteriorly; loud crepitations; mucous râles; pulse 100, feeble; urine turbid, scanty, of dark-brown colour, not coagulable by heat and nitric acid; stools liquid, dark, and offensive. To apply turpentine stupes to chest; chloride of mercury, three grains; powdered rhubarb, ten grains. To be followed by an aperient draught.

"17th.—Ordered bitartrate of potass, one scruple; vinegar of squills, spirit of nitrous ether, of each ten minims; compound decoction of scoparium, two ounces, thrice a day; beef-tea, and half an ounce of brandy every four hours.

"The patient improved most satisfactorily up to the 25th, when her husband summoned me in haste, stating that his wife was dying. I found her gasping for breath; pulse at the wrist scarcely perceptible; had complained of great pain in the chest. Apply turpentine stupes to the chest; hot bottles to the feet, and give one drachm of brandy. Nutrients more frequently; continue diuretic mixture and brandy.

"29th.—The patient was delirious last night; got out of bed, and went into the adjoining room. This morning she is nervous and fidgety. Pulse 120, weak. Half an ounce of brandy every two hours; continue diuretic; twenty minims of tincture of opium at bedtime.

"30th.—Slept well last night; much improved; dropsy disappearing, except in face and legs; urine much increased, clear. She called my attention to a swelling in the right iliac region, for which she had been previously under treatment. Now that the ascites was removed, I perceived a tumour in this situation, of the size of a large fist; painful; movable; outline distinct; fluctuation perceptible. As vaginal examination was objected to, I did not press it in her present state, intending, however, to do so at a future time. To apply six leeches, and fomentation.

"June 1st.—Pain in iliac region removed. Apply six more leeches.

"6th.—At this time all the more urgent symptoms had disappeared; but the legs became enormously distended, and covered with one mass of petechiæ. The catamenia reappeared; excessive and pale. Discontinue the diuretic mixture. The legs to be bandaged. Ten minims of tincture of muriate of iron thrice a day.

"From this time the patient recovered most rapidly: the bloated cheeks, however, remained unchanged, showing that the cure was not yet complete. Ordered to bandage the face tightly with handkerchiefs, and to continue the iron. In a few days my patient had the satisfaction of seeing her face reduced to its normal proportions. The eczema entirely disappeared, and by the end of June she had not only regained her strength, but stated that she never felt better in her life. I now pressed for an examination of the swelling in the side, when she assured me that, after a minute examination, not a vestige remained.

"Here was a case of acute pulmonary œdema, supervening on chronic ascites and general anasarca, in a patient debilitated by long disease and inability to take substantial food. Her history was most unpromising, her brother having died of dropsy, her mother dropsical, and a sister, about whom I have since been consulted, in the same state. To a young practitioner like myself, it may be supposed that the case was one of no little anxiety; but still, after a most minute examination, being satisfied that no organic disease existed, and believing in the wonderful power of drugs when properly employed, I predicted a perfect recovery. But when the ascites had disappeared, and my attention was called to the tumour in the iliac region, my favourable prognosis was shaken. Had I continued the routine practice with diuretics, not only should I have failed in effecting a cure, but I anticipated a return of all the symptoms which had disappeared. What diuretics failed in, iron accomplished, and has, I believe, rendered permanent a cure which would otherwise have been of short duration. What would nature—what would the much-vaunted homœopathy have done in such a case? Allowed disease to have its sway, and hurry the poor patient with rapid and unerring strides to a premature and unnecessary death. Upon what pathological condition did the dropsical effusion in this case depend? Doubtless the more liquid portions of this greatly-impoverished blood found a ready exit through the walls of the capillaries, relaxed from want of their proper stimulus—a healthy blood. The action of the iron is then obvious.

"And now comes the most important question. What was the tumour in the iliac region? Could it be ovarian dropsy? Such was my diagnosis. But we are told that the contents of an ovarian cyst are never absorbed. The vaginal walls, however, may give way, and the contents be discharged by that channel. Was the supposed return, then, of the catamenia on the 6th of June such a discharge? I think it possible; but as a vaginal examination was not made, a doubt may exist whether the tumour was ovarian at all. Here is a tumour dating from a miscarriage ten years ago, gradually rising out of the pelvic cavity towards the abdomen, increasing as it proceeds; at times painful; movable; with defined outline and perceptible fluctuation. I ask, if not an ovarian tumour, what was it?

"The extracts I have made of this case seemed to me as few as were compatible with the right understanding of so important a subject."

Dr Harris, of the 15th Regiment of Bengal Infantry, reports a case of *Fissure of the Anus* which was cured by the knife in the usual way; and Dr Thorn, of the Harrow road, reports a case of the *Induction of Premature Labour*, slowly and successfully brought on by the agency of a drachm of the biborate of soda, three times a day, after the removal of the plug from the *os uteri.*

M. Claude Bernard's Lectures are continued in the 'Medical Times and Gazette.' Dr Goodfellow continues in the same journal his Lectures on *Bright's Disease.* We extract the following remarks on the *Proximate Cause of Anasarca:*

"*Proximate Cause of Anasarca.* — Various causes are in operation in the production of anasarca from kidney disease. That which is the result of the acute affections—when dropsy comes on rapidly in a few hours, and is almost the first indication of the disease—is not probably produced by the same causes as those which, singly or in combination, are so influential in the production of anasarca in the more chronic forms. The same may be said with regard to the nervous symptoms. There is no doubt that a cause suddenly coming into operation, before the system is in a manner prepared for it, may be productive of consequences which, if it came on, or acted, more slowly, so as to allow the system to accommodate itself to it—to acquire a tolerance for it—would not be of any serious nature. It may not be the same poisonous substance in the one case as in the other. Unfortunately we know nothing for certain with regard to whether urea, as urea, is a poison. Some allege that it is so, but only in considerable quantities; others affirm that it is only the salts into which it is prone to be converted. Some, again, assert that in the blood it always exists as urea, and becomes converted into different salts of ammonia by a ferment, when passing through mucous membranes, or shortly after it has passed through them. The experiments of Dr Hammond of Philadelphia, which were conducted with great care, conclusively prove that urea, when retained in the blood, either by disease or extirpation of the kidneys, is highly poisonous, and is sure, sooner or later, to kill; for however strongly the experiments of Bernard tend to show that after extirpation of the kidneys, the lives of the subjects of his experiments were preserved for some days by the elimination of the urea by the mucous membrane of the stomach and intestines, under the form of salts of ammonia, yet the animals invariably died as soon as the stomach became no longer capable of performing this vicarious office.

"Dr Hammond's experiments are of such great importance, and prove so conclusively the poisonous nature of urea, that I shall make no excuse for detaining you a few minutes in stating the results of them. I know you are aware (for I have always mentioned it in my systematic Lectures here) that Wœhler and Frerichs explained the uræmic intoxication by supposing that the urea is converted, through the agency of a ferment, into carbonate of ammonia in the blood. Dr Hammond was induced to perform his experiments for the purpose of deciding upon the correctness of this theory. The experiments upon which Frerichs founded his theory were these:—In the first series he injected a solution of the urea into the blood of animals whose kidneys had been previously removed. In from an hour and a quarter to eight hours they became restless and vomited. Ammonia was detected in the expired air, and, simultaneously, convulsions ensued. Death occurred in from two and a half to ten hours from the commencement of the experiments. Ammonia was found in the blood, the

contents of the stomach, and in the bile and other secretions. In the second series a solution of carbonate of ammonia (quantity not stated) was injected. Convulsions ensued almost immediately, and were quickly followed by stupor. The respiration was laboured, and the expired air was loaded with ammonia. The substance, however, gradually disappeared, and the animals recovered their senses.

"Now, with regard to the ammonia discovered in these cases, it must be mentioned that it has been found in the expired air of healthy individuals, and that, on the other hand, it frequently cannot be detected even in persons dying of Bright's Disease, when the urinary secretion has been in great part, if not quite suppressed. Some of you have seen the experiments tried in the wards, by means of a glass rod dipped in hydrochloric acid, without discovering a trace of ammonia. But this substance has also, like urea, been detected in the blood in health, and has often been met with as a constituent of the expired air of healthy persons.

"Dr Hammond's experiments also consisted of two series. In the first, the substances were injected into the blood of sound animals; in the second, the kidneys had been previously extirpated. The substances injected were urea, urea mixed with vesical mucus, carbonate of ammonia, nitrate of potash, and sulphate of soda. I shall only give you the results of those made with the three first. They were injected into the jugular vein in drachm doses, dissolved in four ounces of distilled water; and in the case of the second experiment, the urea was mixed with 115 grains of the mucus. All the animals exhibited some uneasiness soon after the injection, slight spasms of the limbs, followed by a disturbed sleep of two or three hours' duration; and on awaking out of it, they passed a large quantity of water, soon after which they were as well as ever. The carbonate of ammonia seemed to produce more immediate and violent symptoms, but yet the animal speedily recovered. In the two experiments with urea the dogs passed a much greater quantity of water after than before the injection, and also an increased quantity of urea, amounting to within about six grains of that which had been introduced into the blood. No ammonia could be detected in the expired air or in the water; while in the case of the injection of the carbonate of ammonia it was detected in both. In these experiments the urea produced some symptoms of poisoning, but, in consequence of its speedy elimination by the healthy kidney, they very quickly subsided, and the animals recovered. Much the same results have been observed with regard to other poisons; when, for example, arsenic, in no very large dose, has been taken into the stomach, and it has been speedily removed by vomiting. Symptoms of poisoning may have been present before the vomiting took place; but after the removal of the poison by vomiting they have gradually subsided. But let the poison remain, by the absence of vomiting in the one case, or the suppression of the excretion in the other case (with urea), and the symptoms will continue, and death more or less speedily supervene.

"In the second series, Dr Hammond, previous to the injection, extirpated the kidneys, and after the animals had completely recovered from the effects of the operation, and appeared lively, the same substances, in precisely the same quantities, were injected. In from forty-five minutes to an hour after the urea had been injected, the two dogs were seized with convulsions, which continued, with alternations of stupor, from six and a quarter to eight hours, when they died. There was no vomiting, no ammonia in the breath, nor any ammoniacal odour perceived in the examination of the bodies after death. Pretty nearly the same symptoms were observed after the injection of the carbonate of ammonia, and death occurred in about the same time. The symptoms came on somewhat earlier, and there was vomiting. Ammonia was detected in the vomiting matters, and in the breath.

"The condition of the system after extirpation of the kidneys is in many respects analogous to that present in Bright's Disease. In many cases, especially in the early stages of the acute forms, and in the later stages of the chronic forms, there is almost a suppression of the secretion. The statements of Dr Rees and others, that urea has been found (and these are very exceptional cases) in the blood in large quantities, when no very evident symptoms of uræmic poisoning have been observed, ought not to weigh against such evidence as this. In the case mentioned by Dr Rees, the kidney disease may have come on so slowly that the system may have had time to acquire a tolerance for the poison. There is no reason why a tolerance to some extent may not be slowly acquired for this, as we know it to be acquired for other undoubtedly poisonous substances. As I stated in my last lecture, urea is always present in healthy blood. It must of necessity be so. No physiologist, I believe, denies that the urea is merely separated from the blood. It is universally acknowledged now-a-days that the kidneys have no converting power. It cannot be supposed, therefore, that all the urea contained in the blood goes directly to the kidneys; and, therefore, it follows that only that quantity which passes through these organs is separated of this excrement at every successive revolution of the circulation.

"But not only has it been shown by experiments that urea is poisonous when introduced into the blood; M. Gallois has detected its poisonous properties when injected into the stomach. He injected urea (about five drachms) into the stomach of rabbits, and he found that it became absorbed, and passed through the circulation, and was excreted by the kidneys as urea, and that the animals died, all having exhibited the same symptoms. They were—acceleration of the respiration, weakness of the limbs, tremblings and startings of the muscles, general convulsions, tetanus, and death. Making allowance for the animals operated upon—rabbits—these symptoms resemble in many respects those which we observe in the human body in rapid poisoning by uræmia. But apart from the results obtained by chemists, vivisectors, and experimenters, the practical Physician has constantly irrefragable evidence, in cases of acute anasarca, of the undoubted poisonous influence of the urinous excrement when retained in the blood. No vivisector or experimental physiologist has either extirpated the kidneys, tied the renal arteries, destroyed the renal nerves, or in any other way arrested the renal functions without producing the symptoms of uræmic poisoning. But in all the cases of removal of the kidney the animal survived for several days, and the symptoms were not observed for a considerable time after the operation. In those, however, in which the urea had been introduced after extirpation, the symptoms invariably came on within the hour, and death occurred in from six to nine hours."

Having come to the conclusion that the urea itself is poisonous, or that the urea and extractives together are so, the Author proceeds to inquire how they act in the production of anasarca. He concludes that one way is by relaxing the walls of the capillaries, and converting them into inert tubes; and another way is by inducing the same effect upon the tubes, through an effect upon the nervous system, and also by impairing the chemical affinities, which exercise an important influence in carrying on the renal circulation. All these modes may assist, according to our Author, in inducing the result. He says:

"By one of these ways, perhaps by both combined, the transmission of the blood through the system is delayed—the red corpuscles accumulate, the vessels become distended, and their walls attenuated. During this condition the heart is acting tumultuously from the general inflammatory erethism present, and it is constantly propelling greater quantities of blood into the arterial system. You know the effect of all this. The blood in the arterial system is enclosed and pressed in canals, more or less elastic, more or less muscular; it cannot recede because of the valves of the heart, and it is only able to escape by traversing the narrow minute capillaries. Now, although the sum of these capillaries may be greater than that of the arteries with which they are continuous, yet anything which arrests or impedes the circulation through these capillaries, or the veins beyond, must augment the arterial tension—the arterial pressure. The force, then, with which the blood is pressed against the capillaries, distended, as I have shown them to be, by the action of the uræmic poison upon them—whether directly or indirectly, mediately or immediately—must inevitably lead to one of two things: either the escape of the serous part of the blood, or of that of the blood itself. If it be serum alone, there is anasarca; if blood, there is hæmorrhage."

Some interesting remarks follow on the causation of anarsaca in chronic cases.

Dr W. D. Moore contributes an analysis of a discussion that took place in the Swedish Society of Physicians, relative to the death-wound of King Charles the Twelfth. This paper is interesting in an historical point of view. It appears, upon a recent examination of the body, that the chivalrous king was not killed by an assassin, but by a missile shot by the enemy, and penetrating to the brain.

Dr Charles Taylor, of Liverpool, reports a case of *Saturnine Paralysis*. We extract it:

"W. H. G., male, aged forty-seven, married, a ship captain, came under my care on December 14, 1859,—a melancholy-looking, emaciated man, with cadaverous complexion and yellow conjunctivæ, vascular and respiratory organs normal, functions of abdominal viscera well performed; pulse 65; tongue moist, steadily protruded; no defect of articulation, skin clammy, senses and sensibility normal; gait steady. The breath has a peculiar fetor, and the gums are marked with a blue line at their junction with the teeth. Urine loaded with lithates, free from albumen, and yielding, on analysis, a trace of lead. States that he has had good health all his life, with the exception of an attack of fever, which occurred twenty years ago. It is upwards of a year and a half since he left the sea, and resided at Egremont, where his wife and himself habitually used rain-water that was stored in a leaden cistern. The effects of this water (which I found on examination to contain lead) were developed in both cases within seven months, when my patient began to feel ill, complaining of loss of appetite, dull gnawing pain in the epigastric region, succeeded by vomiting and obstinately-constipated bowels. Two or three Medical gentlemen were consulted; but not improving, he applied to the Northern Hospital, and on September 8, 1859, was admitted into the Royal Infirmary, where he remained upwards of two months. The principal symptoms were relieved by the treatment adopted, and he was discharged at the end of that time, suffering from complete wrist-drop of both hands.

"On desiring the patient to stretch out the superior extremities, the wrists fall in a straight line, and are neither adducted nor abducted (indicating equal paralysis of the extensor carpi ulnaris and extensor carpi radialis). In this position he finds it impossible to extend the fingers; but on supporting the first phalanges, the second and third are readily extended by the interossei and lumbricales muscles. The forearms generally are emaciated, and the thenar and hypothenar eminences are atrophied to a marked degree. He states that complete wrist-drop has existed for six months. On proceeding to ascertain the effect of the electric current on the paralysed muscles, I found the whole of the superficial layer of the posterior brachial region unaffected by the most powerful current, with the exception of the anconeus and supinator longus, in which the excitability was normal. Of the deep layer the supinator brevis was the only muscle on the right side that preserved its contractility; but on the left the extensor ossis metacarpi pollicis, extensor primi internodii, and extensor secundi internodii pollicis, in addition, acted readily. These and the supinators of both arms were also subject to the will. The muscles of the anterior brachial region acted well, as did, to a less degree, those of the thenar and hypothenar eminences; while in the palmar regions, the interossei and lumbricales preserved their electro-muscular contractility.

"I commenced the treatment on December 14, 1859, by passing a strong, rapidly-interrupted current, from primary and secondary wires, through each paralysed muscle in the posterior brachial region, for the space of two or three minutes; and this operation, with occasional omissions, which it is needless to detail, was repeated thrice weekly up to February 20, 1860,

when the natural tension and voluntary motion in these muscles was restored, although they still remained quite unaffected by the most powerful Faradic current. Those of the hand were not subjected to the electric stimulus, and remained in much the same condition, although slightly improved.

"This case appears to me to present some points of interest, to which I will briefly call attention :—

"1. The atrophy and paralysis of the muscles of the thenar eminences in both hands, as a result of the imbibition of lead, is worthy of note, as being opposed to a recent observation of Dr Duchenne of Boulogne, who attributes this atrophy, as formerly noticed by writers on saturnine disease, to the compression exercised by the handle of the paint-brush, in that class of workmen most frequently the subject of the affection. He says :—'Je viens de dire que les muscles de la main ne sont pas ordinairement atteints par le poison. Il est vrai que j'ai vu deux ou trois fois les muscles de l'éminence thénar considérablement atrophiés dn côté droit, chez des peintres atteints de paralysie saturnine; les muscles, quand ils ne sont pas entièrement transformés, conservent leur contractilité électrique. J'attribue cette atrophie à la compression exercée par le manche de la brosse, et non à l'influence toxique du plomb.'

"2. The exemption of the supinators, although receiving their nervous supply from the same source as the affected muscles, is almost constant in these cases, although I have seen the contrary stated ; but the fact that the three extensors of the thumb were paralysed only on one side is somewhat singular, and worthy of note.

"3. The subjection of muscles to the influence of the will by frequent applications of the electric current, although still rebellious to the most powerful shocks of that agent, is a singular fact that has been noticed by Duchenne and others, and might be a means of enabling us to diagnose pre-existing lead disease after recovery of the patient.

"4. The return of voluntary power in the wasted and completely paralysed muscles, by the treatment adopted, while those only partially affected, and not subjected to the electric stimnlns, remained *in statu quo*, is illustrative of the value of Faradism as a therapeutic agent in such cases.

"5. The ease with which the electric stimulus may be localised in deep-seated parts was well illustrated by this case, as I could readily pass a current through the superficial and deep layer of insensible extensors, causing violent contraction of the excitable flexors on the other side of the arm.

"6. I beg also to direct particular attention to the value of elastic straps in supporting the hand, in patients suffering from saturnine paralysis. The idea of employing these substitutes for splints was original, and I, at the time, believed it to be a novel contrivance. I learned, however, snbsequently, that Dr Iuman of this town had used an instrument precisely similar four years ago, which he described in the first volume of the 'Liverpool Medico-Chirurgical Transactions ;' nevertheless, although vastly superior to splints, it does not appear to be generally known. I may, therefore, mention that it consists simply of a piece of flat elastic, stiethed by one end to the back of an ordinary glove, the other being tied by tape above the elbow ; it costs a few pence only, and when applied, effectually supports the wrist, and permits the extensors to be exercised in proportion to their power ; it does not interfere with the aetion of the flexors, and by the support afforded to the first phalanges materially facilitates free play of the second and third. Its contractile nature also assists the patient in voluntary efforts to move the paralysed muscles, which *gymnastique nerveuse* to no slight degree aids in their restoration."

Another Specific Remedy for Cancer.—Three medical practitioners coming from the steppes of Kirghiz, a vast tract of land situated between the boundaries of China and Russia, have lately arrived in St Petersburg to offer a specific remedy for cancer. The Academy of Medicine of St Petersburg has refused permission to institute experiments in the hospitals to test the new remedy.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 26, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr Sydney Ringer, was read, on

THE RELATIVE AMOUNT OF SUGAR AND UREA IN THE URINE IN DIABETES MELLITUS.

Two cases, patients in University College Hospital, under the care of Dr Parkes, are given, in which the observations were made hourly over a considerable period, thus enabling the sugar and urea to be compared, under various circumstances, with greater accuracy. The following are the conclusions at which the Author has arrived :—1st. That after the influence of food on the urine has entirely disappeared, a constant ratio is maintained between the sugar and urea. 2nd. That after a purely non-amylaceous and non-saccharine meal, both the sugar and the urea are increased, but that during this increase the same ratio between them is observed. This ratio is 1 of urea to 2·2 of sugar. 3rd. That under both these circumstances the sugar could only be derived from the nitrogenous elements of the body, and, therefore, that some such a ratio might on *à priori* grounds have been expected. The Author next shows that after saccharine food has been taken, the sugar in the urine, as is well known, is increased, but that this increase of the sugar is accompanied by a decided increase in the amount of urea. Thus the sugar must cause a consumption of nitrogenous matter, probably resolving it into sugar and urea. Various kinds of sugar were given, each of which caused an increase in the amount of urea, though whether one kind more so than another is not shown. These facts are sufficient to explain the cause of the loss of flesh in diabetic patients. The Author next shows that the amount of urea excreted in proportion to the amount of sugar taken in as food varies in different patients, and in the same patients at different times ; and that the severity of the symptoms is in proportion to the amount of urea eliminated through the influence of the sugar, while no relation necessarily exists between the amount of sugar excreted and the severity of the symptoms ; indeed, as is well known, the quantity of sugar in the urine may greatly arise in amount with the improvement of the patient. The method of arriving at the influence of an ordinary mixed diet is to ascertain the ratio between the urinary sugar and the urea ; at least this method is sufficient in comparing various days together, provided the diet on these days be tolerably similar ; for, he states, it is possible to conceive that though the amount of amylaceous matter may cause a much smaller quantity of urea to be eliminated, yet by increasing the former in the meal, the latter may be maintained at the same amount, or even increased, but a more nitrogenous matter would have been taken in with the amylaceous ; the proportion of the former consumed would be much less, and consequently there would be more left to nourish the tissues. From this he thinks it is evident that the ratio must be obtained ; for as most, if not all, the sugar generally passes off, it can be taken as a fair guide to the extent of the meal. This will explain those cases in which the improvement of the patient is accompanied with a decided increase in the amount of urinary sugar. The Author shows, from the above cases, coupled with two others Dr Garrod allowed him to take, that a ratio of 1 to 4 of urea to sugar is rapidly fatal ; that life can be prolonged with a ratio of 1 to 8, while a somewhat rapid improvement is compatible with a ratio of 1 to 15. He next states that as the increase of the urea after a meal in health is probably due to the same cause as the increase under the same circumstances in diabetic patients, and as the sugar rises with it, maintaining the usual ratio (after a non-amylaceous meal), showing that they both come from the same source, if it can be further pointed out to what this increase in the sugar is due, it will explain the rise of the urea in health. After stating that it is possible that it may come from two sources, that it may be either due to some organ endowed with this function, which in diabetes is altered, or be the product of the retrograde metamorphosis of the tissue, he advances arguments to show that in these cases the sugar is due to the former, probably the liver. He thence concludes that the ordinary rise in the urea in health after a meal is due to that organ, which, in diabetes, produces a less highly elaborated sugar, the urea passing off unconsumed with the sugar. The Author concludes his paper with a few facts of lesser importance, showing that the sugar, after a mixed diet, reaches its maximum in the early stage of the disease, during the third or fourth hour ; while later, the maximum is not arrived at till the sixth hour. That after taking sugar in solution, the maximum is reached during the second hour. That the duration of the influence is longer later in the disease than at an earlier period : thus, at the commencement of the disease, the influence was lost in nine hours, while later in the disease it still continued after fifteen hours had elapsed. He also shows that the urea has a tendency to pass off earlier than the sugar, probably because it is more pernicious. Lastly, charts are given, showing the elevation of the temperature on several occasions after meals.

A paper, by Mr Hugh Croskery, was communicated by Dr A. W. Barclay, being

OBSERVATIONS ON THE INTERMITTENT FEVERS OF THE WEST INDIES, AND ON THE ACTION OF QUINIA AS A SPECIFIC IN THEIR TREATMENT.

The object of the Author in this communication was to point ont the necessity of a sedative treatment during the hot stage, and free purgation before the administration of the specific. The mixture he had found most beneficial was composed as follows :—Solution of acetate of ammonia, two ounces ; spirit of nitrous ether, and spirit of juniper, of each half-an-ounce ; potassio-tartrate of antimony, four grains ; tincture of hyoscyamus, two drachms ; tincture of opium, one drachm ; to twelve ounces of camphor mixture. Of this a tablespoonful is given to an adult every half-hour until diaphoresis comes on. The mixture may be either preceded or followed by ten grains of calomel, with a saline aperient a few hours later. He considered that the action of the mercurial purgative tended to assist the subsequent action of the quinia. He condemned the administration of quinine in large doses, and stated that he had obtained the most satisfactory results from its employment in small doses at repeated intervals. He believed that to administer it in any form during the paroxysm was injurious, and that the exhibition of large doses at this period of the disease was fraught with the greatest danger. The formula adopted by the Author for its administration is the following :—Disulphate of quinia, forty grains ; tincture of oranges, half an ounce ; dilute sulphuric acid, one drachm ; to ten ounces of water. Of this mixture he gives to an adult a tablespoonful every hour during the intermission, until singing in the ears, or the presence of headache, shows that the system is saturated by the remedy, when it is to be repeated at longer intervals, and even continued in small quantity for some days, so long as any unpleasant feelings are experienced at the time when the paroxysms ought to occur. He has found that in this manner from forty to sixty grains may be given before the recurrence of the attack, and that in the majority of instances the next paroxysm is either entirely prevented or is very much modified. One large dose of the salt very often produces disagreeable head symptoms, which prevent its repetition so as to get the system saturated with the remedy sufficiently early to obviate the return of the hot stage. In cases of severe quotidian he had occasionally given with benefit ten grains of quinine at once, along with the calomel ; this, however, he considered rather as the exception. The paper concluded with the narration of five cases illustrative of the Author's method of treatment. Of these cases four were adults, and a child nine years of age. In most of these the attack was quite recent, but in one case it had continued six weeks. The Author remarked that in such circumstances the prolonged use of quinine during convalescence was essential to ultimate recovery.

Mr T. Holmes, M.A., Cantab., laid before the Society an

ACCOUNT OF THE RE-DISSECTION OF A PREPARATION OF TUBAL GESTATION WHICH WAS PRESERVED AND DESCRIBED BY THE LATE DR JOHN CLARKE.

The paper describes a recent dissection made of a case of tubal gestation, which was described and figured by Dr John Clarke, in the 'Transactions of a Society for the Improvement of Medical and

Chirurgical Knowledge,' in the year 1793. Dr John Clarke's description pointed out only two membranes—the amnion and chorion—around the ovum in the tube. The principal object of this paper is to call attention to the existence of another membrane, external to the chorion, separable into two layers, and not forming part of the wall of the tube. The paper was accompanied by the original preparation, and a careful drawing of it in its present state.

THE DUBLIN COW-POCK INSTITUTION.

The following is the official answer to the statements that have been made respecting the management of this Institution :

Cow-pock Institution, Sackville street,
July, 1860.

Sir,—In reference to your communication, bearing date 14th July, 1860, requesting to be informed "on what grounds the Governors of the Cow-pock Institution make a charge for vaccine lymph, and whether they are prepared to reduce it," I am directed by the Governors of the Cow-pock Institution to inform you, for the information of his Excellency the Lord-Lieutenant, with respect to the first query, that the Cow-pock Institution, since its foundation in 1804, has been of necessity more or less a self-supporting one.

Government has from time to time, through the existing Lord-Lieutenants, accorded a grant to assist the Governors of the Cow-pock Institution in carrying out the intention thereof, viz., that of affording vaccination, *gratis*, to such of the inhabitants in and about Dublin as might please to avail themselves of it; and to be a source from which pure lymph, guaranteed as such by the Directors, might be obtained for public vaccinating institutions—for example, dispensaries, &c., and for private practitioners, for the vaccination of their patients. The sums that, from time to time, have been granted to the Cow-pock Institution by the Irish Executive never having, at any period of its existence, been sufficient to maintain it in proper working order without other resources, it was agreed that *poor-houses* and *dispensaries* should pay an annual subscription, in order that they should have an unlimited supply of fresh vaccine, whenever they required it; and as the Government grant was increased, this subscription was reduced to one-half, viz., *ten shillings and sixpence per annum*. Though these subscriptions added considerably to the income of the Institution, the demand upon it increased; its business augmented, and consequently its expenses. The Directors, therefore, did not deem it prudent, as yet, to do away with the subscription from private practitioners, of *ten shillings and sixpence per annum*, and the original charge of *half-a-crown for as much lymph as would keep up a source of supply, for dissemination amongst their patients*, to such practitioners as did not subscribe. These arrangements were sanctioned by the Executive.

The Directors request that it may be borne in mind, that this half-crown charge for lymph does not affect any but the richer classes of society, viz., those who have their private physician or surgeon to vaccinate them; that it in no way acts upon the vaccination of the people, directly or indirectly, and that the masses can avail themselves of free vaccination at any dispensary throughout the country, all of which have it in their power to call on the Cow-pock Institution for an unlimited supply of fresh lymph.

The Directors beg also to draw attention to the fact, that to those practitioners, and to such of the richer classes who may have failed in producing the characteristic vesicles, they invariably forward, on intimation of such failure, another supply free of expense. They continue to furnish it thus till the vaccination has been successful, from which, if care be taken, a continuous supply may be sustained.

With respect to the second question, "Whether the Directors are prepared to reduce the charge, viz., half-a-crown a packet for vaccine lymph?" I am directed to inform you, for his Excellency's information, that the Directors of the Cow-pock Institution have ever been anxious to be placed in such a position as to require no subscription whatever from workhouses, dispensaries, or private practitioners. In March, 1852, they addressed the Commissioners for the Relief of the Poor in Ireland, on the necessity of an uniform system of gratuitous supply to the workhouses and dispensaries under their control. And they requested to bring under the notice of the Poor-law Commissioners, and through them under that of the Executive in Ireland, a statement of the changes which would be required in their existing constitution, to enable the Directors to furnish all these bodies gratuitously. The document forwarded to the Poor-law Commissioners contained their reasons why the Directors of the Cow-pock Institution could not undertake such without further assistance from Government; and after a careful calculation, which was also forwarded, they came to the conclusion that a sum of 600*l.* in addition to their then grant (200*l.*)—which would be but 100*l.* per annum over its present average yearly income—would effectually carry out this arrangement. The Poor-law Commissioners forwarded the Directors' statement to the Chief Secretary for Ireland, who, by the direction of his then Excellency, transmitted it to the Lords Commissioners of her Majesty's Treasury, when the following reply to the Poor-law Commissioners was enclosed to the Directors :—

"Treasury chambers, Dec. 13, 1852.

"Sir,—The Lords Commissioners of her Majesty's Treasury having had under consideration your letter of the 25th ult., enclosing copy of an application made to the Poor-law Commissioners by the Directors of the Cow-pock Institution, Dublin, to be allowed to furnish a gratuitous supply of vaccine lymph to the workhouses and dispensaries throughout Ireland, I am directed to acquaint you, for the information of his Excellency the Lord Lieutenant of Ireland, that my Lords are not aware of any change of circumstances occasioned by the Medical Charities Act which should exempt the workhouses and dispensaries from payment for vaccine matter for their use, according to previous custom, in the same manner as they have paid and will continue to pay for all other medicines, means and appliances necessary for the discharge of their functions. Their Lordships therefore see no grounds for entertaining the application which has been made on behalf of the Cow-pock Institution.

"I am, &c. C. E. Trevelyan."

His Excellency the Lord Lieutenant will thus see that the Directors of the Cow-pock Institution were anxious to do away with all subscriptions from public institutions, and they are equally anxious not only to reduce the price of, but to remove the charge for, vaccine lymph, even to private practitioners, for the vaccination of those for whose vaccination they are either directly or indirectly paid. The Directors will be glad to be placed in such a position by Government as to give, gratuitously, guaranteed vaccine lymph to all who may require it. In conclusion, I am directed to inform you that the members of the army and navy, public schools, and county infirmaries, may obtain lymph free of subscription.

I have the honour to be, Sir,
Your obedient, humble servant,
H. L. Dwyer, M.D., Secretary.

To the Under-Secretary, Castle, Dublin.

DIRECTORS OF THE DUBLIN COW-POCK INSTITUTION.

Surgeons.—J. W. Cusack, Esq.; Robert Adams, Esq.; H. Irvine, Esq.

Physicians.—C. Johnson, M.D.; R. Collins, M.D.; Evory Kennedy, M.D.

Secretaries.—H. L. Dwyer, M.D., Secretary; E. B. Sinclair, M.D., and G. Montgomery, M.D., Assistant-Secretaries.

LEGAL INTELLIGENCE.

Charge of Manslaughter against a Druggist.—On Monday week an inquest was opened at the Grand Turk Tavern, Hockley hill, Birmingham, on the body of a married woman, named Sarah Sanders, before Dr Birt Davies and a respectable jury. Deceased, thirty-nine years of age, was the wife of a carpenter, living in Hockley hill, and the mother of three children, two of whom are living. On the previous Wednesday, deceased, who had been out in the town walking about during the afternoon, returned home, and, after partaking of a hearty supper, retired with her husband to bed soon after eleven o'clock. In about half an hour after she was seized with severe pain, which continued to come on at intervals for more than three hours. She was about five months advanced in pregnancy, and at her request her husband fetched Mr White, druggist, Handsworth, who had attended her in her last two confinements. A respectable married woman, Mrs Tocknell, was also called in by Sanders, and remained some time with deceased. Mr White came about a quarter-past four that morning, and stayed with deceased nearly three-quarters of an hour, administering medicines as the pains continued. He came again between eleven and twelve, but before his arrival Mrs Sanders had been delivered of a female child, Mrs Tocknell being present at the time. In this state of things Mr White, after giving the usual medicines (deceased being in a very weak state from hæmorrhage), advised that Dr Nelson should be called in. That gentleman came as soon as possible, and prescribed for the patient; but, before the medicines could be procured, Mrs Sanders died. It was also shown that, the "after-birth" adhering to the side, Mr White forcibly removed this with his hand. During the period referred to deceased had lost a great deal of blood.

Mr White was called, and, after receiving a caution from the Coroner that he was not bound to state anything which might criminate himself, gave the particulars just narrated, setting out very minutely the nature and quantities of the medicines he had administered to the deceased. The witness added that he had seen Mrs Sanders about six weeks previous to her death.

Dr Nelson stated that the immediate cause of the death of the deceased was hæmorrhage. He had formed an opinion as to the cause of such discharge, but declined to express it in the absence of a post-mortem examination of the body. In answer to questions from the jury, Dr Nelson, referring to the medicines administered to the deceased by Mr White, said that they were the proper and usual remedies applied in such cases.

At this stage of the inquiry Dr Davies intimated his opinion that it was indispensable a post-mortem examination should take place, and the jury, after a short conference, unanimously selected Mr Oliver Pemberton.

On the following night the inquiry was resumed by the examination of Mr Pemberton. He had made a careful and minute examination of the body of deceased, in company with Dr Nelson, who also again attended the inquiry. It has been already stated that Mr White, finding a portion of the placenta still remaining in the body, removed such portion with his hand. Mr Pemberton's examination of the organs of deceased showed that a laceration of a fearful character (six inches in length) had been caused, and the consequent shock to the system, and the ensuing hæmorrhage, ended in the death of Mrs Sanders. Mr Pemberton also said that, seeing the fœtus was only of between four and five months' formation, the removal of the placenta was quite uncalled for, unnecessary, and inexpedient. It was in the effecting of such removal by Mr White that the fatal injury just mentioned had ensued, as it was not possible for the passing of the fœtus to have caused such a disruption.

Dr Nelson confirmed the main features of Mr Pemberton's medical testimony, and evidence was called to show that no other person than White had in any way interfered with deceased.

Dr Davies, in summing up, said it was not for the jury to consider whether Mr White was qualified or unqualified medically; the question was, did he ignorantly or rashly act in the manner described. If the jury were of opinion that he thus acted, bearing in mind the medical testimony of Mr Pemberton, then they, in the proper discharge of their public duty, would find a verdict of manslaughter.

After some time spent in deliberation, the jury unanimously returned a verdict of "manslaughter" against Mr White.

Mr John Powell attended the inquiry at the second examination on behalf of the accused, who was not present.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 15, 1860.

THE COLNEY HATCH LUNATIC ASYLUM.

Many of the philanthropic undertakings in which Englishmen engage are perverted from their beneficent purpose by an overweening passion for economy. We love to glorify our country as the home of Charity, and to gem our green vales with the turreted roofs of edifices dedicated to the alleviation of want and pain. We take a pleasure in carrying out any benevolent project; but, with a truly national reflectiveness, we sober our zeal with the pertinent question, "What will it cost?" We can never give the reins to a grand enthusiasm, and resolve to embody a principle in all its amplitude. We settle it by a unanimous resolution in full Committee assembled, that a good thing shall be done; and having chuckled at the success of this first step, we turn to the Estimates, and then the question arises, "How cheap!" If the aforesaid unanimous Committee do not divide and adjourn many times upon this perplexing consideration, they will scarcely deserve to occupy the responsible posts they are deputed to fill. It is possible that the benevolence of the design may be seriously perilled by the result of these discussions on the Estimates; still it behoves every honest and independent Committeeman to be on the watch against a job; and to effect a saving of 10,000*l.* is a triumph upon which an arithmetical philanthropist may glorify his name for the rest of his natural life.

It was a pious thought to take the poor lunatic from the hands of the parish overseer, who chained him in a filthy cell in the village workhouse, or locked him up in a cage that was planted in a shady part of the wild-wood away from the beaten paths of man, where his yells should ring unheard upon the passing gale, and his story become a legend of horror to stir the hearts of rustics by the winter fireside. It was a pious thought, too, to strike the manacles from his wrist and the hobbles from his feet; to learn to look upon him as the image of God broken—an object of compassion rather than of wrath, of sympathy rather than of punishment; to assuage the ebullitions of his distempered thoughts by a calm and tender sobriety of word and look, and to restore him to the liberty of a right mind by a perpetual forgetfulness of his transgression, and a vigilant searching out of all those vestiges of consciousness which might guide us by certain yet tedious steps to that dim retreat in the tangled maze of his intelligence where Reason still sat trembling upon her disputed throne. These were, indeed, divine aims; it is right now to ask, how have they been fulfilled?

The answer to this question is comprised in a report of an investigation, at Bow street, into the circumstances attending the death of an inmate of the Lunatic Asylum at Colney Hatch. It seems that the deceased had been liable to occasional fits of violence, and on one of these exacerbations was placed in the padded room, where he was subsequently found dead. After death, it was discovered that there was a large bruise on his abdomen, that his sternum was stove in, eleven of his ribs broken, and, on opening into the abdomen, that the liver had been ruptured, and that there was a large effusion of blood in the sac of the peritoneum. These are not the evidences of death from natural causes: when, therefore, the Commissioners of Lunacy became acquainted with the facts, they ordered the necessary legal steps to be taken to ascertain the perpetrators of the outrages that had so fatal a termination. Two of the attendants have been charged with having been guilty of acts of brutal violence towards the deceased, and have been committed for trial. We do not pretend to pronounce an opinion upon the culpability of the individuals so arraigned; there are, however, circumstances connected with the treatment of the insane, and with the establishment of Colney Hatch in particular, that deserve to be noticed.

The principle of the abolition of restraint in the treatment of lunacy as promulged by Gardiner Hill, and taught and practised by Conolly, is, in its entire and consistent development, one of the most praiseworthy and humane that have characterised the social progress of England during the present century. To carry out this principle, however, it is absolutely necessary that, besides a suitable construction of the hospital, there should be a sufficient number of attendants. It is an *expensive* system. Human forethought, watchfulness, and care must do the work of bolts and chains—than which they are, of course, somewhat dearer, though more efficient. When the non-restraint principle was originally introduced, this was the difficulty with which it had to contend. Dr Conolly encountered it at Hanwell; though, happily, being seconded by the energy and benevolence of Mr Sergeant Adams, he was enabled to overcome opposition.

This point gained, who shall keep the keepers?—who shall watch them, to see that they do not abuse the trust confided to them, and convert the hallowed principle of non-restraint into the most terrible and brutal tyranny which man can exercise over his fellow? It is obvious at once that this charge must devolve upon the Medical attendants; the only persons who, by knowledge, training, habits, character, and feeling, are competent for the task. But even they cannot do it unless they be sufficiently numerous to enable them to give a frequent personal superintendence to every case under their charge. In the present instance it is apparent that the Medical Officers did not or could bestow that personal care on the patient which his particular circumstances demanded. He had on more than one occasion been maltreated, even at length unto death; and yet the Medical Officers were utterly ignorant of his having been subjected to anything beyond the ordinary routine of the establishment. It does not appear that any record is kept of the daily state of the patients, or even of their exceptional fits of violence. How can Messrs Tyerman, Tucker, and Rose explain these circumstances?

Our view of the matter is this—that these gentlemen did their duty as well as they were able under the circumstances in which they were placed. The number of lunatics confined in the Colney Hatch Asylum is nearly two thousand; and the Medical Officers who are appointed to take charge of them are only two, exclusive of an Apothecary! How is it possible that these gentlemen can give that attention to the individual cases which humanity requires? We blame them not; the parties in fault are the County Justices, who have parsimoniously screwed down the establishment to this miserable standard of inefficiency. In place of two, there should be at least ten qualified men in charge of so gigantic an institution.

An unwise and unchristian economy is at the root of this abuse of philanthropy. In order to save an outlay of capital, a huge edifice is erected for the accommodation of ten times the number of lunatics that ought to be kept together under one roof; and, in pursuance of the same policy, not one-fifth the number of Medical Officers that would be sufficient to superintend such an establishment is allowed.

We believe this tendency to erect mammoth Asylums for the insane to be altogether wrong in principle and practice. It is unfavourable to the lunatic, whose well-being in a truly philanthropic system of treatment should be the first consideration; for it is absurd to suppose that a wretched creature who is surrounded by a little colony of persons as insane as himself can have a fair chance of improvement. It is unjust to the Medical Officers, who must be overwhelmed with anxiety if they endeavour conscientiously to discharge an impossible duty, or subside into

indifference under a sense of impracticability. Some time ago the Justices meditated the enlargement of this asylum; we earnestly hope that this intention will not be carried out, since it is obvious that the establishment is already much too vast and incommodious for efficient superintendence.

SUMMARY OF THE WEEK.

THE DUBLIN COW-POCK INSTITUTION.

We know that it is dangerous to cast a missile at a public institution—about as perilous indeed as to upset a hive of bees. A fortnight ago we called attention to the shortcomings of the Dublin Cow-pock Institution, having been moved thereto by the statements in a pamphlet published by Dr Long. Soon after, by the interposition of Mr Brady, M.P., the Government made inquiries into its government, and the result is a statement by the Directors, in which they endeavour to justify their proceedings. The Directors are very good men, and being so, we are only surprised that it should require so many of them to do the work of this Institution. There are three Physicians and three Surgeons, who are assisted by three Secretaries. No doubt these gentlemen are heavily taxed by their labours. They do not, however, rebut the accusation that Private Practitioners, who are non-subscribers, are charged two shillings and sixpence for two points of lymph; but they state that any Practitioner who subscribes ten shillings and sixpence a year may obtain a supply whensoever it may be required. They do not deny that Government grants the Institution 400*l.* per annum; but then there is a singular statement in the Report which puzzles our powers of comprehension. They say that in 1852 they were desirous of abolishing this charge of two shillings and sixpence a packet on Dispensaries, Workhouses, and Private Practitioners, and sent a document to the Poor-law Commissioners, showing that they were too poor to give the public the benefit of their generous intentions, but stating that "a sum of 600*l.* in addition to their *then* grant (200*l.*, which would be but 100*l.* per annum over its present average yearly income) would effectually carry out this arrangement." Now, after consulting all the Actuarial tables at hand, and knowing something, too, of the value of money, we cannot discover how an investment of 600*l.* can produce 100*l.* a year, or—or— but we really cannot understand the statement. What is their present income? Dr Long says that the Directors receive 400*l.* a year from Government, and the answer is furnished in this enigma. We hope that the Directors will oblige us by solving the riddle. Meanwhile we beg to reiterate that two shillings and sixpence is an exorbitant charge for two points of vaccine lymph; and when they assert that this charge "in no way acts upon the vaccination of the people directly or indirectly," we are sorry to say that we totally differ from them, and so does Dr Long. Such a charge, at any rate, in this Metropolis would not long be tolerated.

RESIGNATION OF SIR JAMES CLARK FROM THE MEDICAL COUNCIL.

We intimated some weeks ago that Sir James Clark intended to retire from the Medical Council—an intention that has at length been accomplished. The most important Members of the Council have now withdrawn from it, and it is deprived of the advantage of their experience, disinterestedness, and moderation. Those who have been left behind are, with scarcely an exception, there to combat for class and corporate privileges, without much regard for the interests of the Profession in their broad and general sense. Dr Baly has been appointed by Her Majesty to succeed Sir James Clark.

MEDICAL REFORM AND THE BRITISH MEDICAL ASSOCIATION.

The Medical Act, which the British Medical Association allowed to be mangled and emasculated, but which it did not originate, though its advocates are prone to assert that it did, has proved to be as distasteful to that body as to the rest of the Profession, if we may form a judgment as to its feelings from the proceedings at the recent meeting at Torquay. On the motion of Dr Richardson, a Committee was appointed to devise measures for the reform of the Medical Act, with especial reference to three points: viz., the deprivation of the power possessed by the Corporations of instituting special qualifications (the Dental qualification of the College of Surgeons, for example); the reconstitution of the Medical Council, so as to obtain a direct representation of the General Practitioners; and the introduction of some method of prosecuting persons illegally using any Medical title, so that the responsibility shall not devolve upon Private Practitioners. We congratulate Dr Richardson and the Association upon taking this step—albeit not altogether pleasing to Sir Charles Hastings—and we hope that it will not be long before they produce their Report. It is an attempt to repair the laches of which they were formerly guilty. The appointment of this Committee justifies every word that we have written in condemnation of this Act.

FRENCH SURGICAL PRACTICE.

There was a time when the fact of a young Surgeon having been a student for a session in Paris was a certificate of competency before which any advantages enjoyed in this Metropolis paled into insignificance. Parisian Surgery had the advantage of London ignorance; and as *omne ignotum* passes *pro magnifico*, it was estimated accordingly. Happily, however, the more liberal literary intercourse which has prevailed between the two countries during these few years past has furnished us with a better estimate of the relative scientific advance of the two Surgical Schools than we formerly possessed. Last week the 'Journal of Practical Medicine and Surgery' gravely reported a new method of treatment of ulcers and burns that had been adopted by M. Rossignol of Belgium, on the recommendation of M. Alex. Achard in the 'Journal de Bruxelles;' and this new method is described to consist "of a compress impregnated with cold water, protected by a water-proof texture, such as oil-silk or brown paper." Shade of Liston! Art is long; but it is longer still from London to Paris. Parisian practice would be improved, we think, by an occasional importation from the London Hospitals.

UNCERTIFICATED SURGERY.

The subjoined case is so astounding in all its details, that we can hardly find words to describe the gross ignorance of the man who had the presumption to undertake its maltreatment. It is equally astounding how the Jury could bring in a verdict of "Not Guilty."

"The deceased, Joseph Gregg, had been for some months afflicted with an aneurism of the aorta, or large artery adjoining the heart. The aneurismal sac had by pressure caused the absorption of a large portion of the sternum or breast-bone, and of the ends of the third, fourth, and fifth ribs; and having forced its way through, appeared like a large tumour or abscess, discoloured and whitish under the skin. The deceased had been to the Liverpool Infirmary, and had been attended by thirteen doctors, who told him they could not do anything to the tumour, and could do nothing for him. He was in intolerable pain, and sought out the prisoner, who told him he thought the abscess was not ripe, and he would see him in a week. The prisoner saw him, and the deceased begged of him to lance the tumour, as he could not bear the pain. The prisoner accordingly applied his lance to the surface of the tumour, and a quantity of yellow fibrine escaped, followed by clotted blood, and eventually by arterial blood. The prisoner tried to stanch the bleeding by sewing up the wound, and by applying flour and cobwebs to it. The deceased lingered from the 25th of February to the 3rd of March, when he died from exhaustion. On the part of the prosecution, it was contended that to lance an aneurism betrayed such a gross and culpable ignorance and rashness, that, the man having died in consequence, the prisoner was guilty of manslaughter.

"On the part of the prisoner, it was contended that he was a person not devoid of skill; that he had acted in good faith, and had exercised his best skill at the earnest request of the deceased; and that the fact of his not being a Medical Practitioner made no difference in point of law. It was elicited in the cross-examination of the Medical witnesses, that, except from the pulsation of such an aneurism, it would be very difficult to distinguish it from an abscess or a carbuncle, and that, covered as it was by fibrine and coagulated blood, the pulsation would be very weak; and on this evidence it was contended by the learned counsel for the defence that the prisoner, bringing fair skill and acting only at the urgent request of the deceased, was not guilty of either gross ignorance or culpable rashness, and, although he had made a mistake in the treatment of the deceased, acting to the best of his skill and ability, he was not on that account to be convicted of manslaughter.

"His Lordship, in summing up, referred to the dictum of Lord Ellenborough in Williamson's

case—'that to substantiate the charge of manslaughter the prisoner must have been guilty of criminal misconduct, arising either from the grossest ignorance or the most criminal inattention. One or the other of them was necessary to make him guilty of that criminal negligence and misconduct which are essential to make out a case of manslaughter.' His Lordship left it to the jury to say whether the evidence led them to either conclusion.

"The jury almost immediately found a verdict of 'Not Guilty.'"

REVIEWS.

On Asthma: its Pathology and Treatment. By Henry Hyde Salter, M.D.

A Treatise on Asthma is a novelty in our literature. For many years past, our observers and writers have ceased to regard Asthma in its concrete form, but, in pursuance of strict pathological theories, have referred its symptoms to special local lesions. Thus Asthma has been regarded as only a vulgar and old-fashioned term for heart-disease, emphysema, or chronic bronchitis. Indeed, Asthma is too vague a phrase to convey any satisfactory meaning, and even unlearned patients desire information more explicit than this term conveys. There is, however, a great convenience in practice in retaining terms which describe a synthesis of symptoms irrespective of the local alterations accompanying the disease, or the efficient causes that have produced it. Albuminuria is not a disease, but only the sign of one, or rather of many diseases; yet there is an advantage in retaining the term in our clinical nomenclature. The time has not yet come for a nosology based exclusively on the pathology of the solids; and it may be fairly questioned whether such a system would be much more accurate than one founded in the observation of symptoms, inasmuch as it would represent only certain effects of disease: in short, it would be a classified record of dead materials; whilst a nosology based on symptoms is, at any rate, a representation of actions in and states of the living body. The precise functional or molecular causes of disease may, for ages yet to come, elude our grasp; and, if known, would probably be too simple in their nature to afford anything more than the general rudimentary elements of certain groups of diseases, which would require more special classification to be brought within the sphere of science. We must be satisfied, therefore, at present, with the existing *rudis indigestaque moles* of medical nomenclature.

It is the misfortune of Dr Salter—though, with reference to the production of this treatise, not an equal misfortune of the Profession—that he is a sufferer from the horrors of asthma: hence his desire to record his experience of its phenomena, and to acquaint his professional brethren with the means which he has proved to be most efficacious in relieving the malady. Numerous articles from the Author's pen on this subject have already appeared in the Medical journals; so that our readers are in some measure prepared for a perusal of this book.

In the first chapter, the Author treats of the various theories that have been held respecting asthma. He objects to Laennec's division of asthma into two forms—one, "asthma with puerile respiration," the form called "nervous asthma" by Copland, and "hœmic asthma" by Walshe, though differently explained; that in which the "vital expansibility of the lungs is increased from a temporary augmentation of the respiratory necessities of the system,"—and the other, "spasmodic asthma," from a spasmodic contraction of the air-tubes. Dr Salter thinks that the first form is not asthma, any more than bronchitis is asthma. He says:

"There is an absence of the distress, of the characteristic wheeze, of the intolerance of the recumbent posture, of the evidence of deficient oxygenation, of the repetition of the attacks, of the periodicity, of the exciting causes—indeed, of every feature characteristic of asthma. It certainly is dyspnœa, and so is asthma, and that is just what they have in common, and nothing more; but to make that the warrant for calling them both asthma would be to call all forms of dyspnœa asthma—bronchitic, emphysematous, cardiac—indeed, it would be to make asthma and dyspnœa synonymous terms."

The Author agrees with Dr Walshe in considering that this dyspnœa most frequently consists in a diminished oxygenation of the blood. Dr Bree's theory, that the paroxysm of asthma is an attempt to get rid of peccant mucus; M. Beau's theory, which is very similar to it, and which regards asthma as a form of bronchitis; Dr Todd's theory, that it depends upon a poisoning, by a special *materies morbi*, of the nerves of respiration, or those portions of the nervous centres with which they are connected; Dr Budd's theory, that asthma is but the dyspnœa of emphysema, or heart-disease; Dr Walshe's, that it is in some instances caused by paralysis of the bronchial tubes—are all rejected. His own conclusions upon this point are thus stated:

"1. That asthma is essentially, and, with perhaps the exception of a single class of cases, exclusively, a nervous disease: that the nervous system is the seat of the essential pathological condition.

"2. That the phenomena of asthma—the distressing sensation and the demand for extraordinary respiratory efforts—immediately depend upon a spastic contraction of the fibre-cells of organic or unstriped muscle, which minute anatomy has demonstrated to exist in the bronchial tubes.

"3. That these phenomena are those of excito-motory or reflex action.

"4. That the extent to which the nervous system is involved differs very much in different cases, being in some cases restricted to the nervous system of the air-passages themselves.

"5. That in a large number of cases the pneumogastric nerve, both in its gastric and pulmonary portions, is the seat of the disease.

"6. That there is a large class of cases in which the nervous circuit between the source of irritation and the seat of the resulting muscular phenomena involves other portions of the nervous system besides the pneumogastric.

"7. That there are other cases in which the source of irritation, giving rise to the asthmatic paroxysm, appears to be central—in the brain; consequently, in which the action, though excito-motory, is not reflex.

"8. That there is yet a class of cases in which the exciting cause of the paroxysms appears to be essentially humoral."

The considerations that have chiefly influenced the Author in coming to these conclusions are—

"*a.* The *causes* of asthma; *b.* its *remedies*; *c.* its *associated and precursory symptoms*; *d.* its *periodicity*; *e.* the *absence of organic change*; *f.* the circumstance that the phenomena of the disease are *muscular*."

Among the *causes* of asthma, the Author enumerates fatigue, sudden fear, venereal or other excitement, and gastric irritation; among the *remedies*, "antispasmodics, sedatives, direct nervous depressants, &c.—tobacco, for example, stramonium, antimony, chloroform." With reference to chloroform, he remarks that a few whiffs will dispel the paroxysm, and—

"Remembering the action of the drug, that it is the nervous system to which it appeals, it is impossible to help seeing in this the most conclusive proof that the symptoms are due to a nervous cause."

This mode of argument is not convincing to us in proof of the exclusively nervous origin of asthma. The paroxysm is controlled by chloroform, it is true; so is the spasm in the convulsive diseases of children dependent upon disease of the brain, or upon dental or intestinal irritation. *Quoad* spasm, the chloroform acts beneficially; but is there nothing beyond the spasm which creates an extreme susceptibility of the nervous system? Again Dr Salter says:

"Nothing, indeed, in the whole range of pathological phenomena is to my mind more remarkable than the effect of emotion upon asthma. Dr Todd has told me that he has had patients come to him who have lost their asthma the moment they have entered his house; suddenly, and without any apparent cause, except the mental perturbation at being within the precincts of the physician, the difficulty of breathing has vanished. We see just the same thing in toothache—the sight of the dentist's house is enough to cure it."

Surely toothache is not "essentially nervous" in the sense that there is no positive pathological cause for it. We have known the pain arising from a carious tooth disappear in the manner stated; but there would have been no toothache had the tooth not been carious. So we say of cases of hysteria; there is always some abnormity in the system apart from the hysterical paroxysm. It does not answer the question, to reply that pain and spasm are essentially nervous. Pain and spasm are not essential properties of healthy nerve, but casual conditions of nerve in a morbid state, or under a morbid influence. What we want to know is, what are the causes that lead to these morbid sensations and actions of the nerves? We doubt, moreover, that in the case of toothache, or hysteria, or convulsive disorders generally, the cause is usually seated in the nerves themselves. Our belief is, that there are certain morbid states of the system that disturb the functional activity of the nerves, and thus produce the phenomena. We should like a little more explanation than we find upon the two propositions, "that the nervous system is the seat of the essential pathological condition," and that the "phenomena are those of excito-motory or reflex action." What is meant by the phrases "essentially nervous," and "essential pathological condition?"

Again the Author says that the *periodicity* of asthma implies its nervous character. Let Dr Salter explain himself:

"There are three kinds of periodicity in disease. One, in which it is produced by the periodical return of its cause, as in the recurrence of hay-fever every summer, the morning expectoration after a night's rest, indigestion every day at a certain time after dinner. Another, in which the periodicity seems to depend upon that ryhthmical impress which is stamped on the functions, that sort of diurnal oscillation in which the body is swung, by the constant recurrence, at one unvarying daily interval, of the habitual actions and passions of the body; I think that hectic and ague acquire their periodicity from this diurnal heat into which the body falls. But there are other diseases whose rhythmical recurrence cannot be explained on either of these suppositions, whose periodicity has no relation either to the diurnal interval or to the renewal of the cause, but which must be intrinsically periodic; such are epilepsy and asthma. In these the interval is long and of no certain standard—that is, though tolerably constant in the same individual, it differs very widely in different cases—the period is peculiar to each case, is an integral part of the pathological condition. This last kind of periodicity, and this alone, it is that points at all to the nervous nature of a disease."

Seeing, evidently, that the theory of periodicity would carry him too far, he assumes a periodicity which "has no relation either to the diurnal interval or to the renewal of the cause, but which must be intrinsically periodic,"—"in these the interval *is long and of no certain* standard,"—in short, a periodicity that is not periodic. We cannot say that, in the course of our observation of asthma, we have been able to trace any kind of *intrinsic periodicity which has no certain standard*; in fact, we cannot comprehend the phrase. We may observe upon this point, that periodicity is rather, to our minds, a law of organisation generally

than of a particular organ. The entire phenomena of life and motion prove this. Periodicity does not, then, necessarily imply the nervous character of a disease. What is ague? We go further: is even the existence of a nervous system necessary to periodicity? Vegetable life supplies the answer. The Author expresses himself in another part of his work more satisfactorily.

Another reason assigned for our Author's opinion is the possible "absence of appreciable organic change, as shown by *post-mortem* examination" when death has occurred from some other cause; and the last reason is "that the phenomena of the disease are muscular," thereby implying that the cause is nervous. We may have no difficulty in assenting to the proposition that the muscles are excited to action by the nerves, yet may not admit that the nerves would induce this action unless themselves disturbed by some organic change, or irritated by some remote disorder. The theory of the "*essentially nervous*" character of asthma does not convey a positive idea; it teaches nothing but a negation. Our observations apply to the insufficiency rather than to the positive incorrectness of the arguments put forth.

We have put our Author's views thus strongly, not from a captious feeling, but that his theory may be the better understood by the aid of his own explanation. He says:

"What, then, *is* the cause of the asthma in these cases? I do not see that we can say anything more definite than that it consists in the asthmatic tendency itself; in that special irritability of the pulmonary nervous system (as in the case of ipecacuan-asthma), or that general irritability of the whole nervous system (as in emotional asthma, &c.), which constitutes the asthmatic idiosyncrasy with which the individual was born.

"That in some cases a congenital asthmatic tendency does exist is strongly implied, I think we may say positively proved, by the undoubted hereditariness of the disease: in some families asthma is as much *the* disease as gout is in others. I have lately had under my care a gentleman whose father, paternal grandmother, and two paternal uncles, as well as himself, were asthmatic. Now, there is no doubt that what is inherited must be congenital—inborn.

"But, is any congenital peculiarity *necessary*? No; there appears to be no reason that a person may not *become* asthmatic; that the tendency to the disease may not be *acquired*—indeed, evidence as positive as can be imagined for believing that it may; that an asthmatic may at one time have differed in no respect from others, but that the tendency to his disease may have been engrafted on him by something that has happened to him. For example, the case of asthma as a sequela of measles, which I instanced just now. It is not conceivable that all the children whom this disease, or whooping-cough, leaves asthmatic, had any antecedent peculiarity. In no respect do they seem to differ from other cases, except that the disease from which the asthma dates has generally been of unusual severity.

"It would appear, then, that in respect to causation, all cases of asthma may be broadly divided into two groups:—

"1. Cases in which the essential cause of the disease—that which constitutes the individual an asthmatic—is some organic lesion, possibly not appreciable, either in the bronchial tubes, or in some part physiologically connected with the bronchial tubes.

"2. Cases in which any organic lesion is not only inappreciable, but non-existent; in which the tendency to asthma is due to something from within, not from without; in which the essential cause of the disease is a congenital, and possibly inherited, idiosyncrasy.

"I steer, therefore, a middle course between those who say that asthma always has at the root of it some organic disease within the chest, and those who deny that genuine spasmodic asthma ever depends on organic lung disease, and maintain that it is always a pure neurosis. I think I have shown, on the one hand, that there are numberless cases in which the supposition of any organic cause would be purely gratuitous, and in direct contravention of all clinical evidence and pathological reasoning; and, on the other, that we have every reason for believing that many cases, of the pure spasmodic variety, do really depend on some organic though inappreciable injury that previous disease has inflicted on the lungs."

So much, then, for the pathological cause of asthma. The following quotations give the Author's views of the proximate cause of the disease:

"But the dyspnœa of asthma tells a plainer tale than this; it tells us not only what it is not, but what it is. It gives the most positive evidence of narrowing of the air-passages. The asthmatic's breathing is what our forefathers called 'strait,' and what we call 'tight;' he feels as if a weight were on his sternum, as if his chest were compressed, as if a cord bound him, as if it would be the greatest relief to him if some one would cut his breast open and allow it to expand; he rushes to the window to get air, he cannot tolerate people or curtains about him, his clothes are loosened, and all the muscles of respiration tug and strain their utmost to fill his chest." . .

"In spite of the violent muscular effort there is hardly any respiratory movement; the parietes of the chest cannot follow the action of the muscles; on listening to the chest, the respiratory murmur is inaudible, even when not drowned by the wheezing; respiration is almost *nil*. Where, then, can this obstruction to the introduction and exit of air be? It must be in some part of the air-passages—the larynx, trachea, or bronchial tubes. In the larynx and trachea we know, from the symptoms, it is not. The fact of bronchial stricture, then, is certain."

This, then, is our Author's theory of the disease, and we cannot refuse his testimony, not only because he is a sufferer from the disorder, but because he has eliminated the question with extraordinary acuteness and intelligence.

We pass over the chapters relating to the clinical history of asthma, with the graphic descriptions of the paroxysms and the feelings and condition of the sufferer with which the book abounds, and come to that which relates especially to treatment. Dr Salter has great confidence in the influence of *depressants*—viz., ipecacuan, tartar-emetic, and tobacco; the latter being his favourite remedy. He says:

"As soon as their characteristic effect is established, the dyspnœa ceases—completely ceases from that moment; no matter how intense the spasm may have been, the moment the sensations characteristic of collapse are felt, it yields, the respiration is free, and the patient passes from agony to ease. It is one of the most striking things to witness, in the way of the effect of a remedy, that can be imagined."

More particularly he remarks:

"The effect of antimony nearly resembles that of tobacco, and it acts in the same way, but the nausea and collapse it produces are long and tedious.

"Of the three drugs, I should say ipecacuanha is the most manageable, and entails the least suffering; tobacco the most speedy and effectual.

"There are one or two practical points on which I would add a few words.

"Remedies of this kind, given with the view of cutting short the paroxysm, should be given as early as possible; and for two reasons. First, because it is much easier to break through the asthmatic condition when it is but just established; while the longer it is allowed to go on, the more inveterate and uncontrollable it becomes, and the more difficult it is to arrest it: indeed, its giving way at all may depend on the earliness with which the remedy is applied. I have known treatment powerless after the dyspnœa has continued for some hours, which never failed if administered as soon as it declared itself.

"Just at starting, in the earliest stages of the paroxysm, a very slight thing will determine its advance or retreat; and in proportion as it advances and deepens, in just such proportion do remedies become inoperative. The other reason is, that if the spasm *does* yield in spite of having been some time established, the recovery is not so complete as if the remedy had been applied immediately on its appearance. The longer the bronchial stricture lasts, the greater are the arrears of breathing and the resulting pulmonary congestion; and if this goes on unchecked and increasing for many hours, the disturbance of the vascular balance becomes so great, the capillaries of the lungs so loaded, that it is a long time, many hours, or perhaps even days, before that balance is restored, and the vessels recover their normal condition: and although the bronchial spasm may completely give way, there remains a certain amount of shortness of breath and an incapacity for exertion, and it is not until an abundant expectoration of mucus has taken place, by the pouring out of which the loaded vessels have relieved themselves, that the chest becomes clear and the breathing free. In asthma at once cut short there is no such accumulated congestion—no mucous exudation, and when the bronchial spasm ceases all dyspnœa vanishes. If on first awaking with the sensations of asthma the asthmatic nauseates himself with tobacco, or smokes his nitre-paper, or keeps himself in a standing posture, or in any other way cuts short the paroxysm, he will be throughout the succeeding day exactly the same, with the exception of the sleep he has lost, as if nothing had occurred; but if he suffers the fight between asthma and sleep to go on long, and then on the first remission of the dyspnœa lies back and goes to sleep, he will protract the asthmatic state, deepen the consequent pulmonary arrears, and not only postpone his recovery for many hours, but make it then slow and imperfect. I know an asthmatic who now never loses a day by his disease, in consequence of the promptitude with which he meets its first appearance in the early morning, but who formerly, from continuing to lie in bed and try to get sleep after the asthma had begun, protracted his sufferings through the day. He is attacked as often as ever, and at the same time—about three or four o'clock in the morning—but the moment he finds his asthma on him he takes measures to keep himself wide awake, stands leaning against a piece of furniture, and, if necessary, induces tobacco collapse, so that instead of a day's asthma he has half an hour's, and, as far as all the engagements of life go, has ceased to be an asthmatic."

Dr Salter objects to the use of opium, on the ground that sleep favours asthma by giving the ascendency to excito-motory action, and therefore would tend to increase rather than relieve the distress. He has also little faith in stramonium, it having, according to his experience, mitigated rather than cured the paroxysm. He is inclined to think, however, that the failure of the drug is in some degree owing to the mode in which it is prepared. Dr Salter has had but small experience of lobelia, and none of Indian hemp; his observations on these drugs have reference therefore to the testimony of others. Some excellent remarks conclude the volume, on the regiminal and dietetic treatment of the disease.

We cannot lay down this treatise without expressing our opinion that it is one of the ablest monographs that have appeared for many years. The subject is treated in a comprehensive and discriminating manner, with great power of analysis, in a style at once graphic, terse, and elegant. It will take its place in our library as *the* work on Asthma, and by the side of the best standard works on any subject.

Coal-Tar.—At a recent meeting of the French Academy of Sciences, a memoir by Dr Lemaire, on a new compound of coal-tar and its uses, was read. He says that coal-tar owes its properties to phenic acid, benzine, and naphthaline. Alcohol separates from coal-tar its active properties. When saponine, which dissolves fatty matters, is added, the result is a substance stated to be exceedingly valuable for its applications in hygiene, therapeutics, and natural history. The process is a discovery by M. Lebeuf, a chemist of Bayonne. Saponine is a peculiar principle extracted from saponaria officinalis, or soapwort.

The Library of the Royal Medical and Chirurgical Society will be closed from Monday, August 13, to Saturday, September 8, both days inclusive.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 98.)

It is surmised that John Hunter went into the army on account of painful disputes with his brother. It would appear that the envy and jealousy of William were not appeased or moderated by the unclouded success of his professional career, which at this time was unparalleled. That two such men should brood over passions which sullied and embittered their intercourse through life, is a painful phase of humanity, when a little concession on either side might have added much to the fame of both, and avoided criticism and censure. This unusual and extraordinary feud, commenced at an early period, and continued unabated to the end of their career, caused much scandal, and in John's case was attributed to defect of early education. The ties of blood, and similarity of pursuits, notwithstanding, held them together for twelve years. John Hunter took great delight in augmenting his brother's museum, and on his part the separation was regretted and long deplored. No doubt these circumstances, with the unsatisfactory state of his health produced by close confinement and application, decided his acceptance of the appointment on the staff of the army for foreign service. The break and change in his pursuits, a foreign climate and scenes, and active professional engagements of an army surgeon's occupation, were well suited to effect an improvement of his health.

This separation of the brothers had a good result in the temporary revival of William's latent affection for John, whom on his return he received most cordially. It is recorded by Dr Cogan, that in 1762-3 he would frequently speak, in his lectures, during his brother's absence, in the following terms: "In this I am only my brother's interpreter. I am simply the demonstrator of this discovery; it was my brother's." Dr Cogan adds, "The frequency of such expressions naturally inspired all his pupils with Mr Hunter's skill in anatomical researches, and of the Doctor's ingenuous conduct. (*a*) By thus keeping up the recollection, Dr Hunter established a high appreciation of the anatomical skill and research, as well as veneration and respect for John Hunter. He, moreover, promoted his interest by inserting three papers, prepared while his assistant, on anatomical subjects, which he also published in his absence, in a volume of the 'Medical Commentaries,' and thus kept his name alive amongst scientific inquirers. These papers related to the experiments on absorption, performed in the presence of a number of gentlemen who, as well as William, assisted and joined in the discussion on that occasion.

This campaign gave to John Hunter the *bonhomie* of a military man; he was extremely companionable, mixed freely in society, took his bottle, told his adventures, and enjoyed a laugh over a good story; and Mr Abernethy speaks of him as being, "moreover, a man of considerable humour." But his anatomical and surgical pursuits soon occupied all his time. It must, notwithstanding, be recorded that he was naturally playful. His slow method of speech, by affording him time to collect and condense his ideas, and point his humour, facilitated the display of that dry, droll repartee, — sometimes amusing, sometimes sarcastic, and never censorious, — which was so nearly allied to wit as to make him most agreeable society. His opportunities of studying varieties of character were numerous, to which his early training in country pastimes and manly pursuits gave a zest. They were not confined to scenes in his own station of life; he would pursue the instinct of contemplating the eccentricities of human character in various spheres, and under exceptionable yet grotesque conditions, as did Hogarth; and his professional engagements, no doubt, gave facilities to gratify this taste. He paid severely in his adventure to obtain the body of the Irish giant, O'Byrne. O'Byrne gave instructions in his last illness that his body should be taken out to sea and there deposited. For this object, he left a sum of money, took secret lodgings, and it was arranged that his body should be watched until that occurred. This came to the knowledge of Mr Hunter, who traced out where he died, the public-house where the watchers resorted when on relief from watching, and laid his plan to obtain the body by bribing them. He accordingly went to this place of resort, and personally undertook the negotiation by offering 100*l.* for the body, which was accepted. The watchers, finding they held a prize of no common value, and their customer very eager, threw out impediments, and demanded more and more money. At length John Hunter advanced the sum to 500*l.* on possession of the body. His real difficulty now commenced: possession of such a prize, under the circumstances, not only gave no security, but exposed him to serious implications, and compromised him for the moment both morally and legally. At a time when prejudice against dissection ran high, to be at the mercy of such people was a dangerous and imprudent position. On the removal of the body, he had his own carriage ready at hand, on the route, to carry it off to Brompton, where he had it immediately cut up, and the flesh boiled off the bones to avoid detection—which explains the dark hue of the skeleton, the bones not having been properly bleached during preparation; in other respects it is a beautiful skeleton, at present in the Hunterian Museum at the College of Surgeons. He now devoted himself assiduously to anatomy and the cultivation of natural history. To aid in the prosecution of labours which could not be conducted in the confinement of a densely-populous city, he purchased a piece of ground at Earl's Court, near Brompton, and built a house about two miles from town, where he could carry out his investigations and numerous experiments.

John Hunter's embarrassments were great—in consequence of which he taught practical anatomy and operative surgery for several winters, his half-pay and private practice not being sufficient to support him. Nevertheless, with very gloomy prospects, his industry prevailed, and the immediate difficulty of paying for the ground was liquidated, perhaps with some little help afforded by friends, from the arrears of pay remaining in the hands of the army agents, accumulated during active service. John Hunter took great delight in this suburban retreat, which he called his *Tusculanum*, where he spent in the summer all the after-part of the day, dined and slept, and found great relief from the fatigues of practice and lecturing. It was here that he projected all his schemes and experiments, and brought together that incongruous collection of beasts, birds, reptiles and insects, with fossils, shells, and numerous heterogeneous objects of natural history, including vegetables and plants, which formed the extraordinary family in possession of the house and grounds at Earl's Court. It is stated that in a paddock in the rear of the house, the most curious insects and reptiles would be seen crawling about, and associated together, described "as the strangest selection in nature." The front equally attracted notice: on each side of the parapet of the entrance portico was the figure, in stone or lead, of a lion *passant* painted red, and two more *couchant* on the ground on each side of the double flight of steps leading to the vestibule; and over the front door the mouth of a crocodile widely open, and a mound of shells piled up. This house soon became filled with his numerous collection of specimens and preparations; and upon marriage, great taste was displayed by Mrs Hunter, who possessed considerable skill as an artist, in the embellishment of a suite of rooms for occupation; inlaying the panels with her own drawings by an ingenious device, so that in the winter their removal to town could be easily effected. He was here enabled to make experiments to show the changes animal and vegetable substances undergo by the influence of gastric juice in the stomach; also by feeding animals with madder, which gives a red colour to the newly-deposited laminæ of bones, to show the process of their formation and growth. He at this time also discovered the process of exfoliation, by which dead is separated from living bone. To some of these experiments his brother William had alluded in the 'Medical Commentaries,' as named before. Inquiries and unceasing labours in comparative anatomy did not interfere with a series of numerous experiments John Hunter at the same time prosecuted upon living animals and vegetables, reared and collected at Earl's Court. In these favourite pursuits, no time or money was spared, and devotion to natural history and science found resources, notwithstanding the neglect and injustice which he considered had been hitherto bestowed by the world: he thus raised a lasting monument to his industry, perseverance, and enthusiasm." (*b*) It should have been named that in the year 1754-5 he discovered the structure of the placenta, and the communication between the mother and placenta. Dr Mackenzie, an assistant at that time to the celebrated Dr Smellie, and a friend of John Hunter's, showed him a specimen of a very curious and interesting kind; and John Hunter, in the presence of several others, succeeded in unravelling this structure, the anatomy of which had not been discovered. Upon reporting this to Dr Hunter, he at first treated it with good-humoured raillery, but accompanied John to Dr Mackenzie, and became satisfied of the importance of the demonstration. They afterwards took opportunities of making further and conclusive examinations to demonstrate the functions of the placenta. "Notwithstanding this, Dr Hunter in his lectures never took any notice of his brother's share in the investigation;" and in his splendid and elaborate work on the 'Gravid Uterus,' he accurately delineated and minutely described the anatomy and physiology of the parts, without once mentioning the author or the mode of the discovery." (*c*) "In May, 1754, Mr Hunter informs us that Dr McKenzie had been particularly successful in injecting the veins and arteries of a placenta: the appearance being new, he proceeded no further till he procured Mr Hunter's assistance in his examination. After having dissected, and made the whole into preparations," says Mr Hunter, "I returned home in the evening, and communicated what I had discovered to my brother, Dr Hunter, who at first treated it and me with good-humoured raillery, but on going with me to Dr McKenzie, was soon convinced of the fact." (*d*) It is related that Dr Smellie took so much offence at his pupil Mackenzie for thus supplying without his permission this specimen for John Hunter's demonstration, that they parted in consequence. The following is Mr Hunter's note appended to this article:—"Dr McKenzie being then an assistant of the late Dr Smellie, the procuring and dissecting this woman without Dr Smellie's knowledge was the cause of a separation between them, for the leading steps to such a discovery could not be kept a secret. The winter following, Dr McKenzie began to teach midwifery in the borough of Southwark."

(*a*) Adams' 'Memoirs,' p. 128.

(*b*) 'Encyc. Edin.'

(*c*) 'Naturalist's Library,' vol. x, p. 32.

(*d*) Adams's 'Memoirs of John Hunter,' p. 125.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—In my last communication I laid before you a summary of the number of patients attended by each Poor-law Medical Officer. I now forward to you a list of thirty Unions, extracted from one out of the eleven divisions into which the Poor-law Board have divided England and Wales. In this list will be apparent the entire want of any plan in fixing the salaries of the Medical Officers, and the absolute necessity that exists for an Act of Parliament to determine the course to be pursued by the Poor-law Board and Boards of Guardians on the subject. At present the payments are capriciously made—the man with the least to do having, in many instances, the highest salary. This it is that prevents unanimity amongst us, and enables the Guardians to tyrannise over us, and the Poor-law Board to disregard our complaints. Within the last few days I have had remitted to me from ten officers of the Grantham, Auckland, and Narbeth Unions subscriptions to the amount of 4*l.* 5s. I have also received from

the students of the Manchester Royal School of Medicine 2*l.*, which assistance I value exceedingly, as it has been spontaneously afforded, and comes from gentlemen who are only indirectly interested in the success of our appeal for justice. I trust the Poor-law Medical Officers generally will see the necessity of supplying the Association with pecuniary assistance, as 200*l.* at least will be required to enable me to lay before the Members of the Legislature early next Session the calculations I have already made, and without which I fear the influence of the Guardians will have more weight than that of the Medical Officers.

I am, &c., RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
August 6, 1860.

SOUTH-EASTERN COUNTIES.

Name of Union.	Number of Patients.	Distance of Farthest Patient.	Medical Officer's Salary.	Average Payment per Case.
		Miles.	£	s. d.
Epsom . .	1000	5	26	0 6
	171	3½	30	3 6
Guildford . .	335	8	60	3 4
	162	3	60	7 4
Hambledon . .	227	4	22	1 11
	109	3	21	3 10
Croydon . .	1715	5½	100	1 1
	943	3½	100	2 2
Kingston . .	905	5	60	1 3
	775	3	100	2 6
Malling . .	284	6	66	4 7
	169	5	66	7 9
Sevenoaks . .	736	6	100	2 8
	303	4	100	6 7
Tonbridge Wells .	1551	4	75	1 2
	813	5	105	2 7
Hollingborne .	561	4	75	2 8
	309	4	80	4 10
Cranbrook . .	154	5	30	3 10
	158	4	43	5 5
Tenterden . .	225	3	28	2 5
	91	2	30	6 7
Sheppey . .	161	4	50	6 4
	61	5	75	24 7
Eastrey . .	71	4	35	9 10
	35	5	30	17 1
Dover . . .	230	6	35	3 0
	37	6	25	13 6
Elham . . .	120	1	32	5 4
	11	1½	28	50 10
Hailsham . .	167	4	44	5 3
	161	5	80	9 11
Ticehurst . .	1030	3½	44	0 10
	394	5	52	2 7
Uckfield . .	447	7	65	2 10
	250	6	70	5 7
West Firle . .	152	4	25	3 3
	53	5	20	7 6
West Hampnett .	230	4½	45	3 10
	43	4½	42	19 6
Midhurst . .	395	6	30	1 6
	132	5	38	5 9
Westbourne .	116	6	25	4 3
	135	5	45	6 8
Portsea Island .	1146	2	42	0 8
	447	2½	42	1 10
Fareham . .	167	5	38	4 6
	89	5	47	10 5
Isle of Wight .	1377	8	70	1 0
	90	5	60	13 4
Lymington . .	1648	5½	50	0 7
	95	5½	32	6 8
Fordingbridge .	666	7	56	1 8
	490	6	90	3 8
South Stoneham .	202	5½	50	5 0
	110	3	50	9 3
Andover . .	1350	7	55	0 9
	198	7	65	6 6
Wantage . .	278	4	30	2 1
	137	4	50	7 5

These figures prove that a gross robbery is committed either on the ratepayers or the Medical Officers.

THE COMPOSITION OF CHLORODYNE.

To the Editor of the Medical Circular.

SIR,—In your number for this month you have inserted a formula for Chlorodyne, being, as you state, the result of my analysis. I beg to inform you that the formula is not correct, either as to its composition or mode of mixing, and shall feel obliged if you will publish in your next number the following formula, and mode of mixing the different articles, viz. :

℞ Chloroformyli, fl. ʒiv.
Sp. Ætheris Chlorici, fl. ʒij.
Morphiæ Hydrochlor., gr. viij.
Acidis Perchlorici, gtt. xx.
Olei Menthæ Piperitæ, gtt. ij.
Tr. Capsici, fl. ʒss.
— Cannabis Indicæ, fl. ʒj.
Acidi Hydrocyanici, gtt. xij. (Scheele's).
Theriacæ, ʒj. Misce.

The treacle is to be held over a spirit lamp until the fluids or watery part is evaporated, which is then to be rubbed up in a mortar with the chloric ether and tincture of capsicum until intimately mixed, when the other ingredients may be added and the whole shaken for some time in a phial.

Yours, &c., J. OGDEN, M.D.

Ardwick Villa, Manchester,
August, 8, 1860.

[We are glad to be able to give the foregoing authentic statement of the composition of Chlorodyne—a preparation which has hitherto been a mystery to the Profession.—ED. MED. CIRCULAR.]

THE NEW SYDENHAM SOCIETY.

ANNUAL MEETING.

The New Sydenham Society held its second annual meeting in the Club-room at Torquay, on Thursday, the 2nd inst. The Chair was taken by Sir Charles Hastings, one of the Vice-Presidents. The room was crowded.

The minutes of the former meeting having been read and confirmed, Mr Hutchinson, the Secretary, proceeded to read the annual report. Among the chief items of information conveyed in the report were the following :—1. That the Society now numbers 2850 members, and is still steadily increasing. 2. That the second edition of the first year's volumes had been almost exhausted, and that it had reimbursed the expenses attended the reprinting. 3. That the Council had finally decided on the issue of an Atlas of Illustrations of Skin Diseases, to be selected chiefly from those published by Hebra, of Vienna. 4. The issue of the first fasciculus of these Portraits will take place for the current year, and will probably be ready in December. 5. The Council hopes to be able to issue for each year's subscription the Annual Year-book and a fasciculus of the Portraits, and, in addition to these, two translated volumes. 6. Among the works at present in course of preparation are the second volume of 'Frerichs on Diseases of the Liver ;' 'Vogel and Neubauer's Handbook on the Examination, &c., of the Urine ;' Casper's 'Medical Jurisprudence,' and a reprint of 'Smellie's Midwifery,' with preface and annotations by Professor Simpson of Edinburgh.

In concluding the report, the Council urged upon the members generally the desirability of still further increasing the Society's numbers, in order to enable it to accomplish yet more for the promotion of Medical literature. It also desired to impress upon all that, in order to enable the executive to be prompt in carrying out the objects of the Society, it was absolutely essential that the subscriptions should be punctually prepaid.

In reply to a question, the Secretary stated that students, and all others connected with the Profession, were eligible as members, and that no form of proposal was needful, the payment of the year's subscription being all that was required in order to obtain the books.

The adoption of the report and balance-sheet having been moved by Mr Southam, of Manchester, and seconded by Mr Cartwright, of Oswestry, was carried unanimously.

The following gentlemen were declared duly elected as office-bearers for the ensuing year. Those to whose names the asterisk is affixed were not in office last year :—*President :*—C. J. B. Williams, M.D., F.R.S., &c. *Vice-Presidents :*—Sir Henry Holland, Bart., F.R.S. ; James W. Cusack, M.D., A.M., Dublin ; Robert Ferguson, M.D. ; H. W. Acland, M.D., F.R.S., D.C.L., Oxford ; John Macfarlane, M.D., Glasgow ; Thomas Mayo, M.D., F.R.S., President of the Royal College of Physicians ; J. Y. Simpson, M.D., Edinburgh ; *Thomas Turner, Esq., F.L.S., Manchester ; *Sir Henry Marsh, Bart., Dublin ; Thomas Watson, M.D., F.R.S. ; *George F. Evans, M.D., Birmingham ; William Fergusson, Esq., F.R.S. ; Sir Charles Hastings, Worcester ; James Paget, Esq., F.R.S. ; *Thomas B. Peacock, M.D. ; T. P. Teale, Esq., F.L.S., Leeds. *Council :*—*William Baly, M.D., F.R.S. ; Robert Barnes, M.D. ; John S. Bristowe, M.D. ; Robert Druitt, M.D. ; J. G. Fleming, M.D., Glasgow ; W. T. Gairdner, M.D., Edinburgh ; George Johnson, M.D. ; W. S. Kirkes, M.D. ; W. M'Ewen, M.D., Chester ; *M. Martin de Bartolomé, M.D., Sheffield ; J. Moore Neligan, M.D., Dublin ; John W. Ogle, M.D. ; *Edward L. Ormerod, M.D., Brighton ; Richard Quain, M.D. ; *George Rolleston, M.D., Oxford ; W. Sedgwick. Saunders, M.D. ; Robert W. Smith, M.D., Dublin ; William H. Stone, M.D. ; Thomas H. Tanner, M.D. ; *Hermann Weber, M.D. ; E. R. Bickersteth, Esq., Liverpool ; *William Bowman, Esq., F.R.S. ; Charles Brooke, Esq., F.R.S. ; *Henry Clark, Esq., Bristol ; *Edward Cock, Esq. ; *Prescott G. Hewitt, Esq. ; Peter Hood, Esq. ; George M. Humphry, M.D., F.R.S., Cambridge ; Jas. S. Millar, Esq., Edinburgh ; *Edward Ray, Esq., Dulwich ; *William S. Savory, Esq., F.R.S. ; Henry Thompson, Esq. —*Treasurer :*—G. Hilaro Barlow, M.D., 5 Union street, S.E.—*Secretary :*—Jonathan Hutchinson, Esq., 14 Finsbury circus, E.C.

The fact having been brought before the meeting, under the instructions of the Council, that the Council of the late Sydenham Society had unanimously voted its residue funds (about 300*l.*) to its successor, and that the same had been gladly accepted, it was moved by Mr Hadley, of Birmingham, seconded by Mr Soden, of Bath, and carried by acclamation—"That the special thanks of this meeting be conveyed to the Council of the former Society for its very liberal act in transferring its residuary funds to the New Sydenham Society."

As auditors of the Society's balance sheet for the current year, the following gentlemen were appointed :—Dr Stewart, Dr W. M. Cooke, and Mr Thomas Bryant.

It was moved by Dr Henry and seconded by Mr Southam, "That the warm thanks of the meeting should be given to the Hon. Local Secretaries of the Society, to whose exertions in so large a measure it owed its present very prosperous condition."

After votes of thanks to the retiring Council, to Mr Hutchinson, the General Secretary, and to Sir Charles Hastings for his kindness in presiding, the meeting adjourned.

OUR NOTE BOOK.

FATTY LIVER.—DEPOSIT OF THE FATTY MATTER IN THE CENTRE OF THE LOBULES.

By LIONEL S. BEALE, M.B., F.R.S.

In the specimens of fatty liver which I have hitherto examined, the fatty matter was deposited principally at the margin or *portal aspect* of the lobules. In the present instance, however, the cells near the postal surface of the lobules are comparatively free from fat, while this substance is present in large quantity near the intralobular or hepatic vein. The deposition of fat seems to have commenced in the centre, and to have spread from thence towards the circumference of the lobule. In the fatty liver of phthisis, and in other varieties of fatty liver, which have been described by authors, the oil globules are very numerous towards the circumference of the lobules, while often none can be detected in the centre. The accumulation of fatty matter at the outer part of the lobule is often so great as to map out the lobules most distinctly, the central part of each being surrounded by a broad belt of fatty matter which looks quite white by reflected light.

In the present instance the deposit of fatty matter took place differently, and must have been due to causes of a very different nature to those which determine this change in the liver generally.

The liver was obtained from a girl, aged 14, who was found in a field in a state of starvation. No history could be obtained, and her intellect was so much impaired that she was unable to give

any account of herself. She had probably endured cold and exposure, and had received but a very small allowance of food for a considerable period of time. She was admitted into the hospital in a state of extreme emaciation, and was placed under the care of Dr Todd. She lay in a dull, listless state, but never rallied, and died five or six weeks after her admission. No morbid condition of any organ could be discovered by the unaided eye. There was generally extreme emaciation, and an almost total absence of adipose tissue. The liver was the only organ I examined microscopically. It presented nothing remarkable on general inspection, and its size, colour, and consistence were normal. It contained little blood.

Now, in this case, it is clear that the presence of the fatty matter cannot be attributed to the existence of a large quantity of fat in the portal blood. It can therefore hardly be referred to increased nutrition of the cells. It is very improbable that in such a case the cells should have possessed an increased power of attracting fatty matter from the blood. It would seem as if the nutritive processes were almost entirely suspended, and although life was prolonged for a considerable period, the waste seems to have continued in spite of every attempt to introduce a sufficient quantity of nutrient materials into the organism. Why did not the cells at the circumference of the lobules, which are the oldest, undergo a morbid change before those in the centre? The most important changes occurring in the healthy organ undoubtedly takes place in these cells. The portal blood, rich in fatty matters and other constituents recently absorbed from the intestine, reaches these cells first, and before it arrives at the centre of the lobule, certain substances entering into the formation of bile are doubtless almost entirely removed. Here the circulation is slowest, and in this part of the lobule the most active secretion of bile undoubtedly occurs. It is in this situation that the changes in fatty liver and those in cirrhosis of the liver undoubtedly commence. It must be borne in mind that the cells grow from the centre towards the circumference of the lobule, the youngest cells being always found in the former, the oldest in the latter situation. The *development* and multiplication of the cells then appear to take place near the hepatic vein, where the circulation is most rapid; their *growth*, as they pass towards the circumference of the lobule where the blood is distributed over a great extent of surface, and the circulation comparatively slow.

The accumulation of fatty matter in the present case would seem to be due to changes affecting the development and early growth, rather than upon those connected with the secreting action of the cells. It is difficult to explain the manner in which the fatty matter is produced, but it is not unreasonable to suppose that the material so closely resembling oily matter in its microscopical characters, which seems so intimately connected with the formation of nuclei, should accumulate to an unusual extent in a case where the conditions necessary to the complete development of the nucleus, and the material which surrounds it, are not present. There would seem to be a greatly-increased proportion of fatty matter in this part of the lobule without any absolute increase, and possibly even with a diminution in the total amount of hepatic tissue entering into the formation of the lobule. Probably some constituents present in a normal state are entirely absent in this instance. The force to which their separation from the blood and their conversion into the materials of the normal cell is due is wanting, and substances which ought to have been converted into the material of which the cells are composed, and from which the bile is formed, remain in a crude state and assume the form of fat globules, as has been described. At the same time, it must be admitted that this explanation is not very complete or satisfactory, and it is offered only in the hope that more light may be thrown upon the subject in future investigation.

In Fig. 1, Plate II, the general appearance of a thin section of the liver in which the portal vein had been injected is shown — a portion of a lobule more highly magnified in which the branches of the hepatic were injected is figured immediately below this (Fig. 3). The large oil globules in the centre of the lobule are well shown, and their gradual diminution towards the circumference, where the tubes appear to be filled with brown granular matter, is represented. Below this figure some of the collections of oil globules are seen. In Fig. 7, the branching of the duct and its connection with the tubular network is very distinct.

In these drawings there is little indication of the existence of true cells; indeed, it is very difficult in many diseased specimens to detect anything like a liver cell as it is usually described. The free portions observed are certainly not enclosed in a cell membrane, but appear to be fragments irregularly broken off from the mass which occupies the tubular network. Many portions were observed closely resembling those figured in which there was not the least cellular appearance. I have already alluded to this subject in the 'Anatomy of the Liver,' page 47, and I propose to discuss this important question in its numerous bearings in a future communication.

The conclusions derived from an examination of this liver may be summed up as follows:

1. The fatty matter exists in the central part of the lobules, and diminishes in quantity towards the circumference.

2. The changes probably are connected with the development and early growth of the cells, not with their secreting action.

3. The nuclei of the cells are destroyed and degenerate, or are not formed at all in that part of the lobule where their multiplication takes place in health, and oily materials which would have been altered during the development and multiplication of nuclei remain in a crude and unaltered state.—'Archives of Medicine.'

CAUTERISATION.—A CURE FOR FISSURE OF SOFT PALATE.

Professor J. Cloquet communicated to the Academy of Sciences a highly interesting surgical case, forwarded through him to the Academy by M. Benoît, Professor of the Faculty of Medicine of Montpellier. It was an instance of congenital fissure of the soft palate, cured by reiterated cauterisation.

The deformity, which interested the soft palate only, was attended with all the symptoms it is capable of producing. Merely a few words could be pronounced, and so disfigured that even the child's parents were unable to understand them; deglutition was impeded, solid and more especially liquid substances returning through the nose; expuition was utterly impossible, the saliva or mucous secretions involuntarily dropping from the mouth, or being expelled by automatic movements of the tongue. The poor child had attained his eleventh year, and time had in nowise ameliorated his condition, when M. Benoît undertook the case.

The treatment was begun on the 8th of May, 1857, and was twice interrupted, once by a journey, and on another occasion by the measles; the time thus lost being deducted, the cure occupied nineteen months.

The soft palate has now entirely united, the uvula only remaining bifurcated. The symptoms have all disappeared; the articulation of words is easy, but the tone of the voice still somewhat impaired; the patient speaks a little through his nose, a circumstance referred by M. Benoît more to habit than to the insignificant fissure which remains. The Author supports this assertion by adducing the case, still under his observation, of a man bearing a congenital division of the uvula, nearly similar to that which persists in the patient whose history has been related above, and in whom the articulation of words is perfectly natural. M. Cloquet has had occasion to make the same remark in one of the cases he has published.

In M. Benoît's patient the favourable result was effected by thirty-three cauterisations, fourteen of which were performed with the proto-nitrate of mercury, and nineteen with the lunar caustic, applied, in accordance with M. Cloquet's precept, at the angle and edges of the fissure in an extent of one or two lines only. The child, who at first dreaded the operation, has become so indifferent to it that he now spontaneously requests to have it performed: M. Benoît therefore intends to attempt the union of the bifid uvula, and entertains no doubt of ultimate success.

This is, therefore, a fresh instance of union of cleft-palate by reiterated cauterisation, in a young and timid child, for whom staphyloraphy could not for several years have been thought of. The treatment was so free from pain, and interfered so little with the boy's occupations, that his education, hitherto entirely neglected in consequence of the deformity, was entered upon during the progress of the treatment, and has been prosecuted with such success, that in October 1858 he was admitted into the Montpellier College, where he gradually rose to the first places in competition with his school-fellows, and obtained at the close of the year six nominations and one prize for *recitation*. "The latter premium," justly observes M. Benoît, "is a superabundant proof of the satisfactory pronunciation of this child, who, previously to the treatment, spoke unintelligibly even for his parents."

"There are cases, however," said M. Cloquet, "in which cauterisation is insufficient to cure split-palate; I refer to those in which the palatine bones are divided; here autoplasty becomes necessary; but, as M. Hippolyte Larrey has remarked in a recent publication, cauterisation may be of much assistance in promoting the cure. It would be possible," says this eminent surgeon, "to turn this procedure to profitable account, even in those cases in which otherwise it might be unavailing, when, for instance, autoplasty has achieved but incomplete results and a small aperture remains."

The method of cauterisation seems to have become more general, and M. Cloquet mentioned an admirable result obtained by M. Gaillard, surgeon of the Hôtel-Dieu of Poitiers, not, it is true, on the velum, but on far more complex organs, in the case of a little child who was born with deformed hands and feet. Both feet were bifid in almost the whole of the anterior half, and resembled the claw of a lobster. It would have been difficult for the infant even to walk, and the use of common shoes would have been utterly impossible. M. Gaillard rendered the edges of the fissures regular, and, by successive cauterisations of the angle of the division, effected sufficient union of the disunited halves of each foot to allow of the child, who is now four and a half years of age, wearing tight shoes and walking with perfect ease.

Upwards of thirty years since, by the same procedure, M. Cloquet succeeded in effecting the union, in the case of a young man, of the two halves of a congenital bifid thumb (two small phalanges existed, each provided with a narrow but distinct nail). A deep longitudinal furrow persisted at the junction of the two nails, which, instead of being divergent, became parallel to each other, and the thumb, thus nearly restored to its natural shape, recovered the regularity of its functions.—'Journal of Practical Medicine and Surgery.'

ON THE TREATMENT OF PRURIGO.

The Author (Dr von Bärensprung) warns his readers against the employment of stimulating agents. Local anæsthetics, as, for example, chloroform, are also useless. On the contrary, cold baths, cold ablutions, and applications to the skin, procure relief and quiet; tepid baths, bran baths, and vapour baths, allay the increased excitement. Anointing the skin with mild fatty matters, and inunctions with lard, are also suitable means of procuring alleviation of the patient's sufferings. The Author enumerates the preparations of sulphur, tar, and sublimate, as specific remedies. Slight cases of prurigo are undoubtedly often cured by sulphur baths and sulphur ointments. In obstinate cases the Author obtained remarkable effects from baths of sublimate. The patient takes every second day, or at longer intervals, a bath at 95° Fahrenheit, in which two drachms of sublimate are dissolved; in general six such baths are sufficient to effect a perfect cure. The absorption of the sublimate is in this case very trifling, and its action is mainly local. It is necessary to remark that the bathing-vessel should be constructed of wood, and not of zinc or copper, as, if these metals be employed, not only is the vessel itself destroyed by the decomposition, but the bath is rendered inefficacious.—'Vierteljahrschrift für die Praktische Heilkunde,' 1860. Band lxv., 'Analekten,' p. 65.

ON A NEW FORM OF CHLORIDE OF SODIUM.

By M. Tuson.

Lately, on opening a tightly-fitting tin box, in which a quantity of salmon-roe paste had been allowed to remain for nearly three years, it was found that the organic matter was covered by an efflorescence of acicular crystals. One of my pupils collected some of these crystals, analysed

them, and pronounced them to consist entirely of chloride of sodium. As I had never heard of chloride of sodium crystallising in needles, their examination was repeated, but still the same results were obtained. Some of the crystals were next dissolved in water, and the solution produced submitted to spontaneous evaporation, when the whole of the salt deposited in the ordinary or cubical form. This result, therefore, fully confirms the conclusions dedneed from analysis.

The crystals, some of which are nearly half an inch long, appear to be rectangular prisms terminated by four-sided pyramids. They are beautifully clear, colourless, transparent, elastic, longitudinally and transversely striated, and many are bent or contorted in a manner similar to the native hydrated sulphate of lime called selenite by mineralogists. The acicular crystals are anhydrous, and undergo no change in form or diminution in transparency when exposed to air at ordinary temperatures, or even at a low red heat. The needles of chloride of sodium possess one property which is a very familiar characteristic of the cubical salt—namely, that when heated they decrepitate. It is singular to remark that, at all events as far as we know at present, the acicular varieties of the chlorides of potassium and of sodium are only developed in the presence of organic matter, just as the production of octahedral chloride of sodium appears to be due to the solution from which it crystallises containing urea. Since writing the foregoing, I have observed an efflorescence of acicular chloride of sodium on an animal deposit which was sent me for analysis, and which had been originally mixed with a solution of common salt to prevent it undergoing putrefaction.

ON RETENTION OF URINE IN FŒTAL LIFE.

M. Depaul, the eminent Paris obstetrician, has just concluded, in the 'Gazette Hebdomadaire' of the 8th instant, an important paper on the above subject. The research, lucidity, and practical value of the essay are very great; and we are sure that it will be read with benefit by all who are interested in obstetric practice. Amongst the concluding propositions, we remark the following:—"The difficulties which may arise from the distension of the fœtal bladder are such that, in several cases, the head and limbs were torn off without surmounting the obstacle. This distension cannot be detected before parturition, but may be suspected during labour. It can be made out clearly only by the hand introduced into the uterus. When tractions are useless, we should think of puncturing the bladder; and this should be done with the utmost nicety, as the distension of the urinary receptacle does not lessen the viability of the child. After birth, it may become practicable to perform a second operation, by which the obstacle to the escape of the urine may be removed and the child eventually be saved."—'Lancet.'

COLOURATION OF THE BONES OF THE FŒTUS BY MADDER GIVEN TO THE MOTHER.

M. Flourens says: "It is near twenty years since I presented to the Academy (3rd Feb., 1840) two or three skeletons of pigeons, reddened by the action of madder, which had been mixed for a certain time with the food of those animals. The last experiments of this kind, made in France, were by Duhamel in 1739, just a century before mine. The experiments of Duhamel were almost forgotten, mine were received with curiosity by physiologists. At the meeting of the Academy on Feb. 24, 1840, passing from my observations on birds to those of mammals, I presented to the Academy the skeletons of two or three puny pigs whose bones and teeth were completely reddened by the action of madder mixed with the food. To-day I present to the Academy a fact much more curious, and, as I believe, quite new. Not merely are the bones of the animal itself nourished with madder, but those of the fœtus also are reddened, and of much deeper colour, by the single circumstance that the mother has been submitted to a diet mixed with madder during the last forty-five days of gestation. Not only have all the bones become red, but the teeth also, and what is remarkable, in a manner much more complete and uniform than when the fœtus being born, is itself submitted, so soon as it can eat, to the madder régime. So much greater permeability does the tissue of the embryo afford to the circulation of the blood of the mother. But it is only the bones and the teeth which become thus affected. Neither the periosteum, nor the cartilages, nor the tendons, nor the muscles, nor the stomach, nor the intestines—nothing, in a word, which is not bone, is thus coloured. I can show to the Academy three pieces which are three parts of the same skeleton. The first is the right tibia. All the bone is red, but neither the periosteum nor the cartilage is at all so. The second piece is the left tibia; a shred of periosteum has been detached at one point, and it is seen to preserve its ordinary white colour. The third piece is the rest of the skeleton. One may remark above all the teeth which are perfectly coloured. The sow which gave me this fœtus produced five at the birth. Two were dead, and both were found equally coloured. Three others live, and we may judge by the colour of the teeth that of the rest of the skeleton. The mother does not communicate directly or immediately with the interior of the fœtus except through the blood. Now, the connection of the blood of the mother with that of the fœtus, in whatever mode that may be, which I shall examine in another note, is a fact full of consequences. How does the fœtus respire? How is it nourished? Evidently through the blood of the mother. All physiologists have also thought and said so. But does the blood of the mother communicate with that of the fœtus? Here is the whole question, and by the specimens which I bring before the Academy one may see that it is resolved. The blood of the mother communicates so fully with that of the fœtus, that the colouring principle of madder, the same principle which colours the bones of the mother, colours also the bones of the fœtus."—'Comptes Rendus' and 'London Medical Review.'

APPLICATIONS OF IODINE TO THE CERVIX UTERI IN THE VOMITING OF PREGNANCY.

Dr Miller relates some cases in proof of the frequency with which the vomiting of pregnancy is dependent upon an inflamed state of the cervix uteri, and of the efficacy of the practice which consists in painting it freely with an ethereal tincture of iodine, composed of half a drachm to one drachm of the iodine to one ounce of sulphuric ether. Dr Miller adds that he and his Medical friends have during the last ten years employed this formula as far preferable in inflammatory affections, especially erysipelas, to tincture of iodine.—'Boston Medical Journal,' vol. lxi., p. 70, and 'Medical Times.'

DEATHS.

CAMPBELL.—July 20, at 221 Gallowgate street, Glasgow, suddenly, from the bursting of a blood-vessel in the head, James Campbell, L.F.P.S. Glasg., aged 50.

HENRY.—June 27, at his residence, Belleville, Canada West, Walter Henry, M.D., late Inspector-General of Hospitals, aged 69.

KNIGHT.—June 14, at Bijnore, East Indies, Dr R. C. Knight.

LAMB.—June 21, at Mussoorie, East Indies, Dr M. B. Lamb.

MACKESEY.—June 21, *en route* for Calcutta, Dr William Mackesey, aged 32.

RENDELL.—July 30, at 111 Euston road, William Rendell. He was Surgeon in the army in the Peninsula under the late Duke of Wellington. He also served in the Walcheren Expedition and in Canada.

ROBERTS.—May 14, suddenly, at Butcher's Island, Bombay, William O. Roberts, Assistant-Surgeon to H.M.S. 'Retribution,' aged 26.

ROBIQUET.—Edmond Robiquet, Professor at the Paris School of Pharmacy, and one of the most distinguished Pharmaceutical Chemists, has just died, in the 38th year of his age.

SCHLOSSBERGER.—July 9, at Stuttgart, Dr Julius Schlossberger, Professor of Chemistry at the University of Tübingen, formerly Assistant to the late Professor Gregory, Edinburgh.

TURNER.—August 4, at Bexley Heath, Kent, John Cusson Turner, formerly of Brighton, M.D., &c., aged 47.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 2nd inst.:—James Jackson Adair, Douglas, Isle of Man; Ponsonby Kelly Adair, Lincoln's-inn Dispensary; William Shepheard Bennett, Plymouth; George Colby, New Malton, Yorkshire; William Henry France, Sheffield; Goorequer Griffith, Dublin; Robert Iliffe, Coventry; Thomas Auchmuty Keating, Springfield, Guelph, Canada; John Henry Charles Erridge King, Portsmouth; Alexander Neil, India; Arthur Henry Nowell, Richmond; Cornthwaite Hector Rason, Eastbourne; William Arthur Rush, Southminster, Essex; Samuel Coseley Smith, Staffordshire; Charles Gordon Sprague, Kimbolton; Charles Henry Hilton Stone, Manchester; William Thomas Winter, Cotham, Bristol.—The following gentlemen have lately passed the Anatomical and Physiological Examination:—Messrs Wm. Michael Whitmarsh, Philip B. Henry Ayres, Thos. P. Wright, Haslar. Harris, John Thomas Henry West, Douglas John Dutton, John Nash Smart, Ponsonby Kelly Adair, Heber Dowling Ellis, Louis Ernest Dnmaine, Henry Edward Jessop, Henry Geo. Williamson, Chas. Maslew Deane, Thos. Heath Curtis, Henry Chas. Woods, John Fleming, Michael Benny, Lynch Thomas, Henry Howell Parry, Philip Rich. Tomlinson, Christopher M. Davidson, Warner Atkinson, Wilmot Horton Trevor Power, Joseph Silverthorne Belcher, John Dunstan, Wm. Henry Dixon, John Oliphant, Theophilus Geo. Husband Nicholson, Henry Edward Langford, Wm. Spalding, Anthony Robinson Oliver, Edmund Willett, Samuel Henry Ramsbotham, Francis Griffiths, Edw. Clapham, Edward Dodd, Fred. Steel, Thos. Simpson, Fred. Augustus Palmer Haines, Courtney Nedwill, Robt. Nash, Edward Ellis, Wm. Quarrell, Rich. Dawson, Henry Chas. Wine, Edm. Spooner Machin, Thos. Spilsbury Swinson, Christopher Casper John Kotzé, Francis Patrick Staples, W. Thos. Davies, John Nicholson, Martin Brünges, Thos. Jones, Henry Collins, Joseph Hainsworth, Walter Leaf, Œded Lansley, Wm. Henry B. Clapp, John Lidderdale, Stephen Joseph Manock, Sam. Linley Heald, George Edmund Young, John Andrew Ferris, Thos. Hubert Wadd, Albert Dunning Hunt, Peter Gentle, Thos. Thomson Dick, Fred. Wm. Ricketts, W. Barnes Thomson, Wazir Beg, Jas. Capron Roll, and John Trefourd Jones.

APOTHECARIES' HALL.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, August 2:—Eugene Francis Cronin, Kennington; Adam Fletcher, Bury, Lancashire; Allen Lankester Haynes, Evesham, Worcestershire. The following gentlemen also on the same day passed their First Examination:—Thomas Wemyss Bogg, Louth, Lincolnshire; John Dustan, Jersey; Thomas Holmested, Guy's Hospital; Sidney Thorp, Guy's Hospital.

UNIVERSITY OF LONDON.—MATRICULATION, July, 1860.—The following is a list of candidates who have obtained honours in the respective subjects:—*Mathematics and Natural Philosophy:* Edmund Ledger (Exhibition), City of London School; George Campbell de Morgan, University College; Henry Charles Watson, University College; John Grimes, Wesleyan Coll. Inst., Taunton; John Williams, Normal College, Swansea; Frederick Wm. Richards, Merchant Taylors' School.—*Chemistry:* Alex. Morrison Thomson (Prize), King's College; William Hackney, University College, and James Millington, Cambridge House, Hackney, equal; Edw. Casey, Uppingham Grammar School, Julian Augustus Michael Evans, University College, and Walter Flight, Queenwood College, equal; William Marshall Watts, Owen's College; Frederick Wm. Richards, Merchant Taylors' School; Bushell Anningson, St Bee's College, and Charles Albert Hingston, Portland Grammar School, Plymouth equal.—*Botany:* Frederick Wm. Richards, Merchant Taylors' School; Henry Trimen, King's College School.—*Zoology:* Wm. Hackney (Prize), University College; William Sheldon, Stratford-on-Avon Gram. School; George Edward Shuttleworth, City of London School; Henry Law Kempthorne, Marlborough College; John Tanner, Guy's Hospital.—*Classics:* John George Chancellor (Exhibition), Clare College, Cambridge; Benjamin Renshaw, Stonyhurst College; Augustus Sam. Wilkins, Bishop Stortford Collegiate School; Robert Cardwell, Stonyhurst College;

Edward Ford, Wesley College, Sheffield; John Ryan, Stonyhurst College; Thomas Geo. Osborn, private tuition; Charles Alfred Payton, New College; Francis Frederick Rigg, Wesleyan Coll. Inst., Taunton.

University College, London.—At a Meeting of the Professors and Students of the Medical Faculty, held in the Botanical Theatre of the College, Professor Williamson, F.R.S., Dean, in the chair, the result of the class examinations and competition for prizes at the close of the summer term of the Faculty was announced as follows:—Practical Chemistry. — Professor Williamson, F.R.S. (Dean).—Gold medal, Alex. Bruce, of London; certificates of honour, 2nd, Thomas Foggitt, of Sandhutton, Yorkshire; 3rd (equal), Frederic Fowke, of Ryde, Isle of Wight; Edward Thomas Tibbits, of King's Norton, Leicestershire; George W. Knox, of London; George Walker, of Wigan; Julian A. Evans, of Pinner; and Palemon Best, St Ives, Cornwall. Materia Medica and Therapeutics.—Professor Garrod, M.D.—Gold medal, William Henry Griffin, of Banbury; 1st silver medal, Walker Rickards, of Leicester; 2nd silver medal, William Saul, of Banbury; certificates, 4th, George E. Walker, of Wigan; 5th, Thomas Griffiths, of Carmarthenshire; 6th, Edward Lloyd H. Fox, of Broughton, Hants; 7th, William M. Rogers, of the Mauritius; 8th, James Augustin Greene, of Calcutta; 9th, Alexander Bruce; 10th (equal), George A. Cubley, of Derby; and Reuben T. Warne, of Plymouth. Medical Jurisprudence.—Professor Harley, M.D.—Gold medal, Henry Charlton Bastian, of Falmouth; silver medal, William J. Smith, of Westheath, Hants. Midwifery.—Professor Murphy, M.D.—Gold medal, John H. Hutchinson, of Catterick, Yorkshire; 1st silver medal, Henry C. Bastian; 2nd silver medal, William Saul; certificates of honour, 4th, Edward C. Bury, of Mitchelstown, Ireland; 5th, James Augustin Greene; 6th, George B. Phillips, of Clapham; 7th, William Henry Brotherton, of London. Ophthalmic Medicine and Surgery.—Professor Wharton Jones, M.D.—Silver medal, William Pile, of Barbadoes; certificate of honour, 2nd, John Henry Bridgman, of Bridport. Botany (senior class).—Professor Lindley, M.D.—Gold medal, Thomas Griffiths; silver medal, Richard T. Key, of London; certificates of honour, 3rd, Thomas F. H. Green, of Burnley; 4th, Henry Curtis, of Wellingborough.

University and King's College, Aberdeen.—The Degree of M.D. was conferred on the following gentlemen, after examination, on August 3rd:—George Brotherton Barron, Lancashire; Daniel Beaton, Isle of Wight; Henry Vareke Bindon, Staff Surgeon, Chatham; Henry Billingburst, Islington; Samuel Blakeley, Tyrone; Edw. Hugh Blakeney, Deputy Inspector-General of Staff; Edwin Henry Bolton, Surrey; Miles Vernon Bourke, Limerick; Lewis George Broadbent, Bamburgh; John Candy, Sussex; John Clarke, Assistant Surgeon, 95th Regiment; William Connon, Aberdeenshire; William Coward, South Shields; James Coutts, Aberdeen; William Harry Cooke, Staffordshire; Francis John Corbould, Kent; Thomas Crowther, Yorkshire; Alfred Baker Cutfield, Deal; David Deas, Inspector-General of Hospitals and Fleets; William Deamer, Newcastle-upon-Trent; Oliver Evans, Deputy Inspector of Hospitals, R.N.; Albert Fleming, Sussex; Thos. Balle Forster, Devonport; George Gibson, Chesterle-Street; John Greig, Kincardineshire; Alfred Harvey, London; Leonard H. J. Hayne, Greenwich Hospital; Harrison Hanna, Belfast; George Henry Jackson, Tottenham; David King, Ayrshire; Alfred Kitching, Hull; James Lawrence, Ayrshire; Frederick William Le Grand, Staff Surgeon, R.N.; Thomas Logan, Ayrshire; Augustus Kingston Maybury, Richmond; William Mactyre, London; John Macnab, Lanarkshire; Thomas Mackern, London; James Bell Metcalfe, London; Samuel Smith Millar, Enfield; Alfred M'Kinlay Milman, New Galloway; John Morison, Durham; Michael M'Harg, Co. Antrim; Thomas John Murphy, 60th Rifles; John O'Connell, Cork; Thomas Bacon Phillips, Brighton; John Raines, Manchester; James Rae, R.N., Haslar Hospital; Joseph Rix, Huntingdonshire; Charles Slesser, Aberdeenshire; Charles Somerville, Staffordshire; John Augustus Sommers, Liverpool; Lawrence Spencer, Lancashire; William Stephen, Aberdeen; John Grant Stewart, Greenwich Hospital; William Sutherland, Croydon; John Sutton, Nottinghamshire; John Taylor, London; Thomas George Tebay, London; John Henry Thomas, London; William Thursfield, Shropshire; Charles William Turner, Gloucestershire; John Tulloch, 10th Regiment; Edward Thomas Tylecote, Staffordshire; James Watt, Aberdeen; William Warrwick, Belfast; Thomas Henry Waterworth, London; Samuel Jardine Windowe, H.M. Indian Medical Service.

University of Edinburgh: Degrees in Medicine.—Wednesday, the 1st inst., was the "capping-day" of those graduates of the University who have passed the prescribed examination for the degree of Doctor of Medicine. The proceedings took place in the chemistry class-room, which was, as usual on such occasions, densely crowded. Principal Sir David Brewster presided, and around him were Professors Christison, Syme, Bennett, Crawford, Kelland, Frazer, Traill, Swinton, More, Balfour, Allman, and Laycock. The Rev. Professor Crawford opened the proceedings with prayer. The following are the names of the fifty-seven graduates:—*Scotland:* James Allan, *c*Wm. Anderson, Alex. Balantyne, *b*Andrew Bonthron, Colville Brown, *c*Geo. Cowie, *a*Alex. Dickson, Robt. Erskine, Wm. John Fairbairn, Geo. Hood, Robt. Inglis, *b*Robt. Little, *c*David Lyell, Jas. Nairn M'Dougall, *a*Wm. Carmichael, M'Intosh, *b*Robt. Craig Maclagan, Thos. John Maclagan, *c*James Middleton, *c*Geo. Monteath, John Black Nicol, *c*John O'Neil, Wm. Borwick Robertson, John Ross, Gideon Rutherford, *c*Jas. Saidler, Walter Scott, *c*Robert Stirling Sloan, Robt. Spence, John Jas. Thom, Ebenezer Thomson, Thomas Warden, Peter Plenderleith Whitefield.—*England:* *c*Christopher Jas. Allan, *a*Thos. Annandale, John Broster, Wm. Wilson Cusworth, John Henry Chas. Erridge King, Henry Edward Langford, Wm. Ward Leadam, Wm. Cook Low, *b*Henry Scott, Wm. Scott, Wm. Sheriff, *c*Offley Bohun Shore.—*Ireland:* Wm. Riddall Bell, *c*Samuel Gamble White.—*America:* John Curtis Jones.—*Canada:* John Racey.—*Nova Scotia:* Arthur Moren.—*India:* Valentine Munbee M'Master.—*Port Louis:* Horatio Lazare Beaugeard, John Etienne Arthur Le Déaut.—*Barbadoes:* Wm. John Branch, *c*Wm. Cummings Piggott.—*Trinidad:* *c*Gustavus Chas. Philip Murray.—*Cape of Good Hope:* *c*Alex. Abercrombie, John Philip de Landsberg. [Those who have obtained prizes for their dissertations are marked thus, *a*; those deemed worthy of competing for the dissertation prizes, *b*; those commended for their dissertations, *c*.] At the close of the ceremony of "capping," medals were awarded to Dr Thomas Annandale, Dr Alex. Dickson, and Dr Wm. C. M'Intosh, for their dissertations. Professor Bennett delivered the graduation address, which was chiefly devoted to medical politics.

Guy's Hospital.—Examination of Students in Medicine and its Allied Sciences, July 28, 1860.—Third year's students: E. Beckit Truman, first prize, 40*l*.; F. Mark Cann, second prize, 35*l*.; E. Beckit Truman, the Treasurer's gold medal for Clinical Medicine; F. Mark Cann, the Treasurer's gold medal for Clinical Surgery. Second year's students: Thomas Holmested, first prize, 35*l*.; James F. Stamper, second prize, 30*l*.; P. R. J. B. Minns, third honorary certificate; John Makens, fourth honorary certificate. First year's students: Thomas Stevenson, first prize, 30*l*.; J. St T. Clark, second prize, 25*l*.; J. H. Evans, P. Proctor, W. R. Grove, Joseph Willes, William Murdoch, Henry Hicks, Joseph Lamb, J. A. Taylor, Robert Slade, candidates to whom honorary certificates were awarded (in order of merit).—*Entrance Examination in Classics, Mathematics, &c., Oct.*, 1859: First and second prizes, Wm. Murdoch and T. D. Welch (eq.), 22*l*. 10s.; third prize, A. G. Wilks, 15*l*.; J. St T. Clarke, T. Stevenson, Joseph Willes, F. Woodman, candidates to whom honorary certificates were awarded (in alphabetical order).

A State Asylum for "Criminal Lunatics" is in course of erection at Broadmoor on Bagshot Heath. At present accommodation is to be provided for 400 males and 100 females. The total number of Criminal Lunatics confined in Asylums, Hospitals, and Licensed Houses was, on January 1st, 1860, 731. It is supposed that a merciful administration of justice will reduce this number greatly, so as to bring the Bagshot accommodation up to the demands upon it.

A New College for the Training of Idiots.—In 1857, we favourably noticed a little work by Mr Abbott, M.A., of Queen's College, Cambridge, in which he urged the utility of a Government grant for the education of the twenty thousand idiots, now placed in our lunatic asylums or living at home. Mr Abbott's appeal met with no response, and we are glad to find that, instead of waiting for parliamentary support, he has put his shoulder to the wheel, and opened at Lansdowne House, Greenwich, an institution for the training of idiots of the upper classes. To reclaim the idiot, he must be tutored by a more impartial authority than can be found in the family circle; by a tutor well acquainted with the wonderful cunning by which the idiot evades discipline, and that tenacity of will by which he has all his life shaped his family to his own imperfect ends. We are glad to find that the institution is placed under medical supervision, and that two physicians, Dr. H. Osman, and Dr. J. R. Hancorn, reside on the premises.

The Dust Nuisance Abated.—Experiments have of late been undertaken at Lyons to allay the dust by keeping the streets in a state of perpetual moisture. The agent used is hydrochloric acid, which prevents the rising of the dust by forming chloride of calcium, a deliquescent salt. The method originated with the proprietor of a manufactory of chemicals, who perceived that a terrace of his always presented a moist surface.

The New Species of Man.—M. Payle denies that the Niams-Niams, inhabitants of Sondan, have any prolongation of the coccyx. They are, therefore, improperly called tailed men. These people attach an animal's tail to the place where a tail should be fixed, and this is all their clothing. This it is which has led travellers into mistakes on the matter.

In the Principality of Anhalt-Dessau a new tax has been established on the practitioners of medicine and surgery, a new law on vaccination, and an order for the dispensing of medicines by physicians.

Cholera in Spain.—Recent accounts received from Spain state that cholera extends its mortal influence throughout the southern provinces, Valencia being now the seat of its ravages. In consequence, the steamers sailing from Barcelona thitherward have suspended touching at the first-named port.

Army Mortality Returns.—Mr Freeland has given notice of his intention to ask the Secretary-at-War whether the death-rates in the different regiments of the army, and the causes of death, cannot in future be given in the Registrar-General's quarterly reports. Hitherto the sanitary statistics of the country have been made imperfect by the abstraction of the military portion of the community. There are many obvious reasons which render it highly desirable that Mr Freeland's proposition should be carried out. The army authorities boast, and we believe not without reason, of the accuracy and completeness of their health statistics. The next subject for congratulation, we hope, will be their publication and utilization.

The Tomb of Harvey.—It has been determined by the College of Physicians, with the consent of the next of kin of the illustrious Discoverer of the Circulation, to restore his tomb at Hempstead Church in such a manner as to secure his remains from the desecration and destruction to which they are now exposed.

Another Death from a Dissecting Wound.—M. Dumay, demonstrator of anatomy at the dissecting-rooms of the Faculty of Paris, has just died in consequence of a slight wound received whilst demonstrating. The deceased was much esteemed as a teacher, and had been attached to the school for many years.

Fissiparous Generation.—M. Balbiani has performed further experiments on the subject of fissiparous generation. According to him, it is a very common, instead of a very rare phenomena, as is sometimes thought. To witness its production, however, requires great delicacy of observation and manipulation. He says that he has seen one microscopic animal give birth by fissiparity to more than 2,000 individuals in the course of seventeen days. M. Balbiani counts them by taking one from the number under the microscope, when they have reached fifty. He puts it in water containing none of the animals, and leaves it there until fifty more are formed, and continues thus as long as the phenomenon continues. He does not, however, consider the fissiparity as indefinite; a moment arrives when sexual generation becomes necessary for the transmission of life. A new argument this against spontaneous generation.

CARMARTHENSHIRE INFIRMARY.—A special general meeting of the subscribers of this institution was held on the 1st of August at the Infirmary, for the purpose of electing a Physician and House Surgeon; the former in the room of the late Dr Bowen, and the latter instead of Mr J. L. Thomas, who has resigned. It was resolved, on the proposition of T. C. Morris, Esq., that Thomas Lewis, M.D., be appointed a Physician to this institution, in the room of the late Dr Bowen. Resolved, on the proposition of Mr Hughes, that David Lloyd, Esq., be appointed House-Surgeon and Apothecary, at a salary of 100*l.* per annum. Resolved, that H. Lawrence, M.D., be appointed Honorary and Consulting Physician to this institution, having resigned the office of Physician. In accepting the resignation of Dr Lawrence, the grateful acknowledgments of the subscribers were tendered to him for his valuable, zealous, and unremitting services from the opening of the institution to the present time.

FEMALE PHARMACIENS.—Mrs Mary Fajarde and Mrs Caroline de Matos have lately obtained diplomas as pharmaceutists from the Medico-Chirurgical School of Lisbon. It would appear, according to the *Gazette Médicale*, that these ladies had already been admitted in the same capacity at Oporto in 1829.

INCREASE OF LUNATICS.—The experience of all countries has shown that the numbers of the insane increase so rapidly that the accommodation provided, however sufficient it may at first have appeared, has in a short time been found inadequate. In France, for instance, the number of the insane in public and private asylums amounted, on January 1, 1835, to 10,539; whereas, on January 1, 1854, they had increased to 24,524. In England and Wales the number of pauper lunatics amounted, in August 1843, to 16,764; of whom 3,525 were in county asylums, 2,298 in licensed houses, and 4,063 in workhouses. On January 1, 1859, the number of pauper lunatics had increased to 30,318; of whom 14,481 were placed in county or borough asylums, 2,076 in registered hospitals and licensed houses, and 7,963 in workhouses. It thus appears that in sixteen years the number of pauper lunatics in England and Wales had nearly doubled, and that in 1859 nearly as many were in public and private asylums as were on the roll in 1843.—(Report of Commissioners.)

STATE OF THE PUBLIC HEALTH.—The following interesting paragraph is from the last quarterly return of the Registrar-General:—"The deaths registered in the three months that ended June 30 were 110,878, a larger number than was returned in any previous June quarter (1848-59). The extent to which life was invaded and destroyed by causes that have been described, badness of weather and dearness of food, can be only partially discovered by comparing the mortality with an average derived from seasons both healthy and unhealthy; but it may be stated that the annual rate of mortality last quarter was 2·228 per cent. of the population, while the average of ten previous springs was 2·195. In other words, the mortality was such, that if it had been maintained for a year, out of 100,000 persons 33 would have died in excess of the number to whom a season that could not be represented as healthy, but only of average character, would have been fatal. If the mortality had been at the rate of 17 in 1,000 annually, which is ascertained to be the rule of selected healthy districts, instead of the actual rate (22), the deaths in the whole of England and Wales last quarter would have been 85,283; and 25,595 persons would, when the period had closed, still have formed as many units in the sum of human existence. An excess of deaths which is not decreed by inexorable fate may very properly be termed 'unnatural;' though it is quite true that, only the conditions being different, it is Nature that killeth as well as giveth life. It is a remarkable and interesting fact, if two millions of acres on which the chief towns of England are situated be distinguished from the remaining thirty-five that hold small towns and country parishes, it is found that the rate of mortality on the former (2·305 per cent. per annum) was below the average of last quarter, whereas on the latter the rate 2·155 was above the average. The average rates were respectively 2·346 and 2·028. Although the time may be distant when cities will be as healthful as rural districts, or the inferiority which our English poet ascribed to 'the town' as the handiwork of man become much less apparent in point of salubrity than it is at present, it cannot be questioned that large populations have even now advantages of a nature favourable to health which villages do not possess. The highest attainable health is probably to be sought in a happy combination of both states—*rus in urbe*. The words of an excellent popular writer may prove to be no dream, but a well-founded expectation: he believes that we shall ultimately obtain 'a complete interpenetration of city and country, a complete fusion of their different modes of life, and a combination of the advantages of both, such as no country in the world has ever seen.' But it may be asked, whether it is forbidden by this last expression to accept as a perfect model even Nebuchadnezzar's Babylon, which the distinguished writer himself has extolled."

METEOROLOGY OF THE SECOND QUARTER OF 1860.—"The temperature of the air, barometrical pressure, rain and other elements of the weather, which has been of unusual character, are minutely and skilfully described by Mr Glaisher, in the appendix to this report. He states that both days and nights in April were remarkably cold; those in May were both somewhat warmer than usual; in June both were cold, particularly the high-day temperatures, which were lower than in May, though usually they are higher by seven degrees. April was colder than it had been previously in any year since 1839; and we must travel back to 1821 to find so cold a June. June was colder than May at Guernsey, in Cornwall and Devonshire, and near the sea, south of latitude 53°. The mean temperature of the quarter at Greenwich was 50°·5°, which is less by 2·3° than the average of the same quarter in 19 years. At Greenwich the rain-fall in June was 5·8 in.; as far back as 1815 there is no instance of so large a fall in June. This fall was, however, greatly exceeded at stations south of Greenwich, particularly in Hampshire."—(Registrar General.)

APPOINTMENTS FOR THE WEEK.

Wednesday, August 15.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 16.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, August 17.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 18.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, August 20.

Operations at the Royal Free Hospital, 2 p.m.

Metropolitan Free Hospital, 2 p.m.

Tuesday, August 21.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Reformed Roman or Oriental Baths, &c. By James Tucker, M.D. Dublin: Wm. McGee.

Poor-law Reform. By Wm. Gilbert. London: Judd and Glass.

Homicidal Mania. By C. L. Robertson, M.B. Exeter: Wm. Pollard.

NOTICES TO CORRESPONDENTS.

MR G. BROOKS.—No.

CHIRURGUS.—Neither the Medical Council nor the College of Surgeons has any power in such a case. If injury be done, the person sustaining it would have his redress in a court of law.

MR EDWARD L.—Dr Sims, of America, introduced the silver wire suture. Bozeman's method is applicable chiefly to vesico-vaginal fistulas. No doubt the method is very successful in such cases.

A SUBSCRIBER.—We apprehend that Dr Todd carried the stimulating system to its highest point, from which there will be a gradual ebb from henceforth. No man can push the practice more resolutely than he did, and very few will make the attempt. We decline to give an opinion upon the case stated.

B. B.—Certainly.

ALPHA (Leeds).—You are not compellable to comply with the requirement. The interpretation is far-fetched.

A SUBSCRIBER (Cheltenham).—The law was so formerly; but the Medical Act has altered it.

A STUDENT.—1st. Yes.—2nd. Churchill.

AN ALIENIST.—The suggestions are good; but we hold the opinion that modern asylums are much too large, and are, consequently, supervised with difficulty. Even supposing that every attendant on lunatics were required to have a certificate of competency and good conduct as a licence to pursue his calling, that would not supersede the necessity of a strict supervision by the Medical Officer. A certificate might be easily obtained by a very indifferent man.

A COUNTRY SUBSCRIBER.—The number containing the review of Dr Todd's book shall be forwarded.

J. H. S.—1st. We cannot inform you.—2nd. Yes.—3rd. Written and oral.

AN APOTHECARY.—There has not been any proposal to include the Licentiates in the scheme.

DR LYON.—We have not seen the Address alluded to, but it would no doubt give us pleasure to peruse it. With respect to the points mooted in our Correspondents' note, we can only say that we desire to hold an even beam. More than half of the Profession now possess the Doctorate; the honour, therefore, is less exclusive than formerly. We are pressed on all sides. "*Hac urguet lupus, hac canis.*"

E. C. W.—We do not imagine that you would be refused; whether your certificate would give you a legal right to attend is a question we cannot answer, as we do not know the wording of the certificate.

INQUIREN.—If a man binds himself not to practise in a given district, and, notwithstanding, continues to see patients who reside within the district at his house out of the district, sending the medicines within the district to the houses of the patients, there can be no doubt that he is acting dishonourably. Whether he could be punished or not would depend upon the legal interpretation to be put upon the term "to practise." There is no doubt in our mind that the supplying of medicines is exercising one of the functions of, and therefore practising as an apothecary; and we should think that a surgeon would consider such conduct a violation of the agreement. Engagements of this nature cannot be drawn up with too much precision.

*** (Stonykirk).—You would be liable to attend the patient; if you have any objection to give the attendance, the ground of your objection should be stated to the Guardians at the next weekly meeting.

Letters received from R. Millington, S. W. Hudson, &c. &c.

PULVIS JACOBI VER., NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the folllowing paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis:*"

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. 1. p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver., Newbery's,*" otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.

Paper and Envelopes.

A SAVING OF FULL 6s. IN THE POUND.

Cream Laid Note, 2s., 3s., and 4s. per ream.

Large Blue Wove ditto, 3s. 6d. and 4s. 6d. per ream.

SUPER THICK CREAM LAID ENVELOPES, 6d. per 100.

Manuscript Paper, 4s. 6d., and Foolscap, 6s. 6d. per ream.

Bordered Note, Five Quires for 1s.

STRAW Paper, 2s. 6d. per ream.

No CHARGE for Plain Stamping. Dies engraved from 2s. 6d.

White and Blue Demys, and other Wrapping Papers, at a small commission on the mill prices.

Price List post free. SAMPLE packet for six stamps.

CARRIAGE PAID to the country on orders over 20s.

PARTRIDGE and COZENS, Manufacturing Stationers, No. 1 Chancery lane, and 192 Fleet street, E.C.

Neuralgia, Nervous Headaches, Rheumatism, and Stiff Joints Cured, and

Grey Hair Restored to its Natural Colour, by

F. M. HERRING'S PATENT

Magnetic Brushes,

10s. and 15s.; Combs, 2s. 6d. to 20s.

N.B. — The Electro-Galvanic Brushes were formerly made and sold by F. M. H., but the dirt and trouble inseparable from a galvanic apparatus were insurmountable obstacles to their use.

Offices, 32 Basinghall street.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 73 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE by "WEISS"—(Quite New).

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

Wines, guaranteed Pure

and Genuine, at per Dozen, including bottles: Fine old Port, 26s.; superior old Sherry, 24s.; superior old Claret, 16s.; finest old Sicilian Sherry, 24s.; superior Champagne, 32s.; fine old Pale Cognac Brandy, 44s. Samples forwarded, free on application.

T. W. REILLY,

33 Finsbury place North, Finsbury square, London, E.C.

Post-office Orders with Country Orders.

H. Silverlock's Medical

Label Warehouse, Letter-Press, Copper-Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors' Commons, London, E.C.

H. Silverlock's stock of LABELS for DISPENSING purposes, having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen; a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d.

Printed Catalogues of the above may be had, post free on application.

Printing of every description at moderate prices.

Bed Bugs, Green Fly, Red

SPIDER, MILDEW. — GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in the 'Gardener's Chronicle,' 'Cottage Gardener,' and 'Field.' Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen. Wholesale by

PRICE'S PATENT CANDLE COMPANY, LIMITED.

H. Potter, Leech Importer,

In again soliciting a trial of his LEECH AQUARIUM, can now refer to an established reputation for it of four years' standing. Leeches have been kept healthy in it for more than twelve months without any other nourishment. Price, complete with Smyrna Clay, &c., £1 5s.; or a Glass one with oval top, at 12s. 6d.; at the Depot, 65 Farringdon street, London.

Wholesale Warehouse for Assorted Turkey Sponge, and Eau de Cologne in original cases.

H. P., as an Importer of Hungarian and other Leeches, solicits a trial of them; they are not to be excelled for quality and cheapness.

A Priced Catalogue of them and his Medical Herbs sent free to any address.

65 FARRINGDON STREET.

For Correct Family Arms,

CREST, or PEDIGREE, send name and country, and 7s. 6d., to J. LOCK'S City Heraldic Office, No. 2 Old Jewry, E.C., London, and in a few days you will receive a neat drawing of your Arms, &c., in Heraldic Colours, to be engraved on Seal, Ring, or Family Plate. On y parle Français, Italien, Allemand, et Hollandais. Wedding orders executed.

For Family Arms, send name

and county to the HERALDIC OFFICE. No charge for Search. Correct sketch and description, 2s. 6d.; in colour, 5s. Monumental brasses, seals, dies, and diploma plates, in Mediæval and modern styles. Lever-press and Crest dies, one guinea. Illustrated price-list per post.

ARMS, CRESTS, &c.—Gold Medal for engraving Crests on rings or seals, 8s.; on dies, 7s.; arms, crest, and motto, 25s; book-plate, 25s.

T. MORING, Engraver and Heraldic Artist, 44 High Holborn, London.

SOLID GOLD, 18-carat, Hall marked Sard, or Bloodstone RING, engraved with CREST, two guineas; seals, desk-seals, pencil-cases, &c. Send size of finger with orders for rings.

Struve's Seltzer, Fachingen,

VICHY, MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade are now open for the 36th Season. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH and Co., Pharmaceutical Chemists to the Queen, 177 Regent street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever

TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided: a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 3d.

Price of an Umbilical Truss, 42s., and 52s. 6d.

Postage, 1s. 10d.

Elastic Stockings for Vari-

COSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s. 6d. 7s. 6d., 10s., and 16s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,

228 Piccadilly, London.

Notice—Behenna and Co.

ACCOUNTANTS, conduct all business entrusted to them, with secrecy, economy, and despatch. Accounts prepared in Bankruptcy and Insolvency. Arrangements made with Creditors. Tradesmen's Books regularly kept. Partnerships and Loans negotiated. Offices, 11 Beaufort buildings, Strand London W.C. Hours from 10 till 4.

Important to Surgeons.—

The old-established and well-known Business of JOHN MILLIKIN, now MILLIKIN and LAWLEY, 161 Strand, adjoining King's College. A change in the proprietorship offers to Surgeons the opportunity of purchasing any kind of Instrument from this well-manufactured stock, which cannot be surpassed in style, quality, or price.

Messrs MILLIKIN & LAWLEY beg to draw the attention of their friends and customers to the superior stock of Mathematical Instruments, their great variety of Cutlery, and the selection of first-class Microscopes, Opera and Race Glasses.

A great variety of Skeletons, Skulls, Hands, Feet, &c., of superior quality, at moderate charges.

Every description of Surgical Instruments made to order, with the utmost PRECISION and DESPATCH.

Surgical Instruments and Cutlery Repaired Daily.

S. W. Silver and Co.'s

OUTFITTING WAREHOUSES, 66 and 67 Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and Civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Gluten Bread, Semola,

CHOCOLATE, BISCUITS, CAKES and PATES, for Diabetes, Consumption, Dyspepsia, Asthmas, Invalids, and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.—John Bell and Co., 338 Oxford street; Thomas Kesting, 79 St Paul's churchyard; Glaisyer and Kemp, Brighton; Alderton, Hastings; Tylee, Bath; Ferris and Co., Bristol; Schacht, Clifton; Randall and Son, Southampton; Proctor and Son, Newcastle; Rendall, Torquay, Exeter, Taunton, and Plymouth; Lofthouse, Hull; Mackay, Edinburgh; and wholesale only of

G. VAN ABBOTT, 13 Basinghall street, E.C.

Medical Practitioners Sup-

plied with ASSISTANTS, gratis, by MAIR and SONS, 34 Bedford street, Strand, who also DISPOSE of PRACTICES on moderate terms

---

Fresh Air. — "McKinnell's

PATENT VENTILATOR does that which is the great object in keeping buildings healthy. It rids them of the foul air, and provides for the free inlet of a fresh supply. It is simplicity itself—as, indeed, are most of the Mechanisms adapted to Natural Laws. It can be fitted with ease to carriages, ships, houses, coal-mines, schools, churches, &c. The system, too, is cheap."—'Medical Times,' July 7, p. 11.

JOHN McKINNELL, Patentee, 9 Gloucester terrace, Clarendon road, London, W. Descriptive Pamphlets sent on receipt of one stamp.

Pure Country Milk and

CREAM.—Messrs EDMONDS and BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the purity and freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16 Marchmont street, Russell square; and at St Petersburgh place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A prospectus free by post.

Millikin, late Bigg and Milli-

kin, Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 9 St Thomas's street, Southwark, S.E.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.—July 21st. Cure of Hernia—Invagination.—Mr Wood. (Aug. 5th.) Lithotomy—Lateral Operation—Necrosis of Sternum and Costo-Sternal Cartilages, with Strumous Anscess of Breast.—Mr Fergusson. Plastic Surgery on Face and Neck.—Mr Bowman.

Cure of Hernia.—Mr Wood.

Cure of hernia is a distinguished practice of modern surgery, and the advances and improvements in its practice which have occurred within the last three or four years have been rapid and important, until we have arrived at the last, Mr Wood's operation, which has hitherto proved, under his practice, both permanent in its results and quick in recoveries after operation, patients out and walking about at the end of a fortnight. Even now there are manifestations that this effective and successful operation is not endowed with finality, but that it is destined on many occasions to give way. Advances in simplifying it, and in removing complications attending, have already been some time proposed by Mr Curling and Mr Henry Lee, and changes and modifications are being suggested in daily practice to meet particular contingencies by different surgeons. Several Continental surgeons had proposed and practised modifications for effecting a similar treatment; amongst whom we may name MM. Ragg, Bonnet, Gerdy, and M. Rothmunde of Munich, before the discovery of either Wütze's or Mr Wood's plan. Mr Wood's operation, which we shall presently describe, is a modification of and a very important improvement upon Wütze's. Wütze's was uncertain in its success, which has not been the case with Mr Wood's operation. It is a subject of curious remark, that a curative treatment of hernia has been slowly arrived at, notwithstanding for that object its conditions are good. Cure by ligature of umbilical hernia was practised with invariable success by the writer forty years ago, solving the problem of safety upon inducing adhesion by lymph deposit on strangulation of sac and tissues after reduction of hernial contents. This success is especially manifest in operating upon young subjects, where no alteration, thickening, or degeneration of structures have occurred. It is clear the time has arrived when old cases of hernia will become extinct, and we shall have only those cases resulting from accidents late in life, since all young subjects will be operated upon forthwith for *cure of hernia*. Mr Wood's operation has been attended with almost invariable success.

Operation. — Mr Wood has given a very clear and interesting history of the operation before the Fellows of the Medico-Chirurgical Society, and demonstrated its success by bringing to their notice several cases cured upon whom he had operated, and others have also given descriptions on different occasions, yet, as it is a rather complicated performance, we may be permitted to refer to its details.

The patient, a man about thirty years of age, was placed under chloroform. Laid on his back, and rupture being reduced, the skin was detached from the superficial fascia by introducing tenotomy knife at upper part of scrotum, below lowest part of hernial prominence, and about an inch below the line of the spine of the pubis. An incision was then carried through the skin to the superficial fascia, about an inch in length, which was detached all round by subcutaneous section for about two inches in diameter. When this was effected, the forefinger was introduced by forcibly pushing up and invaginating the fascia as high as the inguinal ring. To effect this, the finger must be introduced well under the skin to invaginate effectively as high as behind Poupart's ligament, and external pillar. A large convex well-curved needle upon a strong handle armed with ligature of thick thread is then guided especially to protect the epigastric and circumflex iliac arteries, by the end of the left forefinger, through the invaginated passage, through conjoined tendon and triangular fascia forming posterior wall of ring, and then through the external pillar of the ring which forms anterior wall of canal, close to Poupart's ligament. The armed needle having been thrust through the pillar and skin, the ends of the ligature were brought through the opening and a central loop in the latter, and the needle withdrawn. The internal pillar was then also reached through the invaginated canal, and pierced with needle in same way, raising the external and depressing the internal pillars, thus humouring the mobile parts to facilitate passage of needle to reach the same opening in the skin of the groin. A cylindrical roll of glass or flattened compress of boxwood, 2¼ in. long by 1 wide, being laid firmly over the canal, the ends of ligature being passed through the loop and tied over the compress, the forefinger should, before fastening, be passed through the external ring to ascertain if the ligatures draw upon the posterior wall. The opening in the scrotum should be tucked well up to, but not within, the external ring. In recent and young subjects, when no adhesions or thickening of parts from callus exist, and tissues are vascular, or when the sac is small, without connection or adhesion with cord, the ligature in such cases may be applied through the fascia and ring, without including sac. Avoiding puncturing the sac in this manner, danger of inducing peritoneal inflammation is avoided. In old cases attachments are formed independent of peritoneum, with scrotum and cord, through which the ligatures necessarily pass, they being all invaginated with the sac and fascia. But after the upper orifice is closed by the ligature, inflammation of peritoneum from the sac is not so likely to happen or take place in the abdominal cavity. In Mr Wood's skilful hands great success occurs, but such might not attend the operation in other hands. The structure of the parts offer considerable facilities for invagination. The loose areolar tissue of the lower surface of the fascia, its synovial character and absence of fat, as also its toughness, compactness, and elasticity, all facilitate that process, giving firm hold to ligatures, and inducing adhesion by lymph deposit, and secure success of operation in such cases. Wütze's, and other plans do not get hold upon the posterior wall of the canal by the ligature, so that the posterior invaginated fascia remains patent for intrusion of future portions of intestine. If to effect this great pressure was obtained, which is often the case, sloughing might occur. In Mr Wood's operation, the skin in process of cicatrization by contraction becomes elevated to the approximated margins of the external abdominal ring. The scrotal fascia, being a highly-organised and vascular tissue, forms a medium of union by lymph adhesion between the tendinous structures and the anterior wall, and also becomes united to the spermatic cord, and thus a kind of valve is formed. The ligatures have a beneficial tendency after operation to counteract the action of the rectus muscle upon conjoined tendon, and consequently upon the inguinal canal; which action tends to draw the posterior wall of hernial sac backwards, and thus dilating it, encourages the growth and early production of hernia by facilitating escape of gut. The action of rectus is thus directly counteracted. The fasciæ, superficial and intercolumnar, so much increased in surface from the dilatation of herniæ, being tough—they also being denuded during operation by laceration and subcutaneous section—adhere from lymph deposit to sides of canal, and thus form a plug in this *cul de sac*. This is rendered complete by the adhesion of sides of dilated external ring, effected by the ligatures passed through them, and through the same holes in the skin, having united them by adhesion of lymph to the invaginated canal. The ligatures likewise being firmly secured over the glass or boxwood cylinder, obtains great torsion, and thus effects by compression a degree of vigour in the union and cicatrices of these loose, flabby tissues, which otherwise could not be effected, as the lymph deposit might degenerate, and give spongy, false, and weak adhesion, especially in old and large-dilated sacs, with future complications in consequence. The compress is allowed to remain from the fourth to the seventh day, dependent upon the vigorous or feeble adhesion in course of formation. The ligatures are not removed so long as they channel away pus or other secretion, and serve like setons to compress and keep alive the action required to give density and firmness to union of sides of invagination. This is especially valuable in the loose conditions of hereditary herniæ. This operation requires little use of knife—no cutting after first incision—and is attended with no scars of skin and fascia after ligatures have sloughed off; the scrotum and parts become natural, and certainly no danger is incurred when performed by a skilful anatomist. Mr Wood has operated successfully upon fourteen cases, some time back, and no doubt has increased that number since. These cases were not selected, but taken as they came to him. In one *varicocele* was present, and the varicocele was also cured by the operation. The patient wore no truss, and was able to lift 100lb. weight, and the side operated upon was quite as strong as the other a few weeks after cure. In another, varicocele occurred on the third day from the operation, necessitating the removal of pad and dressings, which was the only doubtful case. Mr Wood does not now recommend a truss after operation; it tends to produce absorption of newly-formed tissues within canal and ring, which tissues form a plug to prevent return of the hernia. The treatment has been generally a fortnight, and not exceeded three weeks. A light truss might for safety be worn on occasions of great exertion or unusual exercise. Mr Henry Lee has practised invagination of skin of scrotum, with fascia into inguinal ring, by pushing it with the forefinger of left hand up to the inguinal ring. The needle armed with ligature guided by this finger is thrust through the *external* wall of inguinal canal, and out through the skin of the parietes of the abdomen. One end of ligature is left free, and armed needle returned through the same aperture in the scrotum, but pierced and passed through the *internal* wall of inguinal canal. Needle removed, the two ends of ligature are secured by fastening them together, and they are left to ulcerate out.

A successful case of Mr Curling's is recorded in 'Medico-Chirurgical Transactions,' in which, in an omental hernia, he performed a similar operation "by passing the needle through the anterior and posterior walls of the canal."

(August 5th.)—Lithotomy.— Mr Fergusson.

This patient, a man about forty years old, Mr Fergusson had examined a week since. Found urethra large and a good subject for lithotrity, but he was a very irritable subject. He readily acceded to operation for lithotomy, and the lateral operation was performed by Mr Fergusson, attended with a little difficulty in extracting stone. Showing three forceps, and taking up the largest of the three, Mr Fergusson said, "I usually extract the stone with these forceps, which, you see, are large, and have convex wedge-formed blades. This advantage results from their use—you dilate well the neck of bladder and prostate gland by these wedge-like and expanded blades. Their large surface and solidity assist in finding the stone, and on withdrawing them by the semi-rotary movement their wedge-like action brings away the stone with facility and sureness. On this occasion I used the smallest forceps, which obtained firm hold of the stone with facility. On withdrawing them, their force and size were not sufficient to give easy and quick dilatation of the urethra and prostate, and the stone slipped out of the blades. I then introduced a scope, and obtained firm hold of the stone between it and my finger, but it slipped away again. The dilatation after these three attempts became complete, and upon introducing the largest forceps you saw I easily withdrew the stone. Another advantage of large forceps is, they cover well the stone, and prevent rough sides, as in this instance, from coming in contact with soft parts during extraction. For this particular stone these large forceps are exactly suitable: you see," showing the stone in the blades of the forceps, "they nearly cover its circumference." From having recommended lithotrity, Mr Fergusson, no doubt, concluded that the stone was small. It was a circular stone, of more than medium size, flattened on both sides. To hear a great operator expose a source of impediment and difficulty in surgical operation, is always profitable. The knife used on this occasion shut like a pocket-knife, had a long spare blade, straight back to point, cutting edge slightly convex from point for about two-thirds of its length, and then had a slightly concave sweep to heel; a construction giving it great facility and freedom for withdrawal with a cut, the line of action corresponding with the axis of external incision; its length giving power and freedom of use, and distal convexity rendering it light, and able to give unity to external and internal incision.

Necrosis of Sternum and Costo-Sternal Cartilages, with Strumous Anscess of Breast.

Suppuration and abscess on the breast occurred to this patient about five years since, evidently

having a strumous character, leaving sinuses. The patient being so irritable, she could not bear introduction of a probe, chloroform was administered. The upper sinus, which implicated only the soft tissues between the skin and bone, and which Mr Fergusson freely opened by incision, guided by finger, would no doubt quickly heal. The lower sinus communicated in a burrowing manner with others in different directions, and also with the sternum and costo-sternal cartilages. It was traced with probe, and laid freely open. In the diseased tissues a small spicula of necrosed bone, superficially situated, was removed. Upon dilatation, the sternum was rough and denuded, denoting necrosis of bone. Mr Ferguson introduced a scope, and gouged out a portion of dead bone. This small spicula acting upon degenerated tisssues having low vitality, had long prevented a healing process. The spicula of bone being removed and a free opening made, would induce reaction, and throwing off remainder of caries, if there be any, these free incisions and scraping of bone would act by stimulating a healthful process. Usual dressings applied.

PLASTIC SURGERY ON FACE AND NECK.—MR BOWMAN.

A patient of Mr Bowman's, a woman about forty-five years of age, was introduced, to have further plastic operations performed upon face, eye, mouth, and neck. She had had repeated operations done already of an interesting kind, to restore lost, and repair deformed and destroyed parts. The series of operations had commenced about five months since. It was a most extraordinary case; the whole of the left side of the woman's face having been destroyed by burns, including left eye, quite gone—tissues and integuments of the lateral part of the head and face, the chin, lips, and front of the mouth entirely lost, exposing alveolary processes, fauces, and tongue, and great destruction of parts about neck and throat. This state had induced Mr Bowman, at different times, to perform a series of complicated dissections and manœuvres on all the injured parts within reach, to accomplish restoration and renewal, as well as removal of parts, by plastic means. It appears that by dissecting portions of cuticle and integument from the forehead, Mr Bowman had obtained required flaps, which he transformed to the eye and other parts of injured face, keeping their connection, and thus obtained restoration, or renovation of lost tissues and integuments, and a great mitigation of deformity almost revolting to witness. The same plastic means were practised in transposition of skin and tissue from right side of the face and neck, to be readapted to form the outline of the chin and lips. By bringing the dissected integument and skin into the places required; for example, from the neck, to form plastically, the intended lips, was brought into contiguity with the mucous membrane of the mouth. The mucous membrane had its margin converted into free edges, by dissecting their surface; union being thus obtained by adhesive lymph effusion. The great restoration of destroyed tissues and lost parts, and the amelioration of deformity, were a pleasing and extraordinary demonstration of the results of plastic surgery, and of the great patience and skill displayed in these successful operations. It appeared that slits, scarification, and incisions here and there, especially upon external angle of the right eye, and left angle of mouth—the incisions to obviate contractions of cicatrices, &c.—had to be occasionally done during treatment.

THE SPIRIT OF THE PERIODICALS.

We extract the following article on *Foreign Bodies in the Bladder* from the 'Journal of Practical Medicine and Surgery:'

"On the 26th September, 1859, a woman, aged forty-nine, suddenly experienced exquisite pain originating in the presence of a calculus in the urethra; this concretion was crushed, and partly extracted, the remaining fragments being expelled with the urine. A month after, the same sudden pains recurred, occasioned by retention of urine, which was produced by a tuft of hairs agglomerated and united by a soft substance, forming a flat mass of ⅔ inch in diameter, and rather more than ¼ inch in thickness, covered with an earthy crust. A fortnight after, the permanent symptoms of stone were present; and in the space of a few weeks they increased to such a degree, that life became insupportable. Admitted into hospital on the 28th April last, the woman, already exhausted by pain and sleeplessness, underwent an operation on the 3rd May following. A large and friable stone was seized and crushed; but in closing the lithoclast to withdraw the calculus, M. Civiale observed a larger and more resistant body, which he did not attempt to pulverize. Having ascertained that it did not project beyond the instrument so as to injure the duct, he easily extracted the substance, which proved to be a small human tooth. No accident ensued, and many fragments of calculus were subsequently expelled. On the 8th May, large fragments presented themselves at the internal orifice of the urethra, and were extracted. On the 16th, two other teeth were withdrawn with a large amount of stony concretions. On the 14th, the excretion of water was painful; M. Ciavale removed, with a peculiar lithoclast, a portion of bone, another tooth, and a mass of stony fragments, which, by its volume, would have been alarming, were not the dilatability of the female urethra so well known. From that time, the pains ceased, and the patient's health has been restored with extraordinary promptitude.

"M. Robin examined the bones, hair, and teeth extracted from this woman's bladder, and he recognised that they were the remnants of a fœtus proceeding from a cyst in communication with the urinary reservoir.

"In other cases, hair found in the bladder comes from the pubes and has ascended through the urethra. M. Civiale performed operations on eleven patients, in whose bladder were found pieces of straw and grass, peas, kidney-beans, barbs of corn, cotton, &c. The most curious of these cases refers to a man, with a large calculus, which had formed around a medallion an inch long and ½ inch broad. This man informed M. Civiale, that, being intoxicated, he had fallen asleep near a wash-house, and that the laundresses had introduced into his urethra the medallion which one of them wore. The skilful surgeon remarked that when a foreign body has remained any time in the bladder, the urine instantly presents a predominance of phosphatic salts, a circumstance which explains the rapid formation of the calculous shell which envelopes the extraneous substance.

"In all cases of the kind, lithotrity is the only rational method of treatment; but its application requires much precaution, careful tentatives, and sometimes peculiar instruments. M. Civiale was compelled to resort to many successive attempts, in the case of a patient who had inserted into his bladder the handle of a brush three inches long, and to divide this body he was obliged to use a lithoclast, with sharp blades like those of pruning-shears. In another instance, in which the body introduced was the glass tube of a thermometer, the tube was seized by one of its ends, but it broke, and M. Civiale, after having extracted a fragment one inch long, was obliged to remove in succession sixteen distinct pieces proceeding from the broken portion.

"It will be readily understood that most persons, belonging to the category we have just described, are disposed to conceal the presence of a concretion which betrays their vicious practices; but instances of dissimulation of a calculous affection must be very rare, and in this respect the following case, which M. Nélaton lately related at his clinical conferences, appears to us both instructive and eccentric:

"A boy from ten to twelve years of age, in the apparent enjoyment of good health, complained of vague intra-articular pains. His medical adviser, a very enlightened man, believed however his statements, and instituted various medications which proved unavailing. The child continued to complain, but nothing could be detected of a nature to justify his affirmations. The physician then suspected the presence of gouty arthralgic diathesis; he analyzed the urine, which was of a higher specific weight than in health, and contained uric acid. The child was placed under the influence of alkaline treatment, and every day concretions were expelled from the urethra, and collected with scrupulous care by the patient's mother. M. Nélaton exhibited these substances to his auditory. They were of all shapes and all origin—pieces of ashlar, mortar, silex, river-sand—but in no wise did they resemble calculi.

"This would assuredly appear an inexplicable and impossible fraud on the part of a lad of eleven. Nevertheless, he had contrived, every now and then, to introduce into the urethra one of those fragments, and he called his mother to see them issue with the urine. All the persons around the alleged patient believed and still believe in his candour, and in the virtue of lithontriptics. M. Nélaton respected this belief, but he made a memorandum of the case, to illustrate the importance of the practitioner being on his guard against similar attempts at imposition."

Mr WEST, of Birmingham, continues in the 'Dublin Quarterly Journal' his articles on *Syphilitic Stricture of the Œsophagus*. We quote the case reported:

"Mary H., widow, aged twenty-five, was admitted into the Queen's Hospital, July 12th, 1859, with secondary syphilitic rupial crusts and ulcerations over the face and legs. The general health was extremely bad, and she was much emaciated. She stated that she contracted sores from two to three months before the rupial crusts appeared, but that she underwent no treatment for them, and was unaware of their nature until a week before admission, when a surgeon who examined her declared them to be syphilitic.

"On admission, poultices were applied to the crusts, and stimulants and tonics, with liberal diet, were given internally. In the course of a week she rallied, and improved in strength and appearance; the crusts cleared off, and displayed the usual excavated circular livid ulcers of secondary syphilis. Dry calomel fumigation was ordered, and used on four successive days, when, its effects having become evident on the gums, it was discontinued. For ten days from this time there was considerable improvement in the appearance of the sores; some of them filled up, and all took on a more healthy action; however, there was no corresponding improvement in her general condition; her appetite was very bad, and her debility seemed to increase rather than diminish. Wine, with beef-tea, eggs, and arrow-root, were allowed daily in addition to the ordinary hospital diet; decoction of bark and nitric acid were given also.

"In the beginning of September the sores were looking very unhealthy and callous, and the application of nitric acid to them was therefore tried, and followed up by charcoal and linseed-meal poultices. Under this treatment the sores cleaned slightly, but showed no tendency to cicatrize. Iodide of potassium in 5-grain doses, and a mild stimulant lotion of liquor sodæ chlorinatæ were ordered on the 7th of October, and continued until the 15th, when it was found necessary to suspend them in consequence of violent diarrhœa having set in, and a new rupial sore of large dimensions (3 inches by 1) having formed on the right ala nasi. Acetate of lead and opium soon checked the diarrhœa; but the ulceration of the nose and cheek having extended, it was again necessary to resort to the use of nitric acid and charcoal poultices. The slough having cleared away, iodide of potassium in smaller (3-grain) doses was then tried; but its tendency to produce diarrhœa having again manifested itself, it was discontinued. Bichloride of mercury in small doses was then had recourse to, but without avail; she became more debilitated; the sores increased in size and number, in spite of the oft-repeated application of nitric acid, and of every kind of astringent and stimulant preparation that could be thought of. Difficulty in swallowing food and medicines began to be noticed about the end of December; it attracted little attention, however, as her general condition was so bad as to preclude the hope of satisfactorily treating any affection of the fauces or œsophagus to which it might be owing. Constant exhibition of stimulants and fluid nourishment was necessary; ether and ammonia were in requisition every few hours, to ward off the fatal termination which was anticipated, and even thought to be imminent every day during the month of January, 1860. In this fearful state, unable to leave the hospital, or even to have her bed changed, she lingered on till the 4th of February, when death put an end to her sufferings.

"The post-mortem examination, made 45 hours after death by Dr Walker, revealed the following condition :—The body was that of a small emaciated woman, whose legs were drawn up to the abdomen, in consequence of the contraction caused by cicatrization of ulcers about the knees, and whose face, legs, and trunk presented numerous patches of rupia in various stages, interspersed here and there with cicatrices of old spots of ulceration. The nose was almost destroyed by a recent ulcer, and the back was the seat of a large sloughing bed-sore. The head was not examined, in consequence of vermin swarming about it.

"The heart was healthy in texture, but the foramen ovale would admit a goose-quill ; weight, 6 oz.

"The lungs were healthy.

"The œsophagus presented a reddish, livid erosion of the mucous membrane at its lower part for about two inches, more especially just above the cardial orifice of the stomach. There was no deep ulceration or marked constrictions, but considerable fibrous deposit in the submucous tissue, which apparently diminished the calibre of the canal immediately above the chief erosion.

"The liver was pale and fatty, but not hypertrophied. The knife became very greasy on a section being made ; weight, 43 oz.

"Spleen normal, 4 oz. ; kidneys anæmic, each 3 oz. The supra-renal capsules presented a limited deposit of grey exudation in the central cavity.

"The mucous membrane of the *stomach* was throughout softened, and an irregular shallow ulcer, the size of a shilling, was formed on the lesser curvature.

"There was slight congestion and abrasion of the vaginal surface of the cervix uteri ; but the uterus was otherwise normal, and the ovaries were free from disease.

"Here, then, is another instance of the existence of ulceration in a canal which has hitherto been looked upon as more free from the influence of the syphilitic poison, and less frequently the seat of its organic lesions, than most of the other parts of the body. Its extent and intensity were not so great as to seriously impede the passage of fluids ; but solid nutriment was, during the last five weeks of the patient's life, taken with considerable difficulty, and it is more than probable that, had the reparative powers of her constitution been greater, the ulcer of the œsophagus would have shown a tendency to cicatrize, and, from its cicatrization, diminution of the calibre of the canal would almost inevitably have resulted.

"The situation of the ulceration at the lower part of the œsophagus, close to the cardial orifice of the stomach, is remarkable, particularly as, towards the same end of the tube, a similar condition had evidently existed in the case of Jane M., previous to the stage of constriction coming on. The ulcer found in the stomach may most likely be referred to the same origin as that in the œsophagus, though smaller in size, and its appearance was very similar ; it was altogether distinct in character from that which is termed the 'perforating ulcer,' and more nearly resembled that form of hæmorrhagic erosion which is found in cases of death from burns.

"The absence of tubercular disease of the lungs, and, in fact, the non-existence of any visceral lesion whatever, that would be sufficient to cause death, further assist us in arriving at the conclusion that to syphilitic cachexia, together with ulceration of the œsophagus and stomach, which must be regarded as phenomena of that condition, the fatal termination in this interesting case must be assigned.

"The girl, H. P., whose case I related in my last paper on this subject, is still living, but her condition is daily becoming more perilous. She is very irregular in her attendance at the hospital, and declines to become an in-patient. I have lately, at the suggestion of Mr Acton, who was kind enough to express an interest in the case, given much larger doses of iodide of potassium than I had previously exhibited, as much as twenty grains being now given for a dose, but its effects cannot be clearly determined from the cause before stated."

The 'Lancet' opens with a continuation of Dr Brown-Sequard's Lectures. The present paper treats of the *Prognosis and Treatment of Myelitis, of Spinal Meningitis, and of Spinal Congestion.* We extract it :

"*Prognosis of Paraplegia due to Myelitis.*—Myelitis, either chronic or acute, has long been considered as an almost incurable disease. It is true that in a very acute form this inflammation is almost always fatal. Not so, however, as regards the subacute or chronic myelitis if it exists in the lumbar or the dorsal regions, where this inflammation is most frequently located. Chronic myelitis is an affection of slow development, and still slower progress. When not properly treated, it extends gradually upwards, and slowly causes a more and more complete paraplegia ; but it destroys life only after several years of paralysis. I have known a case in which it has lasted twenty-one years. When properly treated, myelitis is very frequently stopped in its progress, and sometimes an almost complete cure may be obtained. Out of nineteen cases now under my care in private or in hospital practice, there are three in which there has been rather an increase of the affection than an amelioration ; two in which the amelioration approaches to a cure ; seven in which there is a marked amelioration, though less than in the preceding ; two in which, after a decided improvement, a relapse has occurred ; and five in which the treatment has not yet been employed for a sufficient time to lead to any opinion as to its efficacy.

"From these facts, and also from the effect of the treatment in many cases under my care, or that of several medical men during the last few years, it results that the prognosis of the chronic, or even the subacute, form of myelitis should be considered as much less grave than it has been until lately. However, it is true that when the affection is altogether stopped in its progress, and when many of the symptoms have ceased to exist, the paraplegia remains, although the inflammation of the spinal cord may be cured. The patient can command the motions of his bladder ; he may walk as much and almost as fast as he could before he was attacked with myelitis, without feeling fatigue ; but however great may be the amount of his motor power, he cannot *direct* his movements so well as can be done by even a weak but healthy man. This is due to the fact that the alterations caused by myelitis in the spinal cord are almost irreparable.

"*Treatment of Chronic Myelitis.*—1. The first and most important rule is to diminish the congestion of the spinal cord. For this purpose the various following means ought to be employed :—

"1st. If possible, the patient should never lie on his back. Whether at night or in the daytime, if he lies down, he ought to place himself on the right or the left side of the body ; and, if he can, he should even lie flat on the abdomen, so as to diminish by the effect of gravitation the amount of blood in the spinal cord. At the same time, his arms and legs ought to be covered with flannel, and placed on a lower level than that of the spine, for the purpose of attracting blood to them. If the patient cannot avoid lying on his back, he must have a hard bed, or at least not a feather-bed. I need hardly say that a water-bed will be necessary if there is any appearance of ulceration or sloughing on the nates or the sacrum.

"2nd. Applications to the spine of those means that may attract blood outside of the spinal canal should be made as often as possible. Perhaps the best means is the application of a hot douche to the spine. The water ought to fall from at least four or five feet through a tube three-quarters of an inch or one inch in diameter. Its temperature ought to be between 98° and 101° Fahr., and the application should be continued two or three minutes and repeated every day. The cold shower bath may also be employed with advantage, if, immediately after it, the spine be rubbed with a warm flannel, so as to produce a dilatation of the bloodvessels of the skin and muscles of the back.

"3rd. Dry cupping applied daily, alternately on the various parts of the spine, will prove of service if its use be persevered in for a long while.

"4th. The applications of blisters, moxas, cauteries, &c., may certainly be useful ; but the pain they give, and the danger of their being the origin of a slough, ought to be taken into great consideration. I generally prefer employing the hot douche and dry cupping. However, where the myelitis is caused by a caries or some other organic affection of the spine, applications of the actual cautery, or of moxas, and other local revulsives on the diseased spot of the spine, are to be preferred to the simpler means (hot douche, cupping, &c.)

"5th. Amongst the remedies to be employed internally, the most active are those which have the power of diminishing the congestion of the spinal cord. The two which seem to be most powerful in this respect are belladonna and ergot of rye. Experiments upon animals have shown to me, in the most positive manner, that these two remedies are powerful excitants of unstriped muscular fibres, in bloodvessels, in the uterus, in the bowels, in the iris, &c. Both of them dilate the pupil ; both are employed with success to produce contractions of the uterus ; but each of them has more power in certain parts than the other, so that we find belladonna acting more than ergot on the bloodvessels of the iris (which is the principal cause of the dilatation of the pupil)—on the bloodvessels of the breast (which is the principal cause of the cessation of the secretion of milk)—on the muscular fibres of the bowels (which is the mode of its action in cases of strangled hernia)—on the sphincter of the bladder (which is one of the causes of its success against nocturnal incontinence of urine), &c. ; while, on the contrary, we find that ergot acts more than belladonna on the muscular fibres of the womb, on the bloodvessels of the spinal cord, &c. We cannot give here the proof of the exactitude of these assertions on the mode of action of these two remedies, but we must at least answer an objection which probably will arise in the mind of many persons. It will be asked—How is it that, of two remedies that are able to excite contractions in smooth muscular fibres, one produces them more in one place, and the other more in another place ? The answer to this objection is indeed very simple. The excitability of smooth fibres, as well as that of striated muscles, varies exceedingly in different parts of the body. An exciting agent (whether galvanism, cold, heat, or belladonna and ergot of rye) will produce powerful contraction in some places, and hardly any in other places. The smooth fibres of the uterus contract more than those of the bowels or the bladder, and less than those of certain bloodvessels when stimulated by galvanism ; the smooth fibres of certain bloodvessels contract more than those of the uterus under the excitation of cold ; still more, the bloodvessels of the cerebral lobes and of the face, which contract so much when their nerve (the cervical sympathetic) is irritated, contract but very little when excited by belladonna and ergot, while these two excitants produce powerful contractions in the bloodvessels of the spinal cord.

"Not only have I seen the diminution in the calibre of bloodvessels of the pia mater of the spinal cord taking place in dogs after they had taken large doses of belladonna or ergot of rye, but I have also ascertained that the reflex power of the spinal cord (most likely as a consequence of the contraction of bloodvessels) becomes very much diminished under the influence of these two remedies, which in so doing act just in the opposite way to that of strychnine.

"Led by the knowledge of the above facts, we have employed belladonna and ergot of rye in cases of paraplegia due to a simple congestion or a chronic inflammation of the spinal cord and its meninges, and we have obtained a greater success than we had dared to hope for. Whatever be the value of our experiments on animals as regards the mode of action of these remedies, it is now certain that they have really a great power in diminishing the amount of blood in the spinal cord and its membranes. It is very well known that many French physicians, especially Bretonneau, Payan, Barbier, and Trousseau, have for many years employed with success belladonna and ergot of rye in cases of paraplegia. Of course we do not claim to have been the first to make use of these remedies in paraplegia, any more than we claim priority as regards employing strychnine in various forms of paralysis. But we claim to have pointed out, as clearly as we could, in what cases of paraplegia strychnine or belladonna and ergot of rye are to be employed or avoided. To indicate this distinction is the principal object of these lectures.

"In the beginning of the treatment of chronic

myelitis, we usually employ ergot of rye alone internally, and belladonna externally in a plaster applied to the spine, over the painful spot. The dose of ergot, when the powder is used, which is almost always the case, is at first two or three grains twice a day; gradually the dose is increased until it reaches five or six grains twice a day; and in a few cases we have given eight grains twice a day. We do not think it is necessary to make use of the very large doses employed by M. Payan. The belladonna plaster applied to the spine must be a very large one, four inches wide, and six or seven inches long. If there is no amelioration in a few weeks, we give the extract of belladonna internally in doses of a quarter of a grain twice a day.

"When we find that the patients, after six or eight weeks of treatment by ergot of rye and belladonna, do not get better, we give iodide of potassium in doses of five or six grains twice a day, in addition to the preceding remedies. When there is any reason to suspect that there is a degree of meningitis together with myelitis, we begin at once the treatment by the iodide of potassium with the ergot and belladonna.

"II. The second rule of treatment of myelitis is to prevent the formation of sloughs, or to cure them when formed, and to prevent other alterations of nutrition in the paralysed parts.

"1st. Ulcerations and sloughs on the nates, the sacrum, or other parts, may be prevented or stopped in their development, if they have not acquired a great extent, by very simple means, which I have found perfectly successful in experiments upon animals. Led by the view that sloughs are chiefly due to an irritation of the vaso-motor nerves, producing alterations in the nutrition of certain parts of the skin, I have thought that alternate applications of cold and heat to the parts where there is a threatening of sloughing, by acting upon the bloodvessels, so as to produce in them considerable contractions and dilatations, might prevent the effects of the irritation of the vaso-motor nerves in the spinal cord; and the success I have obtained shows that this view is probably quite right. The means I propose is the alternate application of pounded ice in a bladder, and a warm poultice; the ice to be left ten minutes, or even less, and the poultice an hour. It is in cases of fracture of the spine, followed by myelitis, that I have employed these means; but hitherto only on animals. I hope surgeons will soon decide what is the real value of this means in man.

"2nd. To prevent the alterations of nutrition (œdema, atrophy, &c.) in the paralysed limbs in myelitis, the best means are, shampooning, applications of galvanic currents, and the use of the flesh-brush. When there is no œdema, a warm foot-bath every night is of service in those cases where the feet are very cold.

"3rd. The morbid alterations in the kidney and bladder may be prevented or alleviated by the exhibition of liquor potassæ, turpentine, opaiba, tolu balsam, &c. We need hardly say, that if nephritis or cystitis occur, it should be treated energetically.

"4th. The bowels must be kept open, on account of the increase of the congestion of the spinal cord that results from constipation. The narcotics which produce constipation and congestion of the spinal cord, especially opium, should be avoided; and, in case of sleeplessness, hyoscyamus, conium, lactuca virosa, and cannabis indica, are amongst the remedies that should be resorted to. We usually prefer hyoscyamus.

"III. As regards other remedies, we sometimes give cod-liver oil in those cases where rheumatic pains seem to exist. As regards dietetic rules, nutritious food, and a little wine and ale (*not containing strychnine*), are to be prescribed. The patients should take moderate exercise in the open air.

"*Prognosis and Treatment of Paraplegia due to Chronic Meningitis.*—The prognosis of this affection is nearly the same as that of chronic myelitis, with this difference, that the paralysis may be more completely cured after a meningitis than after a myelitis.

"The treatment of chronic meningitis is almost the same as that of chronic myelitis, with the following exceptions:—1st. Blisters ought to be the principal means employed in cases of meningitis: every fortnight a new one should be applied while the preceding one is drying up. 2ndly. Iodide of potassium, in doses of six grains twice a-day, is to be preferred to ergot and belladonna in cases of chronic meningitis. If there are signs of considerable effusion, diuretics should be used in conjunction with the iodide.

"*Prognosis and Treatment of Paraplegia due to a Congestion of the Spinal Cord and its Membranes.*—This affection is much less fatal, and much easier to cure completely, than myelitis or meningitis. However, when the paraplegia due to congestion is of long standing, it is almost as difficult to cure as paralysis due to meningitis.

"The same general rules are to be followed in the treatment of congestion as in that of inflammation of the spinal cord and its meninges. Internally, at the same time, ergot of rye, belladonna, iodide of potassium, and sometimes diuretics, should be used. Externally, the cold shower-bath should be employed rather than the hot douche, or any other revulsive; and if the shower-bath cannot be borne, the alternate application of two sponges, one with very cold water, the other with hot water, should be made every morning along the spine."

Mr Hilton's Lectures on *Pain and Rest* are continued in the same journal. Dr Patrick Fraser contributes an article on *Stimulation versus Depletion*. As there is a certain literary interest in the article, we quote the more important portion of it:

"First Epoch.—(*From the earliest ages down to the time of Hippocrates.*)

"Bleeding was practised by the ancients under various impressions, such as that its effects were evacuant, revulsant, derivative, alterative, excitant, depressive. Prolix disquisitions on these various supposed powers prevail in their writings, and the fact of these opposite powers having been attributed to venesection exerts no small influence on the practice of medicine in the present day.

"Our information as to the origin of bloodletting is imperfect, owing to the dark traditions of the ancients.

"The Egyptians disapproved of bleeding, but the following is the version by that people of its rise:—It was observed that when the hippopotamus had a headache (whether after an undue potation is not stated), he emerged from his watery bed, and performed the operation of bleeding by striking his ponderous foot upon some convenient sharp stone, thereby causing a flow of blood, which he arrested at pleasure by a pledget of mud. This interesting animal has thereby the credit of having been the earliest surgical operator, as well as having taught mankind the value and use of styptics.

"Pliny (Hist. Nat., viii., 25, 26), in a more elegant fiction, states: 'The sea-horse, when too full of blood,' scratches himself on rose-bushes, and then staunches the flowing of the blood by rolling in the mud.' Our rose-bushes must have deteriorated in their strength of prickles, for very few of the present day would much affect the hide of the modern hippopotamus. But however this may be, it is clearly recorded, like all other matters of ancient history, that Podilarius, one of the sons of Æsculapius, practised venesection A.C. 1134, and that the first bleeding was made on the daughter of King Dametus. The fee was liberal, being not only the patient in marriage (who, we are bound to believe, was both young and beautiful), but the Chersonese to boot for a dowry.

"From the earliest period of our race, the nasal and catamenial fluxes would be observed, and noticed as often beneficial; and down to the present time there have been practitioners who have taken spontaneous bleedings as indicative of the need for general depletion. We are therefore justified in concluding that artificial means of relief would be resorted to—if not, like the polished Tahitians, by opening a vein, at least, like the rougher natives of Guinea, by plunging a knife into the flesh at hap-hazard.

"Arriving at more authentic periods, we know that Pythagoras (B.C. 580) disapproved of bleeding; that Hippocrates (B.C. 420) speaks of it as a practice well known, and that he himself practised it; for the name Anaxion is given as that of one of his patients who was bled on the eighth day of a pleurisy. This being the only recorded case in which bleeding was practised by Hippocrates, is by many persons considered a proof that he did not often bleed. This conclusion is not supported, however, in other parts of his writings, for this truly wonderful man gives repeated and careful directions as to the veins to be opened, and the manner of the operation; and he gives a specific recommendation to practise it in cases of apoplexy, pneumonia, and pleuritis; and also advises that the bleeding from wounds, except those entering the 'ventrem internum,' should not be suddenly arrested, as by its flowing inflammatory action might be lessened.

"In Sprengell's translation of the 'Aphorisms,' Sect. 10, Aph. 29, we have the ancient oracle speaking thus: 'But if a violent fever should require bleeding, to do it in its full force and height would be to kill the patient; we must stay, therefore, till the fever abates, and not bleed so much at once, but repeat it rather.' This axiom is repeated by Celsus. At Sect. 10, Aph. 23, he again speaks: 'Letting blood by the opening of a vein is no new thing; but to do this upon account of every disease is entirely new.' Verily the oracle spoke then as would truly now apply.

"Second Epoch.—(*From Hippocrates to Paracelsus.*)

"In the work of M. Freteau on 'Bloodletting,' there is a brief account of the successors of Hippocrates, of which, with some alterations and additions, we now give an abstract.

"The most distinguished disciples of Hippocrates—namely, Diocles and Praxagoras (B.C. 340—practised venesection; while Chrysippus and Erasistratus denounced the practice; and shortly afterwards Cleophantes employed wine extensively as a remedial agent. We may suppose, therefore, that at this remote period the discussion began, and has continued with varying fervour to our own time, as to the respective merits of depletion and stimulation in the treatment of disease.

"The successors of these physicians departed into the different countries under the Roman government, and disseminated and supported the doctrines of their masters according to their adherence. For instance, Asclepiades (B.C. 90) rejected all evacuant remedies, especially bleeding; while Themison approved of its moderate use. This latter passes as the first physician who employed leeches, although there is mention made of their use so early as B.C. 140. Celsus (A.D. 10) bled children, old men, and pregnant women. Aretæus (A.D. 90) speaks of venesection, leeching, and blistering. Galen (A.D. 131) declared himself an adherent to the principles of Hippocrates, and bled frequently: his chief indications were to evacuate the redundant blood in a plethora, or as a revulsant; and he appears to be the earliest writer to specify the exact quantity of blood to be extracted in special cases of disease; and in certain cases he bled to the extent of inducing 'deliquum animi.' About the year 280, Severus, Antyllus, and Apollonius practised ateriotomy and scarifications. The successors of Galen pursued his mode of treatment. For example, Orabasius, in 360; Ætius, in 540; Alexander of Tralles, in 570; Paul of Ægina, in 670; Mesue, Serapion, Rhazes, and Avicenna, during the ninth and tenth centuries. The latter states that the usual quantity of blood in a man's body is 25lb., and that a man may lose 20lb. at the nose 'and not dye.' Was this ever proved? Avenzoar, Averrhoes, and Albucasis, in the twelfth century; and the doctrines of the schools of Salernum, A.D. 1000; of Montpellier, A.D. 1200; of Paris, A.D. 1300; also Gui de Cauliac, were Galenistic. The sect of Chemists appeared A.D. 1400, and their influence rather retarded the progress of the healing art, and the act of bleeding was reprobated. Further information upon the opinions of the ancients on venesection will be found in an excellent commentary in Adams's 'Paulus Ægineta,' p. 319.

"In the works of all the men whose names have been mentioned, although bleeding is more or less recommended, then, as now, long and angry disputes occurred as to the prophylatic and curative powers of bleeding, as well as to what veins or arteries should be opened in certain diseases. One and all, however, agree in the necessity for care in the adoption of venesection, and that so powerful a remedy should be employed only 'when the disease is of a strong nature, the patient in the vigour of life, and the strength unexhausted.' Celsus goes so far as to say, that 'to bleed a man in the first stage of fever is to

kill him;' and Galen takes the precaution to give lists of diseases in which venesection should never be practised, as follows: cacoehymia, plague, dysentery, low fever, intermittent fever, serous apoplexy, dislocations; and in those in which it should be only rarely practised—viz., fractures, renal calculi, small-pox, measles, inflammatory fever: but he recommends it strongly in sanguineous apoplexy, phrenitis, and cerebritis; and we shall see that the moderns have not much more to say on the matter.

Mr Oliver Pemberton contributes to the same journal an article on an *Extensive Laceration of the Uterus and Vagina* between the fourth and fifth months of pregnancy, the particulars of which, although already noticed, are so interesting as to justify the reproduction of Mr Pemberton's article:

"On Tuesday, July 24th, under the Coroner's warrant, I examined the body of Sarah Sanders, aged thirty-nine, a married woman, residing at Hockley hill, Birmingham, who, I was informed, had died in consequence of a miscarriage on the previous Thursday, the 19th ult. Dr David Nelson, of this town, who had seen the woman immediately before her death, whilst she was attended by a druggist of the name of White, was present during the inspection.

"The body was that of a stout, well-formed woman, presenting no external marks of injury whatever. Decomposition had not advanced. Immediately adjacent to the uterine outlet was a large collection of clotted blood, that appeared to have passed out subsequent to the death.—Thorax: There was no effusion into the pleural sacs. The lungs were healthy, their posterior parts being congested from position. The heart and its covering were healthy; its cavities were completely emptied of blood; its valves and the great vessels were healthy.—Head: The coverings of the brain and the brain itself were pale in appearance; otherwise they were healthy.—Abdomen: The intestines were greatly distended by air. The liver, pancreas, spleen, and kidneys were perfectly healthy, but paler than natural. The pelvic viscera were in their ordinary position. The uterus presented the external appearances of having recently contained a fœtus at about the fifth month. On turning its back from the rectum, the peritoneal coat covering its posterior surface was seen to be split to the extent of an inch near the upper part; whilst the subperitoneal tissue about this point, and stretching onwards along the situation of the right broad ligament, was extensively filled by extravasated blood, but there was no blood in the cavity of the peritoneum. The urethra was natural. The bladder was natural and empty. The rectum also was natural. The vagina presented a laceration on the right side, near the upper part. This extended onwards through the adjacent lip of the os uteri, and through the uterine wall beyond. The edges of this laceration were irregular and torn, and were infiltrated with blood. It measured six inches in length, about equally divided between the uterus and vagina. The hand passed readily through this aperture amongst the tissues of the pelvis, the fingers lifting up the peritoneum behind the situation of the broad ligaments, in the direction of the extravasated blood previously described. The parts around, forming the walls of this cavity, were jagged and torn, but the peritoneum had not given way. The uterus was enlarged to correspond to between the fourth and fifth month of gestation. In all other respects, the uterus, vagina, and appendages were perfectly healthy. The placenta had not been separated from its attachment to the upper and posterior part of the fundus. Its structure was perfectly healthy. Its fœtal surface was ragged and torn, and there were no traces of the membranes or cord.

"The fœtus measured between eight and nine inches in length. It was well formed and well nourished for the age at which it had arrived, and presented no evidence of intra-uterine maceration. I deemed it to have reached between the fourth and fifth month of gestation.

"The previous history of this case, as detailed at the inquest, was as follows:—

"Sarah Sanders was pregnant with her fourth child, and believed herself to be gone about four months. On the 18th July, she was in her ordinary health; but in the course of the night she was seized with pains, which subsequently turned out to be those of premature labour. Some discharge of blood had taken place on the previous 17th and 16th. Her husband gave her gruel, and adopted the usual homely remedies; but as these did not tend to relieve her, a neighbour, a respectable woman in the habit of attending at births, was sent for between two and three o'clock in the morning of the 19th. At about five, White visited her, and gave her a mixture containing tincture of ergot, diluted sulphuric acid, tincture of opium, and infusion of roses. He then left. At a quarter past eleven she was delivered of the fœtus. Up to this time there had been no bleeding beyond a little draining. Between eleven and twelve, White again visited her. She was then losing blood, and the after-birth had not come away. At a quarter past one in the afternoon, this was stated to have been removed by White by the introduction of the hand, and was further described as being in a decomposed and diseased state. After this so-called removal of the after-birth the bleeding continued, she became very low, and died at a quarter to three o'clock, about an hour and a half subsequently.

"At the coroner's inquest, held on the 24th of July, I gave evidence to the effect—

"1st. That deceased had died in consequence of the combined effects of shock and hæmorrhage produced by the laceration in the uterus and vagina.

"2nd. That such an injury was inevitably mortal, death ordinarily taking place in a few hours.

"3rd. That the laceration occurred in consequence of attempts having been made to remove the after-birth by the introduction of the hand into the uterus.

"4th. That any such introduction of the hand into the uterus at that period of gestation (the fourth and fifth month) was uncalled-for and improper.

"5th. That, regarding the size of the fœtus, the absence of any enlargement of the head or abdomen, and the healthful condition of the uterus and vagina, it was impossible for such a laceration to have been produced during natural labour.

"The result of this evidence was, that the jury found a verdict of manslaughter against White; and on the 4th of the present month he underwent his trial at Warwick, before Mr. Justice Williams.

"The description which I have given of the parts as they appeared at the post-mortem examination was assented to in all particulars by Dr Bell Fletcher, one of the physicians to the General Hospital; and by Mr John Clay, one of the physician-accoucheurs to the Queen's Hospital in this town, who both of them carefully examined the structures removed from the pelvis.

"At the trial, despite the attempts made by counsel to attribute the death to the effects of diseased action and placental hæmorrhage, I maintained the opinions I had given before the corner as to the impropriety of the treatment, the nature of the injuries, and their influence on the death, being supported to the fullest extent by the testimony of the gentlemen to whom I have referred.

"In summing up, the judge, after presuming that the prisoner's mode of treatment caused death, narrowed the evidence to this question—'Is it a want of ordinary skill to be ignorant of that which may be done at one stage of pregnancy and not at another?' It was a fact also to be taken into consideration, in judging of the man's skill, that the patient was in humble circumstances. Was it a want of ordinary skill and ordinary care? If in doing his best he did that which, in the knowledge of the medical witnesses, was most certainly fatal, then did he bring such an inefficiency of skill and care to his task as to render himself amenable to the law of the country?

"The jury, after a short consultation, acquitted the prisoner."

M. Claude Bernard's Lectures on *Experimental Pathology* are continued in the 'Medical Times and Gazette.' *The Analogy between Morbid Causes and Poisons* is the special subject of this article. The following remarks are interesting:

"Morbid anatomy must not, therefore, be considered as a key to all the phenomena of disease: viewed by itself, it is utterly incapable of pointing out the hidden sources from which they spring; and mere anatomical investigations, however minute, are altogether insufficient in this respect. In making experiments upon the abdominal nerves, I have frequently seen animals die before any symptoms of inflammation had made their appearance; and Chossat's interesting researches on the effects of starvation equally afford instances of sudden death under similar circumstances. Thus, in animals entirely deprived of food, a given period usually elapses before life is altogether extinct; but, when the process is already far advanced, the slightest shock is sufficient to destroy life at once. A pigeon, which has been kept fasting for a considerable length of time, falls down, and instantaneously dies, when its claws are nipped; while, if not interfered with, the animal's life is usually prolonged for several days. It would, of course, be quite necessary to state, that in making the autopsy, no alterations besides those which ordinarily result from inanition are met with. In what manner, therefore, is death to be accounted for in such cases? Chossat attributes it to syncope; an opinion which our own experiments tend to corroborate. In fact, the heart's motion (as we have elsewhere stated) is momentarily arrested when a sensitive nerve is painfully excited; it would, therefore, be quite possible that in animals reduced to a state of great debility, a slight sensation of pain should immediately produce death. There also exist, in such cases, other conditions, which the mere anatomist is unable to appreciate. The temperature of the medium in which animals are kept during the process of starvation, has a considerable influence upon the duration of life: for cold accelerates, and warmth opposes, the destructive process; and, in experiments in which circulation has been arrested in some of the larger vessels, we also find this to be the case. When the vena porta, for instance, has been tied, the animal is soon deprived of its natural heat, and rapidly dies, if the temperature of the body is not maintained in a proper state by artificial means; but when this precaution has been taken, the results of the operation seldom prove fatal.

"It would not be difficult to accumulate a still larger amount of evidence upon this point; but you have no doubt been fully convinced, by the facts to which we have just drawn your attention, that nothing beyond the mere mechanical causes of death is explained by morbid anatomy, and that other and more comprehensive modes of investigation are indispensable to those who wish to acquire a deeper insight into the secrets of living nature. To fill up this void as far as possible, is the chief purpose of our present researches; but in pursuing this object we must never lose sight of the example left us by those illustrious observers to whom the biological sciences are indebted for all the progress they have accomplished in moderations. The concatenation of natural phenomena, their mode of precession, and the laws according to which they are produced, must alone become the subject of our studies; as to the intimate nature of things, it lies entirely beyond the reach of human knowledge. It would not, for instance, be sufficient to state that certain poisons act upon the nerves, others upon the muscles or the blood; but when the peculiar mode of action of such bodies upon our tissues and the mechanism through which life is extinguished have been thoroughly ascertained in each case, we can go no further; to explain the mysterious properties which enable a given poison to disorganise a given tissue, is not within the power of science. You remember, no doubt, the effects produced by oxyde of carbon upon the blood-globules—you are aware that a chemical combination takes place between these two bodies, which opposes the absorption of oxygen, and brings on a peculiar kind of asphyxia; the mechanical process of respiration still continues, but is no longer attended with the revivification of the blood in the lungs. Here, then, we have a satisfactory explanation of the deleterious influence exerted by this substance; but if we were asked *why* the combination takes place, we should of course be unable to answer the question. The affinity of oxyde of carbon for the blood-cells is evidently superior to that of oxygen, but the primitive reason of this difference lies beyond the limits of our scientific knowledge.

"The physiologist must therefore be contented with tracing back the effects produced by disease to some primitive cause, the discovery of which puts an end to his inquiries; and the influence exerted by toxic agents upon the organs of the living body will in this respect be found to exhibit a striking analogy with that of morbid causes. In what manner is the agency of poisons to be conceived? Ought their effects to be viewed in the light of chemical combinations, which supersede the physiological changes that support life? Such is in fact the explanation we have adopted, as regards the action exerted by oxyde of carbon upon the blood-globules; but would it be proper to extend these views to all the different poisons with which we are at present acquainted? Are we to suppose that woorara is chemically combined with the substance itself of the motor nerves, so as to impede the progress of the nervous fluid? A similar hypothesis would evidently not be in accordance with facts: we find that when life has been protracted by artificial means, the deleterious agent is gradually expelled from the economy: now, if a permanent impression had been produced upon the nerves, we should not find this to be the case.

"It therefore appears that toxic agents exert different modes of action upon the fundamental conditions of life: in some instances they seem to be chemically combined with the histological elements of the disorganized tissues: such, according to Liebig, is the case with respect to metallic salts. Other poisons, on the contrary, circulate freely with the blood, and destroy for the time being its vital properties. Now, the blood, as we have already stated, is the common medium in which all the tissues exist: if therefore a deep change occurs in its physiological properties, both muscles, glands, nerves, and other organs, are liable to experience a total derangement in their usual functions. The well-known experiments of Bichat upon the injection of venous blood into the arteries afford a striking example of this; and it can scarcely be questioned, that such is the mode of action exerted by woorara, strychnia, and all the other substances which are speedily eliminated from the body, when death has not been almost immediately the result of their presence.

"It would therefore appear, that poisons might, in this respect, be divided into two principal classes: some of them give rise to stable and definite chemical compounds, are retained within the economy, and may be discovered by the process of analysis after death; others are speedily expelled from the body, and leave no visible marks of their passage. In the first case, permanent and incurable effects are produced; in the second, a transitory action is alone exerted, and when the patient recovers, the noxious principle has entirely disappeared. In short, gentlemen, we find, in all respects, a perfect resemblance between the effects of poison and those of ordinary diseases; and in our next Lecture we shall endeavour to complete the parallel between them."

Mr Le Gros Clark contributes a Clinical Lecture on various cases. We extract the following reports of cases:

"The details of this case are too interesting and instructive to pass over summarily, and I will therefore read to you an abstract from the report of my dresser, Mr Ward:

"G. S., aged 30, a sober and healthy man, was admitted into the hospital on June 11. While at work he was struck by the revolving arm of a crane on the left temple, and thrown violently to the ground. He was quite insensible when brought in; pupils inactive, pulse quick and feeble, surface generally cold and clammy. He was bleeding profusely from the left ear,—I say profusely, for I have rarely seen blood escape so freely from the auditory canal: it was of a bright florid colour. He had three scalp wounds,—one on the forehead, where the arm of the crane struck him, and two on the back of the head, occasioned, apparently, by the fall. There was also a punctured wound over the left scapula, the spine of which was broken across, and a considerable quantity of blood had been lost from this wound. Ice, in a bladder, was applied to his shaved head, and his water was drawn off.

"The bleeding from the ear did not cease until eight hours after the patient's admission. During the succeeding two days he continued in nearly the same condition, swallowing a little sop and milk when he was fed. His water was either drawn off, or passed unconsciously; the action of the bowels was also involuntary.

"About the fourth day he could be roused so as to answer questions, but immediately relapsed into a state of stupor. Bleeding from the ear recurred, and lasted for some hours, about this time. On the fifth day there was commencing paralysis of the left facial nerve, evinced by the usual appearance of the mouth and forehead, and by inability to close the eye. It was evident that this loss of power was limited to the seventh nerve, as the tongue could be thrust out without perceptible deviation to either side; and there was no apparent interference with the movements of the jaw, or with deglutition. My dresser thought the whole of the left side of the body was affected in a degree; but I cannot say I detected any satisfactory evidence of this. He continued in this state for some time, the bowels being regulated, a light diet supplied, and the head kept cool. The paralytic condition of the facial muscles increased, until it became very decided on the tenth day; and then swelling and redness appeared on the left ear, which extended gradually over the upper part of the face, like erratic erythema. On the eleventh or twelfth day he began to ask when he wanted to make water or evacuate the bowels, and to answer questions rationally. His diet was gradually and cautiously improved. There were occasional paroxysms of flushed face and quickened pulse, requiring the exhibition of an aperient.

"There is but little further to report beyond his gradual improvement up to the present time, which is nearly six weeks since the occurrence of the accident. He is now up, and walking about. The paralytic condition of the face continues, though in diminished intensity. He is of course very feeble, and requires careful watching; but he is recovering strength.

"The diagnosis which I originally formed in this case, from the character, intensity, and persistence of the symptoms, was, that the base of the skull was fractured; and I see no reason to withdraw this opinion, although the issue has belied my prognosis.

"Free bleeding from the ear is a suspicious, but by no means conclusive evidence of injury to to the petrous bone; indeed, it not unfrequently occurs, as in the case I narrated to you in my last lecture, where speedy recovery from concussion may be accepted as proof that no bony lesion existed. In the present case, however, the state of the patient for many days was such as to confirm the suspicion of fracture, and some severer mischief than simple concussion of the brain. The subsequent paralysis of the facial nerve would seem to admit of an explanation on this supposition; for it may be readily conceived that this nerve, while in the Fallopian canal, might have escaped the immediate effects of a fracture of the petrous bone, but have been subsequently pressed upon by the deposition of new material during the early stage of reparation,—at least, such is the interpretation I am disposed to put upon the symptoms. Doubtless the patient will still have a tedious convalescence; and I shall be very anxious to keep him under my eye for some time to come, as we have already had proof that he cannot bear any mental agitation, or physical excitement, without suffering. He is a quiet, well-conducted and sober man, and owes much to this temperament. I may remark that I watched for serous exudation from the auditory canal, but could not discover that there was any appreciable discharge of this sort. His fractured scapula, which was of course attended to by careful bandaging and suitable dressings, has quite united, and the limb is already serviceable.

"I will now direct your attention to a case of not frequent occurrence, viz., suppuration of the globe of the eye:—

"F. P., aged thirty-five, was admitted into the Hospital on July 10. He states that he lost his sight in the right eye when young, but that it presented the same appearance as the other, with the exception of opacity of the cornea. Eight months since this eye was acutely inflamed.

"This attack was relieved; but a second attack, still more acute, came on four days ago, attended by violent pain in the head shooting up to the crown, distressing sense of distension of the globe, with swelling and inflammation. On admission, these symptoms continued in an aggravated degree. When approaching the patient, my first impression was that I had to deal with a case of acute purulent ophthalmia. There were the swollen red upper lip overhanging the lower, the purulent discharge clinging about both, and the projecting fold of chemosed conjunctiva, characteristic of this fatal complaint. But, on more careful inspection, I found other indications of deeper seated mischief. The prominence and projection of the upper lid was due principally to a corresponding projection of the globe itself, the tunics of which were evidently excessively distended. The pain was aggravated by pressure. The cornea was, as I remarked, opaque before the attack; the conjunctiva presented a chemosed fold around it. I then learned that this affection of the lids succeeded the acute, deep-seated pain and suffering in the head. The constitutional disturbance was less than I should have expected, although considerable. Under these circumstances I came to the conclusion that I had to treat a case of deep-seated inflammation of the globe, terminating in suppuration; and the indication was clearly to give relief by puncture. I accordingly introduced a bistoury through the cornea. At first the aqueous humour escaped in a limpid state, and on carrying the knife deeper, a considerable quantity, probably nearly a drachm, of pus escaped, mixed with vitreous humour. The patient expressed himself as feeling immediate relief. Fomentation and poultice were ordered, a supporting diet permitted, and four grains of extract of henbane with a quarter of a grain of morphia at night.

"On the following day the discharge was evidently confined, so that I thought it expedient to extend the opening in a crucial direction through the cornea, which was attended by a fresh discharge of pus and humour; and I also made some radiating incisions through the chemosed conjunctiva, to relieve the distension of the vessels. Since this visit nothing further has been done, except to regulate the bowels, improve the diet, and continue the local palliative applications. He is now using a mild astringent wash, and the eye is gradually resuming its normal dimensions, and the suffering has almost entirely ceased. This case speaks for itself, and scarcely needs comment; though I may remind you, that a superficial examination of the eye might, and probably would, have led to a wrong diagnosis, and neglect of suitable treatment. The sight was already lost; yet I apprehend if this had not been the case, the treatment must have been the same; for the vitality of the cornea was already impaired, and would probably soon have been lost. I can trace no constitutional, accidental, or specific cause for this attack; the rapidity of its course proves its formidable acuteness, and the issue is a simple and natural consequence of the treatment, as that of an ordinary abscess, which involves sensitive, and is surrounded by dense textures.

"I operated last week on a boy, aged 15, for stone. The case presents nothing unusual, except that he had been previously, as much as six years since, operated upon in his native county; but, as the father of the lad writes, 'the attempt was not successful, his bladder not being entered; and consequently (as he rather quaintly adds), no stone was taken out.' Previous to the removal of the calculus, the sufferings of the boy were very great, unusually so; but, since the operation, he has not had a bad symptom. I have often remarked, that patients who suffer most before operation give least cause for anxiety afterwards; I suppose because the relief is relatively greater. The stone weighs about an ounce, and is rough and modulated on the surface like the oxalate of lime deposit, but it is light in colour: it has not yet been analysed. . . .

"Lastly, I may tell you that the patient whose carotid artery I tied six or seven months ago, has recently presented himself at the Hospital, looking and expressing himself as feeling perfectly well and free from any inconvenience. In this, as in another similar case, reported in vol. xxx. of the 'Medico-Chirurgical Transactions,' I tied the trunk of the common carotid for a penetrating wound of the neck behind the angle of the jaw, attended by profuse arterial hæmorrhage. I remember the former case was criticised by an authority of much weight, the late Mr Guthrie; but I am convinced the course I pursued was the right one, as I could not be satisfied in either in-

stance that the internal carotid was not implicated in the mischief; and, moreover, I think the external carotid offers a very unsatisfactory prospect to the operator, dividing as it does so immediately into numerous and large offshoots to the surrounding structures."

Mr W. Michell Clarke reports a case of *Epithelial Cancer*. The woman suffered from hæmorrhage from the bladder, subsequently dropsy in the right leg caused by the blocking-up of the right femoral vein. Then an abundance of cells, many caudate, appeared in the urine. We give the *post-mortem* appearances of the case:

"On the 22nd an examination of the body was made. It remained very yellow. It was thin, but not much emaciated. The right thigh and leg were very much swollen, and the pitted deeply on pressure. The brain was in a healthy condition. The right pleura was inflamed; the inflammation was recent, and evidenced by a small quantity of fluid and a patch of yellowish lymph. The lungs and the heart presented no mark of disease, except that the mitral valve was slightly thickened.

"The liver and spleen were healthy. The right kidney, as it appeared to the naked eye, was in a state of fatty degeneration. The left kidney was a good deal larger than natural. Its surface was studded with rounded nodules, of various sizes, the largest, however, not larger than a pea. The capsule was elevated by these nodules, and passed over them. When a section of this kidney was made, it was found that its lower third was occupied by a morbid growth, which was deposited in the shape of three or four masses of rounded outline. These masses were quite soft, and readily yielded to pressure a grumous material. The colour of the cut section was pinkish brown. The ureters were of the usual size, and did not appear unhealthy, but they were not cut open.

"Upon examining microscopically one of the nodules above mentioned, I found that it was made up almost wholly of cells. These for the most part had the size of the cells which line the tubuli uriniferi, but there was also intermingled with these a large number of cells having the characters of squamous epithelium. These were of large size, and contained a large and well-formed nucleus, and sometimes the nucleus showed a well-marked nucleolus. Some of these cells had the appearance of containing two or even three nuclei, but the outline of these apparent nuclei was dim and confused. There were also found, in the fragment of the nodule, some portions of tubuli uriniferi.

"In the portion of the deposit from the lower part of the kidney, which I examined, there were a less number of cells having the size and appearance of renal epithelium cells. This was almost entirely made up of large cells, having the appearance of tesselated epithelium, with large single nuclei. Most of these cells presented a greater or less number of minute fat-globules. The whole field was obscured by greasy matter, and one or two fragments of tubuli were seen, which were studded with fat-globules, and their epithelium was very obscure.

"The bladder was very much thickened, the thickening being due, as was found when the organ was cut open, to the mucous membrane. Over the posterior part of this membrane there was spread out a thick slate-coloured deposit, somewhat granulated on the surface, and quite firm to the touch. Upon section a surface of the same colour, smooth and homogeneous, was presented. Upon microscopic examination this deposit was found to be composed of very minute molecules, with numbers of minute fibrils; also some apparently ill-formed pus-cells; also large numbers of large crystals of triple phosphate; and, lastly, large numbers of epithelium-cells, probably bladder epithelium.

"Around the orifice of the left ureter there was a fringe of delicate vegetation in which numerous vessels were very evident. These vegetations were very soft, and contained a matter almost diffluent, and of the colour of cream. They were too soft to afford a satisfactory section. A thin layer of the whitish material, which was contained in these growths, under the microscope, was seen to be made up of epithelium, of tesselated character, with large nuclei. The cells were distinctly arranged in dense, concentric, rounded, or oval balls (epithelial globes).

"The fringe above described afforded the most characteristic features of epithelial growth; but other parts of the mucous membrane were studded with small tubercles about the size of peas (between which the membrane presented a natural appearance), which were made up of delicate fibrous tissue, and epithelium cells of squamous character, arranged apparently as epithelial globes; but I could not not get any out distinctly.

"The right ureter opened through a firm and thick mass of whitish colour, which presented upon section the characters of medullary disease. Some more deposit, similar to this, was spread out towards the entrance of the urethra. When submitted to minute examination it did not turn out to be soft cancer, but was found to be made up of delicate fibres densely interwoven, and also of epithelial cells between the meshes. I could make out no epithelial globes in this.

"Perhaps the most interesting feature in the above history is the deposit of epithelioma in the kidneys, affording, as it does, another case in evidence of the malignant character of this disease. The rarity of secondary deposit in internal organs might appear to tell against the evidence which is derived from the destruction which this disease effects by continuity; but such cases as the present afford this additional character of malignancy—that this disease, which is like the more acute cancers in its other features, is also like them in its capability of reproducing itself in internal organs.

"There were other morbid changes in this woman's body of considerable interest. On the anterior surface of the uterus there was a small fibrous tumour; on the posterior, there was another; in its cavity there was a small and soft polypus attached just within the cervix by a narrow pedicle, and standing up through the cavity until it reached the fundus. In the ovarian veins there were several phlebolites.

"The right femoral vein was densely plugged with coagulated blood, which was partly adherent to its inner coat, and softening in the centre. One of the clots contained a diffluent material, closely resembling pus in outward characters. There were large clots also in the external iliac vein of the right side.

"In the treatment there was only one point of interest. Creosote was effectual every time in stanching a hæmorrhage over which the more commonly used styptics exercised no control. This I consider well worth bearing in mind."

Mr Gaffney reports in the same journal a case of *Comminuted Fracture of Skull with loss of Brain Substance*, treated successfully. After the cure, the only appreciable alteration was a slight restlessness. Mr Gaffney attributes much of the success to the plentiful supply of ice and the constant application of wetted lint.

The 'Dublin Medical Press' contains the following article, by Mr Donovan, on the medical efficacy of the *Liquor of Hydriodate of Arsenic and Mercury*:

"In the 'Medical Press' of May 23rd, I find it stated that Professor Hebra, finding no benefit to be derived from the usual remedies in psoriasis, confines himself to the use of arsenic. 'He employs Fowler's, Pearson's, and Donovan's solutions.' 'Donovan's solution he finds easiest borne, but the least efficacious.' This statement is diametrically opposed to those of Marsh, Graves, Croker, Colles, Cusack, Williams, O'Ferrall, Carmichael, Kirby, Irvine, W. T. Hamilton, J. C. Ferguson, Bigger, O'Reilly, Osbrey, Hickson, White, Jones, and many whose cases have not been published. By these practitioners the liquor of hydriodate of arsenic and mercury, or, as it is for the sake of brevity called, 'Donovan's solution,' has been found to succeed when every other medicine had failed. It was also, in several cases, ascertained that arsenic, mercury, and iodine separately exhibited were unsuccessful, but the compound of the three succeeded. The curative powers of the compound were not confined to psoriasis, but were equally beneficial in some other skin diseases.

"Did Professor Hebra satisfy himself with regard to the composition of the solution he employed; was it prepared with the somewhat laborious care which is essential to its success; was the exact ratio of pure ingredients made use of; was the iodine resublimed and dry? Without attention to all these particulars, diminution of medical efficacy would not be surprising.

"I ask these questions in consequence of some circumstances which have long since come to my knowledge; but which, however I might regret them, I did not hitherto feel called upon publicly to notice. I published my process many years since: it was unavoidably tedious and troublesome: many persons were induced to prepare the liquor, but, owing to causes which I have elsewhere explained, they in several instances obtained a worthless result. One cause was the mistake of the meaning of the word 'arsenic,' directed in my published process. I of course intended the metal arsenic; the article employed in the cases alluded to was the white arsenic of commerce—the oxide of arsenic—which could not enter into combination with the other ingredients. Accordingly, the so-called liquor of hydriodate of arsenic and mercury, which was unluckily employed in the practice of some physicians, contained no arsenic, and totally failed. Such specimens were frequently brought to me by disappointed prescribers.

"But the mistake about the nature of arsenic to be used in preparing this medicine was not the only cause of its inefficiency; frequently, the full quantity of the three elements, although present, had not been brought into combination, and therefore they did not entirely dissolve; the result was a solution more or less feeble, and the consequent failure of doses calculated on supposition of full strength. The same ill effects, to a corresponding extent, would be produced by the impurity of even one of the elementary ingredients.

"But even were the three elementary bodies pure, if due care were not taken in effecting their combination, a variable quantity would combine and dissolve, and even a considerable ratio of them might remain insoluble in the liquid, instead of forming a perfect and transparent solution.

"When all these circumstances are taken into consideration, we shall be at no loss to understand the cause of the less efficiency of this medicine in the practice of some physicians. Fortunately, its character is sufficiently established by its extensive employment, and by the published statements of practitioners whose eminence is sufficient security for their competence to form a sound judgment."

ACTION OF DENSE MEDIA UPON BLOOD CORPUSCLES.

M. Serge Bothine finds that hematosine does not always take part in the exosmotic current which is produced by the action of concentrated media upon the blood corpuscles. Although the latter contract more or less under the influence of the exosmotic action, they do not become less coloured than before, and even acquire a more vivid tint. The globules eventually collect at the bottom of the vessel, and leave the fluid above colourless; after some time they regain their original form without the liquid undergoing any change.

To observe this phenomenon, the red globules of mammalia must be acted upon by concentrated solutions of sugar or sulphate of magnesium. If instead of these two substances we employ concentrated solutions of chloride or sulphate of sodium, the globules contract as they always do under the influence of the exosmotic current, but lose at the same time their colour, and leave the liquid of a brilliant red. Experiments were also made upon bile. The bile of an ox or sheep confined in a little bladder, or tube closed with the membrane of an egg, was placed in a concentrated solution of sugar or sulphate of magnesium. Under these circumstances the colouring matter was perfectly retained. In the solutions were found acids of the bile, but no trace of the colouring matter. If the solutions were replaced by those of chloride or sulphate of sodium, they acquired a strong colour in the space of a few moments, and contained a large quantity of the acids of bile.

These experiments may throw some light on the curious fact of the distribution of the principles of the bile in the liver, viz., why the bile formed in the cells of the liver is carried into the excretic canals, without ever being diffused in the blood of the vessels, except in pathological cases. The sugar of the blood of the hepatic veins plays probably a certain part in this phenomenon. Some cases of jaundice, in which it is impossible to discover a mechanical cause for the retention or absorption of bile, may perhaps, after these experiments, find their explanation in some change in the conditions of diffusion.—'London Medical Review.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 22, 1860.

THE OUT-PATIENTS' DEPARTMENT.

If the Special Hospitals be in principle unsound, the General Hospitals are not without their abuses. The harm done by the Special Hospitals is problematical, that done by the General Hospitals is too positive to be questioned. It seems odd to declare it, yet it is no less true, that the very largeness of the resources of some of the General Hospitals is the immediate cause of their chief evils. The funds having outgrown the necessities of the Hospitals as at present organised, a need has been created for the employment of the income in a collateral channel; and hence the Out-Patients' Department has been allowed to undergo a disproportionate development. The vast numbers said to be attended at some of these Institutions are the boast of the Governors, and are set forth as a proof of the immense benefits conferred on the community. The utter delusiveness of this fallacy could be easily proved on a close examination of the mode in which the attendance is given, and of the results attained. We have frequently exhibited the anomalies of this system: it has been an invidious duty, but its necessity and advantage to the public and the Profession are now proved by the fact that the Medical Officers themselves are coming forward to advocate the views and to wield the identical arguments which the MEDICAL CIRCULAR for a long time single-handed battled to maintain.

In consequence of the larger Endowed Hospitals having set up their Out-Patients' Department as the criterion of their usefulness, the other Hospitals which are maintained by voluntary subscriptions have been compelled to follow their example; hence pecuniary embarrassment has become among them a chronic malady, and in more than one instance has threatened the Institution with ruin. This is, however, the least of the bad results of this artificial system.

Perhaps the worst evil is the cursory and inadequate attendance given to the poor persons who attend these Charities in the hope of obtaining the best advice. Here, again, we are trespassing upon forbidden ground. It seems to be almost an act of professional treason to call in question the quality of the professional aid bestowed at these Institutions; yet there must be hundreds of Medical men in this Metropolis who can testify to the oversights and negligence arising out of the rapid and perfunctory way in which the duty is generally discharged in the Out-Patients' Department. Facts are "plentiful as blackberries," but we need not recapitulate even a dozen: the point is, how is the system to be rectified?

In the first place, (recognising, for the sake of argument, the existing extension of the Out-Patients' Department,) it becomes a duty on the part of the Governors to be consistent, and to secure for the poor that amount of competent professional assistance which they profess to give. The liberality of the Medical Staffs has not grown with the increase of the funds of the Institutions; hence the development of the system of Hospital relief has not been accompanied by a proportionate increase in the number of Medical and Surgical Officers. The jealousy of the Officers themselves has prevented this augmentation. The honour and profit are the greater as they are the more exclusive; and those who are already in office have no wish to see the advantages participated in by ambitious men outside the circle of privilege. On the supposition, then, that the Out-Patients' Department is to be maintained at its present magnitude, it is but just towards the poor, and equitable towards the Profession, that the door of office should be thrown more widely open, and a much larger number of Physicians and Surgeons be appointed to discharge the routine duties of these Charities. Retain the Out-Patients' Department, and this must be done. Let the public but once fairly understand how the work is gone through at these Hospitals, and they will not tolerate the continuance of the system for the exclusive benefit of a few individuals. An Assistant-Physician at St. George's Hospital has helped to expose the unsoundness of the system, and a few more voices, speaking with equal authority, will inevitably accomplish the desired change. These gentleman can reform the system if they please: we ask them for their help; for it is disconraging to be suffered to fight a hard battle alone.

Another and the fundamental evil of the gigantic growth of the Out-Patients' Department consists in the admission to eleemosynary advantages of thousands of persons who are able to pay a private Practitioner for his advice. Indeed, unless such a gross and shameful abuse of Charity funds were encouraged, the patients could not be found. Dr Guy has proved this very clearly by an analysis of the persons attending the Out-Patients' Department of King's College Hospital. He has shown that a very considerable number of those patients must consist of well-paid mechanics and respectable tradesmen, and their families. Is this right? Most assuredly not. Charity funds were never subscribed to relieve those persons of the duty of providence, and to acquit them of the moral obligation of honestly paying for benefits received.

We regret to say it, but we have been assured of the fact, that the attendance of this class of persons is encouraged by the Medical Officers of some of our Metropolitan Charities. One gentleman has been named to us who makes 200*l.* a year by visiting patients at their homes after he has acquired their confidence as out-patients of his Hospital. He has organised his opportunities into a system which he finds so profitable, that the higher office in the Hospital fails to have any temptations to his ambition. Other gentlemen are noted in our Memoranda as remarkable for turning to pecuniary account this abuse of Charity. But, in fact, the evil is a frequent topic of indignant remark in certain Metropolitan circles: it is, moreover, a growing one. The sentiment of justice itself is made a cloak for the acquisition of a private practice through the medium of the Out-Patients' Department.

We conjure our brethren in office and out of office to ponder anxiously over these matters. Rigorous inquiry and reform are demanded, in justice to all the parties concerned. The Out-Patients' Department has grown up imperceptibly to its present magnitude without due regard to the strength of the Hospital Staffs, the just claims of the sick, or the interests of the Profession. Vigorous remedies must be applied; we have pointed out the nature and extent of the morbid growth, the duty of excising it rests with executive hands.

SUMMARY OF THE WEEK.

SPECIALISM.

The attack upon Special Hospitals is gradually losing its vigour, and our contemporaries, originally so vehement in their opposition, are beginning to think that, after all, it is a case for inquiry. In our opinion, the inquiry should have been made before sentence was pronounced. We have published in another place a full report, from the 'British Medical Journal,' of a discussion that took place upon this subject at the Annual Meeting of the British Medical Association, and we confidently appeal to the judgment of our readers, whether the preponderance of argument was not on the side of those who justified a special cultivation of Medical and Surgical Science, such as Special Hospitals afford the only means of prosecuting under the existing arrangements for Charitable relief. Little can be added to the vigorous and pointed good sense of Drs Thudichum,

Routh, and Richardson. The truth is, nearly all the recent improvements in Medical and Surgical Practice have been either introduced or perfected by Specialists. Did our General Hospitals introduce Orthopœdic Surgery, or the operation for vesico-vaginal fissure, or the ophthalmoscope, or inhalation for anæsthesia? Some of these improvements are now practised in those Institutions, but not one of them originated there. Again, is it not notorious that patients afflicted with cancer, phthisis pulmonalis, exanthematous fevers, chronic affections of the nervous system, and, in short, chronic diseases generally, are systematically refused by the General Hospitals? Why, then, should not Special Hospitals be established for the accommodation and cure of persons so afflicted? Are the patients who suffer most hopelessly to be least provided with the means of relief? When we wrote our article on "Special Hospitals," we were aware that Sir Benjamin Brodie was then under the treatment of a Surgeon of one of our Ophthalmic Hospitals; but, from considerations of delicacy, we refrained from adverting to the fact. Sir Benjamin's case having been made public, there is no longer any necessity to attempt to conceal his infirmity. It seems to us very clear that Sir Benjamin's exception in favour of Ophthalmic Hospitals was influenced by the consideration of his individual case, and this circumstance consequently destroys his argument. Sir Benjamin, anxious to have the best treatment, did as every other man who had the opportunity would: he consulted the Practitioner who was supposed to have the largest experience in the Specialty;—an act which is a tacit confession of the importance of the special cultivation of certain branches of Surgical Practice. We are not the advocates of an infinitesimal subdivision of Medical Practice, and should deplore it: on the other hand, we think that many of our Special Hospitals are a blessing to the community, and we do not wish to see their efficiency impaired. It must not be overlooked that the chief leaders of this onslaught upon Special Hospitals are the Members of the Council of the College of Surgeons, who have themselves done all in their power to legitimize Specialism by granting Special Diplomas. The motive for such contradictory conduct appears obvious: they desire to obtain more fees in the one case, and fear to lose them in the other. The argument that the Medical Schools will be deprived of the means of educating Students by the withdrawal of several forms of disease if Special Hospitals continue to be erected, is too absurd for serious notice, when we remember the vast population of London and its rapid increase. The great advantage of a Medical Education in Paris, is the extent and number of its Special Hospitals.

MEDICAL REPRESENTATION IN PARLIAMENT.

Ardent upon the subject of Medical Representation in Parliament, Dr. Mackesy of Waterford has induced the British Medical Association to come to a resolution recognising the importance of the principle. We confess to the desirability of our attaining this end; but, in the present state of the Profession, we do not conceive that we should be much the better for it, unless—and this is the point—the Representatives were elected by the entire body of the Profession. We would strenuously oppose any attempt to limit the suffrage either to the governing or the electoral bodies of the Corporations; and we may be quite sure that the Corporations would not like to see it in the hands of the general body of the Profession. Let Dr Mackesy define the mode in which he wishes to see this representation of the Profession carried out, and we shall know better how to deal with his proposition. In the abstract there is no public principle of greater importance.

THE SENTENCE ON YOUNGMAN.

In the course of the trial of Youngman, who was charged with the murder of his mother, brothers, and sweetheart for the purpose of securing an insurance of 100*l.* upon the life of the latter, Dr Duncan, in whose service the prisoner had lived as footman, was asked certain questions relative to his sanity; and he deposed that it was possible that a man might have an irresistible homicidal propensity, notwithstanding that he might have a perfectly clear knowledge of right and wrong as regarded the crime he contemplated, and might be in all other respects sane. We have nothing to say in opposition to this opinion; alienists put their faith in it, and facts confirm it; but we do most sincerely hope that no Medical man will ever voluntarily put forth such an opinion in the witness-box with the hope of screening a malefactor from the sentence that is the reward of his crime. As there is no doctrine more critical, so there is none more dangerous. How is it possible to decide upon the guilt of a man in any atrocious case of murder, if this theory be admitted into our Courts of Law? Who shall define the limit between a settled spirit of revenge or malignant passion, and this impulse of homicidal propensity? The heart of man is "desperately wicked;" but we firmly believe that even its "homicidal propensities" may be kept in check by the conviction on the part of bad men, and even mad men, that the law will not grant an immunity to their crime upon such a doubtful plea. On the contrary, once allow it, and there is scarcely any villain who will not have the wit to turn it to account; and the effect will be an indirect encouragement of crime. We must set our faces against Doctors and Counsel hatching such a plea to screen great offenders; otherwise the Courts of the Old Bailey will soon be filled with monsters of wickedness and puling philanthropists. We are glad to exempt Dr Duncan from any censure on this point; his explanation in the 'Times' showing that he merely gave an opinion as a scientific man in answer to a question put to him by Counsel. The danger, however, in these cases is, that a few isolated facts may be advanced to support a theory with the hope of excusing the enormity of particular crimes.

PROFESSOR BENNETT'S ADDRESS.

In his capacity of Professor of Medicine in the Edinburgh University, Dr Bennett has pronounced a good address on the occasion of the capping of the Students who have obtained their degrees. A vein of good sense and temperance runs through this oration, although some sharp things are said about the conduct of the Edinburgh College of Physicians; but we trust the College will not be offended. What they did was done in a liberal spirit;—at any rate, the matter is over, and the Government have approved it by refusing to allow a change in the Medical Act, proposed to be made in it to the disadvantage of the Licentiates. "Let bygones be bygones" is the wisest policy.

CRIMINAL LUNATICS.

A very salutary change of the law has recently been made with respect to Criminal Lunatics confined in Bethlehem. Hitherto a prisoner remitted from the penalty of the gallows on the plea of lunacy has been confined for life in Bethlehem Hospital: for the future, however, this custom will be altered, and those persons certified to be sane will be dealt with as such, whilst the insane will be removed to other Institutions and placed under the provisions of the Lunacy Acts. The Government are about to build a new Asylum for Criminal Lunatics.

THE OPERATION ON SIR BENJAMIN BRODIE.

Our contemporary, the 'Medical Times and Gazette,' has chronicled some of the particulars of an operation recently performed on Sir Benjamin Brodie for the cure, as was believed, of glaucoma, *apropos* of a paragraph in the 'Times.' We reproduce our contemporary's remarks:

"This public allusion to a subject in which the Profession naturally take a deep interest renders a longer silence on our part impossible, and it becomes our duty to let our readers know that the operation of iridectomy was performed on both Sir Benjamin's eyes on July 12. His sight had been failing since Christmas last, but was not painfully defective until the completion of his seventy-eighth year in June. About that time vision became rapidly more and more impaired, especially in the left eye. Up to this time the disease had been regarded as senile cataract, more advanced in the left eye than in the right; but after the return of Sir Benjamin from the meeting of the British Association at Oxford, the defective vision was ascribed to glaucoma. Iridectomy was performed under chloroform. We deeply regret to say that the result is not so satisfactory as the paragraph in the 'Times' might lead the Profession to hope. The left eye we believe to be much in the same state as before the operation—if any-

thing slightly improved; but in the right, or better eye, vision is quite lost. The great ground of hope in this case is that as there is now a cataract very evident in the right eye, this is the cause of the impaired vision; that the eye is not glaucomatous, and that hereafter vision may be restored by extracting the cataract. We have not alluded to this subject before, as it is to some extent a private matter; but the whole Profession have so filial an interest in all that relates to the respected President of the Royal Society and of the Medical Council, that all have a right to know as much as is freely talked about in the Medical coteries of the metropolis—especially at the present time when a comparatively new operation like iridectomy is on its trial."

Our readers will hear with much regret of the unfortunate issue of this operation.

LETTER FROM THE REGISTRAR.

To the Editor of the Medical Circular.

SIR,—A good deal of uncertainty appears to prevail as to the Regulations proposed by the Medical Council respecting the General Education and Examination of Students.

This uncertainty has probably been increased by the circumstance that in the Report of the Committee on Education, as it appears in the 24th number of the Minutes of the General Council, the present year, 1860, has, through a misunderstanding, been fixed for the compulsory Registration of Students, instead of, as it should be, the ensuing year, 1861.

I think, therefore, that it would be useful and acceptable to many of your readers, if the following Resolutions of the Medical Council, which bear upon the subject in question, were placed before them in the following order:

6. That after October 1st, 1861, all Medical Students be required to be Registered.

8. That no Student beginning Professional Study after September, 1861, be registered, who has not passed an Arts Examination, in conformity with Resolutions 2 or 4, viz.:

2. That, as far as may be practicable, Testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make.

A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.

Oxford Responsions or Moderations.

Cambridge Previous Examinations.

Matriculation Examination of the University of London.

Oxford Middle Class Examinations, Senior and Junior.

Cambridge Middle Class Examinations, Senior and Junior.

Durham Middle Class Examinations, Senior and Junior.

Durham Examinations for Students in Arts in their second and first years.

Dublin University Entrance Examination.

Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiate in Arts:

Preliminary Examinations at the end of the A.B. course;

Middle Class Examinations;

Matriculation Examinations.

An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

4. That Students who cannot produce any of the Testimonials referred to in the Second Resolution be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such Examination shall be in every case conducted by a Special Board of Examiners in Arts.

I am, Sir, &c.,

THOS. HAWKINS.

Medical Registration Office,
32 Soho square, London, W., Aug. 15.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 114.)

In December, 1768, John Hunter was made a Fellow of the Royal Society, chosen entirely and expressly in acknowledgment of his scientific discoveries and researches, as yet overlooked or their importance disregarded by the public. This election preceded his brother's, which, as he was ten years older, and known ten years earlier in London, must have been highly gratifying to John in his circumstances, and, no doubt, an incentive to further exertion, and to bear up against the difficulties which hitherto had retarded his professional advancement. He did not rush precipitately before the public to obtain present distinction, since nothing was published by him until 1772,—only what in 1764 appeared, through his brother, in his absence. This reticence to challenge rashly the public tribunal and judgment was sound wisdom, and showed a tenacity for future fame. Thus, he took twenty years patiently to correct and revise the doctrines he promulgated in his lectures, before he gave them to the public. The plagiarisms and misrepresentations of the opinions he communicated, gave him annoyance and cause of just complaint.

Connection with the Royal Society afforded the earliest notice of every discovery in science, and improvement in medicine and surgery, in Europe. Honours thus spontaneously conferred, nevertheless did not exempt him from calumny and abuse. It was said he passed ten years, from 1762 to '72, of idleness, at a period of leisure, in which, if he had had abilities, he might have obtained an elementary knowledge of living and dead languages, and also of the construction of his native tongue, of which he certainly was singularly deficient. He was accused, amongst other unscrupulous and scurrilous charges, of plagiarism,—and, strangely enough, of plagiarism from the ancient Greek and Latin writers; also, of hiring writers. Jesse Foot says that "John Hunter never was the author of any production which appeared under his name. The writing part was always performed by another: he prepared the skeleton, and another covered it with composition; he formed the materials, and another made them up into dresses for the public. He was incapable of putting six lines together grammatically into English; and at his lectures was often found so far incapable of making out the sense of his own notes, as to pass over the subject they were meant to explain." Again, that "the celebrated Dr Tobias Smollett, who was one of the proprietors and editor of the 'Critical Review,' was the champion of the Hunters on all occasions when wanted." (*a*) Smollett, an unsuccessful medical practitioner, and the friend and countryman of the Hunters, took their part in the 'Critical Review' against the Monros, father and sons, in the claims for the discoveries of the injection of the tubuli testis, and of the lymphatics. In this instance, malignity stands self-revealed. Foot further taunted John Hunter with having been only five months House-Surgeon of St George's Hospital, and with total ignorance of prescribing, and of *materia medica*.

John Hunter, unknown by the public and unappreciated, without practice, in poverty, and repining at what he considered undeserved neglect and obscurity; flanked in his scientific career by a jealous and envious brother, and numerous competitors, foreign and native, the first sufficiently advanced in popularity and worldly success to look down upon John, to use, snub, control, and convert his discoveries to himself, and appropriate his labour in the preparing of specimens,—in defiance of all was elected Fellow of the Royal Society before Dr William Hunter, totally unexpected by himself, and by every one. This was rather one of those rare instances of blind justice in the dispensation of honour and reward, from its sparseness on that account worthy of record, and equally creditable to recipient, and Royal Society, of which Sir John Pringle was at that time President.

Dr Adams says, "It does not appear that Mr Hunter had offered any paper to the Royal Society till five years after his admission, when the President forced from him the only important experiments that have appeared from his hands. From that time, 1772 to '76, several of his papers were published in the 'Philosophical Transactions;' after which, till 1782, he seems to have been so much occupied in preparing for the Gulstonian Lectures, that, excepting the dissection of the Free Martin, nothing is to be met with under his name in those valuable memoirs." (*b*)

Notwithstanding their little jealousies, his brother Dr William interested himself, and, singularly, was his only patron, if he may be so designated, to obtain his election as Surgeon to St George's Hospital, in which he succeeded in 1769, in the fortieth year of his age, and the year following his election as Fellow of the Royal Society. In this position he had the opportunity of carrying out his observations, and confirming pathological doctrines.

Disputatious squabbling is unfortunately stereotyped in the traditions of the Medical Profession, so as to denote its normal condition. Injurious to individuals, and treacherous to the undoubted merits of the Profession, it denies it the position it deserves, and would claim, if asserted with better manners, and indications of better training and culture. In modern times we need only revert to the squabble between Mr Abernethy and Mr Lawrence, and the recent posthumous attack of Dr Granville, and his analysis of the practice of the late Dr Todd; both showing bad taste and want of self-respect. In these contests, the victorious party can reap only censure. Rebuke of dogmatical opinions does not imply disapprobation, or deny free exercise of candid criticism, however severe, if just. The liberalism and speculative induction which characterised the views of Mr Lawrence, at a time when the opinions of the day were unprepared and had not sanctioned their acceptance, and facts in science and natural history not then ripe, but of more recent establishment, would not have, perhaps, at this day rendered his views so subject to harsh construction and censure, if the mode of advancing them had been cautious and conciliatory, instead of incurring, by their bad taste and flippancy, the implication of ingratitude to a proved and generous friend and patron, and tendency to infidelity and materialism. A never-failing Nemesis awaits such instability, in reaction fraught with humiliation, loss of self-respect and public esteem. Mr Lawrence asserted his opinions not only with acrimony, but with singular inconsistency; painfully disappointing expectations which a manly intellectual bearing gave in his early career, aided by considerable acquirements, handsome features, and a fine figure, indicative of talent, and promising great results, but all marred by

> "Vaulting ambition, which o'erleaps itself,
> And falls on the other . . ."

"Cæsar was ambitious. If it were so, it were a grievous fault, and grievously hath Cæsar answered it."

Destiny had stamped the form and features o young Lawrence for greatness, and almost declared him the champion of a profession whose teachings are free of exclusiveness, and its policy essentially republican and liberal. He started beloved, admired, and almost worshipped; was granted length of years, great accomplishments, opportunity, patronage, and connections. Had William Lawrence been deprived of fifty years of that eventful life, he would have gone from amongst us beloved and admired. But Lawrence proved false to himself, false to his sincere early friend and master; deserted a generous cause, until the interests of a rising profession, which, from selfish instincts, he treated with contumely. In the race of young, aspiring, and eager competitors, he has found rivals

(*a*) Jesse Foot's 'Life of John Hunter,' pp. 60, 61.

(*b*) 'Memoirs of the Life of John Hunter,' by Dr Josh. Adams, p. 129.

amongst whom he will scarcely maintain his professional position: it is time "broad-fronted" Lawrence should draw his mantle around him.

The feuds between Pott, the two Hunters, and the three Monros, respecting *discoveries*, in which the gradual and simultaneous approximation of all parties ultimately left nothing to be discovered by any, were characterised by jealousy and envious assertion of priority. Experiments conducted to a certain extent by one, when made known, were carried to a conclusion by another: thus, one party claimed to have demonstrated them first in public lectures, and the other to have first published them. Baron Haller, in the midst of these contentions, maintained a dignified moderation, worthy of his name and of science: his complacent temperament practised the golden rule of *Give and take*, by which he justly obtained the larger share of distinction and approval.

On Dr Hunter's removal, in 1768, to his new residence, now completed, in Windmill street, in which he collected and arranged his museum, John, who had hitherto had lodgings somewhere in the neighbourhood of Covent garden, adjacent to the dissecting-rooms, removed to the residence lately occupied by William in Jermyn street. This house was commodious, and well situated for private practice; and he remained in it fifteen years, until the term of the lease expired, in 1783. He also resided a short time in Golden square. In this year, '68, he became a member of the Corporation of Surgeons. About this time he broke the *tendo Achilles*, in dancing. During the necessary confinement he made experiments upon ruptured tendons; he passed a couching needle some distance through the skin, and with the edge cut through the tendons upon dogs, to ascertain their mode of union: hence originates the practice of subcutaneous section. He improved upon Dr Alexander Munro's plan, who at a more advanced age had the same accident. By keeping the knee straight, compressing the muscles, and raising the heel, he was enabled to walk on the third day, and avoided keeping his bed.

At Earl's Court, Mr Hunter kept wild animals, and amused himself by showing their peculiar habits and instincts,—and thus they became familiar. The following is related of the danger he incurred on one occasion:—Two leopards left chained in an outhouse had broken from their confinement, and got into the yard among some dogs, whom they attacked. The howling alarmed the neighbourhood. John Hunter, on reaching the spot, found one of the leopards making its escape by climbing up the wall, and the other, surrounded by the dogs, immediately laid hold of them both, and carried them back to their den. The revulsion produced was such, that after they were secured, and he had considered the risk incurred, he became greatly agitated and in danger of fainting. This instance displayed the control which a courageous man obtains over savage animals.

In 1770, John Hunter received as house-pupil, amongst many others who afterwards obtained professional distinction, the celebrated Jenner; it being the custom of hospital surgeons to receive, for one or two years, pupils who had finished their apprenticeship in the country. A friendship was thus fostered between them, and the intimacy continued through life. Jenner always spoke in high terms of gratitude of his friend and master, and sent several patients to consult him from the country.

It must be named that Government, in compliance with an Act of the Legislature, erected last year (1859) a statue of Jenner in Trafalgar square, to commemorate his discovery of vaccination. In the same year the remains of John Hunter, also by an act of Government, were disinterred from their resting-place in St Martin's Church, to be deposited with every honour in Westminster Abbey; attended by his surviving relatives, and a numerous body of the Medical Profession. A subscription has been also opened to erect a statue, to be executed by Mr H. Weekes, A.R.A., and placed in the Hunterian Museum of the College of Surgeons, which has been liberally responded to. Although nearly a century has elapsed since their decease, poetic justice is done to the memories of these two eminent men, who through many years, and during their lives, were in relations of close friendship; and at the commencement, the one in the relation of master, and the other of pupil. These posthumous tributes are not the less valuable and complimentary from the acknowledgment of their claims—fully sanctioned, especially in the instance of Jenner, throughout the civilised world—having arrived late, since the appreciation, thus confirmed by time and mature judgment, stamps them with dignity, and secures to them durability.

In 1771 he published the first part of his treatise on the Human Teeth, which is a work still referred to, and not superseded by any later production. This was the only one of his works published by the booksellers; all his others were published by himself.

At this time a Scotchman of the name of Spence—a clever and intelligent man, who had risen from a humble position as barber-surgeon—was residing in Soho square, in extensive and fashionable practice as a dentist. A tale is told by those who were envious of John Hunter's fame, that he formed a connection with this dentist, who had formerly phlebotomised and drawn teeth in Gray's-inn lane amongst the poor of that district; that by the acquaintance he formed with the fashionable people who resorted to the skill of Spence, he forwarded his interests in practice. The experiments of transposing and supplanting teeth, practised conjointly with Spence, gave him the practical knowledge of the human teeth he possessed. Spence is related to have referred to the great naturalist with complacency amongst his patients, as his patron. It is also stated that this intercourse became broken by some unfortunate syphilitic inoculations occurring in the practice of transposing teeth. Of one thing in this history we believe no doubt exists—that Spence was a very ingenious, worthy man, in large and fashionable practice as a dentist; and being countrymen, both Hunter and Spence having mechanical tastes, they not unlikely cultivated an advantageous and agreeable friendship.

THE MEDICAL ACT AMENDMENT ACT.

The following is a copy of the Act which has just received the Royal Assent:

CAP. LXVI.

AN ACT TO AMEND THE MEDICAL ACT (1858).

[*6th August*, 1860.]

21 & 22 *Vict.* c. 90.

Whereas by "The Medical Act, 1858," it is provided that it shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England," and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new Charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland;" and to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland;" but provision is not made by the said Act for reserving to the said Colleges, and the Presidents and Censors, Fellows, Members, Licentiates, and extra-Licentiates thereof respectively, by their said new names, the powers, privileges, liberties, and immunities to which they are respectively entitled by their existing names, and doubts have arisen whether, in case of the acceptance by these Colleges respectively of new Charters under such altered names respectively, the said powers, privileges, liberties, and immunities would legally attach and be preserved to them, and it is expedient that such doubts should be removed: and whereas by an Act passed in

14 *and* 15 *Hen.* 8, c. 5,

the fourteenth and fifteenth years of the reign of King Henry the Eighth, intituled "The Privileges and Authorities of Physicians in London," certain letters patent, dated the twenty-third day of September, in the tenth year of the reign of his said Majesty, whereby certain Physicians in London therein named were incorporated by the name of "The President and College or Commonalty of the Faculty of Physic in London," were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said letters patent, and two more of the said Commonalty to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons, and that no person should from thenceforth be suffered to practise in Physic through England until he be examined by the said President and three of the said Elects, and have from them letters testimonial, except he be a Graduate of Oxford or Cambridge: and whereas the main function of the said Elects, viz., that of examining and granting letters testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant letters testimonial in accordance with the provisions contained in the last-recited Act; and it is therefore expedient that the before-recited provisions should be repealed: be it enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Interpretation of Terms.

I. The expression in the Medical Act and this Act, "The Corporation of the Royal College of Physicians of London," or "The Royal College of Physicians of London," shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

New Charters may be granted to the Colleges.

II. Any new Charter which, under the provisions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such new Charter granted to the Corporation of the Royal College of Physicians of Edinburgh may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new Charter granted to the Corporation of the King and Queen's College of Physicians in Ireland may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

Colleges to retain all existing Rights, notwithstanding change of name.

III. The granting of new charters to the said Corporation respectively by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties, and obligations granted, conferred, or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof, by the respective Charters and Acts of Parliament relating to the said Corporations respectively; or by the Medical Act, the Act to amend the Medical Act, the Medical Acts Amendment Act 1860, and this Act respectively; but the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions, and immunities, and be subject to all such and the same duties and obligations, as if such new Charters respectively had been granted to them by and in their respective names and styles as then existing.

Colleges to hold Property, notwithstanding change of name.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold, and enjoy, and continue to have, hold, and enjoy all lands, and other real and personal, heritable and moveable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new charter, and may execute and perform any

use or trust for the time being vested or reposed in such Corporation.

Provisions in 14 and 15 Hen. 8, c. 5, as to the Elects, repealed.

V. So much of the Act of the fourteen and fifteen Henry the Eighth, chapter five, as relates to the Elects of the said Royal College of Physicians of London, and their powers and functions, shall be and the same is hereby repealed, but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said President and Elects may have granted letters testimonial; and all trusts which, by any deed, gift, devise, or bequest are vested in, or to be executed or performed by the Elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by the Censors of the said College for the time being, as if the name of the Censors had in such instruments respectively been used instead of that of the Elects, and the office and name of Elects of the said College shall henceforth wholly cease and determine.

Election of the President of the Royal College of Physicians of London.

VI. The office of President of "The Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, Doctor of Physic, the now President of the said Corporation, shall remain such President until the day next after Palm Sunday in the year 1861, when he shall go out of office; and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the Fellows of the said Corporation in such manner as shall be provided by any byelaw or byelaws made in that behalf by the said Corporation, and for the time being in force, to be President of the said Corporation, but the retiring President shall always be capable of being re-elected, and every President shall remain in office until the actual election of a new President; or in case of death, resignation, or other avoidance of any such President before the expiration of his year of office, the said Fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be (of which due notice shall be given), elect one other of the Fellows of the said Corporation in such manner as aforesaid to be President for the remainder of the year in which such death, resignation, or other avoidance shall happen, and until such election the duties of President shall be performed by the Senior Censor for the time being.

BRITISH MEDICAL ASSOCIATION.

THE DISCUSSION ON SPECIAL HOSPITALS.

Dr Thudichum rose to propose a resolution in connection with Special Hospitals, and, in doing so, confessed that he wished it had fallen into other and more able hands. But he believed there was a peculiar qualification for him, that he was neither connected with a General or Special Hospital. He believed that the majority of members of the Association had read, as he had, with great regret, and perhaps some had with surprise, a document which had emanated from some of the highest of the Profession. [The document in question was the Protest, a copy of which was published in this Journal for Aug. 1, p. 82.] This document was a protest in emphatic language against certain institutions, the mode and object of which were to divide particular cases in particular Hospitals for alleviating human suffering, and for the advancement of Medical science. He believed the members would give due weight to the importance of this protest. In the first instance, let them consider how that protest was obtained. It was by gentlemen who were particularly opposed, for personal reasons, to the establishment of one particular institution. He would not say that it was jealousy which called into operation this activity. The protest was directed against Special Hospitals in general. From this protest they excepted only those Hospitals which were for treating the diseases of the eye. All Hospitals were included which conferred immense benefit for treating consumption, &c.; and consumption was a disease excluded from all but a small portion of the General Hospitals. These diseases were excluded from their common Hospitals. Then there were other diseases. A great many cases of chronic cancer were by the rules of General Hospitals excluded, together with epilepsy, &c. Yet all those Hospitals which were for their particular treatment were opposed or objected to in this protest. He knew fully the objections which might be brought against them—that they were for certain purposes, for personal aggrandisement; that they were instituted for the purpose of bringing money and influence to those Medical Officers who were connected with them. It was also objected against Special Hospitals, that it was impossible for them to serve the cause of education. The student would lose half of his time in passing from one to the other. It had been also objected, that gentlemen who treated specialities were not always the best qualified to treat specialities, but that it was requisite for them to know the whole arrangement of Medical science. That was true. He believed there was not any one gentleman connected with Special Hospitals, or who practised speciality, who did not claim and really possess a knowledge of general Medical science. Again, how could it be proved that, because these gentlemen practised some speciality, they did not possess a knowledge of general Medical science? Until that was proved, he could not admit on that ground that Special Hospitals were objectionable. But there was one great reason for the establishment of Special Hospitals. Their General Hospital were established, in the first instance, for the relief of the sick poor. That was the first object of all Hospitals. In many cases, it afforded opportunities to Medical students and Medical men of studying diseases and the cure of diseases. He spoke especially of Metropolitan Hospitals, where, as in others, these different objects were attempted to be obtained. But it was almost impossible for these objects to be obtained in the way in which they were attempted. Then, in the large Hospitals, the Physician had to see the patients under his care, and prescribe for them, although they might amount to a considerable number. There was also a most numerous class of most honourable men, well known in science, who would make very good use of their time, if they had the opportunity to show their skill and perseverance. These gentlemen were excluded; and a vast amount of talent, which was excluded from General Hospitals, was taken in by Special Hospitals. The establishment of Special Hospitals might be called a "necessary evil." (A laugh.) Let the number of subscribers to General and Special Hospitals be compared. They were nearly equal. If the amount of money subscribed to General and Special Hospitals were compared, he believed the advantage would be found in favour of Special Hospitals. The number of beds and the accommodation afforded to the sick poor in Special Hospitals and in General Hospitals would be found almost equal. If the benefits which Special Hospitals conferred upon the poor were compared with those conferred by General Hospitals, in this instance they were almost equal. A sweeping combination, therefore, against Special Hospitals, he should very much regret. But when the combination came from such high authorities as those gentlemen who signed the protest, he was afraid that, if the members of the Association did not throw themselves into the breach, very great damage might be done to Special Hospitals. What was the issue at which he arrived? He believed that Sir Charles Hastings, in signing this protest, had a twofold object: first, to advance as far as possible Medical education; and, in the second place, to preserve for the purpose of Medical education those establishments which were especially devoted to it. He believed there was no man in this country who had more at heart a desire to improve Medical education than Sir Charles Hastings. (Hear, hear.) He was certain that Sir Charles Hastings was far from intending any injury of any kind, or passing any reflections upon Hospitals which conferred benefits upon patients who were excluded from the Ordinary Hospitals, and which offered a field for the researches of gentlemen who were excluded from General Hospitals. He knew by this time that one very eminent member of the Profession regretted having signed the protest. The issue was this—that when General Hospitals would reform, Special Hospitals would cease. (Hear.) The resolution which he was going to move, he believed Sir Charles Hastings himself, after having signed the protest, would not object to second. It was intended to be a mediative resolution, to mediate between two parties, which he was afraid were now separated. Let the Associates throw themselves into the gap and stop the breach, both in the name of the public and of the sick poor. The following was the resolution which he wished to propose:

"That this Association observes with great regret the difference of opinion in the Profession on the subject of Special Hospitals. That, while it cannot but express that the existence of Special Hospitals is attended with many disadvantages, the abolition of such Hospitals is impossible until there is a great reform in the public and Professional management of the General Hospitals."

A MEMBER asked the President if it could be so arranged that each speaker who spoke should not occupy more than five minutes.

The PRESIDENT had suggested that proposition in the Journal about six weeks ago, but he was sorry to say that he had received nothing but private communications in reference to the point.

Sir CHARLES HASTINGS thought five minutes quite sufficient.

After a short discussion, it was agreed that each speaker should only occupy five minutes.

Dr ROUTH (London) said that he would just enumerate some of the Hospitals which were at present taken up by Special men, and he would ask the members present, simply as men of common sense, whether it was possible in the arrangement of the Profession that these could be set aside upon the request of any men, however excellent. There were Lying-in Hospitals, Children's Hospitals, Eye Hospitals, Skin Hospitals, Epileptic Hospitals, Consumption Hospitals, Smallpox Hospitals, Fever Hospitals, &c. Would any man of common sense venture to assert that in any General Hospital any of these particular diseases could be treated as specialities? He could not follow his friend Dr Thudichum in declaring himself not to be a Specialist; but irrespectively of this, he would ask the meeting, for instance, to consider the diseases of women. In some General Hospitals they had three or four beds; but what were three or four beds in large Hospitals compared to vast multitudes of women? To tell him that because the people saw the benefit of Special Hospitals, and also the efficiency of those Hospitals for special subjects for which they were instituted, these Hospitals were to be done away with, seemed to him to be quite an opposite proceeding to that which ought to be followed. In Special Hospitals there were large numbers of the same kinds of disease. Instead of three, four, five, or six, there were fifty, a hundred, or two hundred patients. The Medical attendant could, therefore, reason on all of them. This was the way to come to general conclusions. No man could come to any positive conclusion as to the treatment of special diseases till he had had many examples. The remarks he had made came close upon the five minutes, although he could wish to have extended them. But he would simply put the matter to them as men of common sense; and in reference to Specialists, why their President was a Specialist! They all knew that he particularly devoted himself to the investigation of pulmonary consumption. They know that in all their Hospitals, especially so in London, these cases were excluded, and they could not, if they would, get in a consumption case. (Hear.) Then let them look at Dr Brown-Séquard; the fact of him being a Specialist had brought him to this country. It was because he understood, more than the generality, the subject of epilepsy, that he had come forward. He hoped that his example would result in great advantage to the public. (Hear.)

Dr RICHARDSON said that in 1854 he wrote a series of articles in the Journal on the subject, in which he had as thoroughly condemned Specialities as any of the modern protesters. Since that time he had served an apprenticeship of nearly seven years at a Special Hospital; and his opinion remained unchanged. At the same time, he could not accept the manner in which the protest had been brought forward. He believed it fair to assert that Special Hospitals at first originated out of sheer charity towards those sick who were excluded from General Hospitals; such as fever cases, lying-in cases, diseases of women, the

diseases of children, phthsis, cancer, and epilepsy. Thus the Special Hospitals were established to supplement so-called General Hospitals, which were in fact Special. Why this tumult against Special Hospitals? Because some thought that they trenched on the supposed duties of General Hospitals. Now, that abuses had crept into the Special system was certain; but these had existed for years, and had not been criticised by any protest of a general kind. Why not? Because the Special Hospitals had not interfered with the General. But the moment that a Special Hospital was set up, which took in cases acceptable to the General Hospitals, that moment it was discovered that Special Hospitals were injurious. On the public side of the question, he asserted that such a decision was neither logical nor just. But there was also a professional side to the question even more important. When a young man settled in London, and saw the great field for professional exertion, he naturally yearned to participate in the labour, and to advance not himself only, but his profession. But if such an one did not choose for many years to hang on to an institution with the chance of being a full officer at sixty, or if he had not some powerful extraneous influence, he could never get into work at the General Hospitals, and was therefore by necessity, and even against his tastes, driven into the Special Institutions; and such was the main reason why such Institutions were supported by Medical men—a support which would at once be withdrawn if the overwhelming labours of the General Hospitals were equalised and utilised. In conclusion, Dr Richardson said that he believed that he had learnt a great deal in a Special Hospital. He would, however, give up his post to-morrow if he saw an indication of liberal reform in the greater Institutions; meantime he could not allow the present opposition to go forth without speaking what he thought about it, which was, that, traced to its primitive root, it carried with it a vast amount of selfishness, exclusiveness, and (he must add the word) hypocrisy.

Dr Markham agreed with a great deal of what had been said by the speaker who had preceded him, but could not go the whole length with him. He thought that he had taken the matter up on much too personal grounds. He would put it as a matter of principle. He would, in one sense, second Dr Thudichum's proposition. He admitted that some evils which existed with respect to Special Hospitals, were carried on also in General Hospitals. With regard to the origin of Special Hospitals, he believed they arose in a matter of self-interest. (No, and Yes.) Gentlemen had started these Special Hospitals for their own private purposes. (No, and Hear.) The great bulk of the Special Hospitals in London were established for one simple reason by Medical men, for their own special purposes. (Cries of "No, no," and "Yes, yes.") He asserted the fact without any fear of contradiction by those who knew the matter well. He belonged to an Hospital for many years, and he said that they were got up solely and simply for the interest of private individuals. He would say that all Hospitals, and the whole medical charitable system, was founded on an utterly wrong basis. He wished that the Association could appoint a Committee to investigate and report upon the condition of their Hospital and Dispensary Medical system. That would draw the question away from personal considerations. He confessed that he believed their Hospital system was at the root of the great evil that affected their social system. Those who knew what was going on at this moment knew that they were abused to an incredible extent. But this was not only in London, but elsewhere. It affected the Profession in every part of England, and was widening with the extent and growth of these Special Hospitals. The evil was there more distinctly shown than in General Hospitals. But in all Hospitals it was excessive. The first and proper objects of charity, were the poor and labouring classes. There were two other great classes,—paupers, and well-to-do citizens. There was imposed upon Medical men in General Hospitals a robbery upon their services, but he would say that in Special Hospitals the robbery was going on to an extent fifty times more. A gentleman being asked to operate on a patient, said that his fee was fifty or sixty guineas. That sum he merely mentioned for argument. The patient's medical attendant said the patient could not give it; but the Surgeon could not take a farthing less than sixty guineas. But, he said, if the patient came into his Hospital, he would operate on him for nothing. (Disapprobation.) Look at the Special Hospitals, and see what they did. The Special Hospitals took in all England, while the General Hospitals were generally limited to their own districts. In Special Hospitals there were crowds of patients who came from every part of England. Could the gentlemen engaged in these Hospitals investigate their circumstances? Could they tell whether they could pay their own Practitioner? It was true that the gentlemen engaged in these Hospitals got their names spread all over England, but in the mean time the Profession was being ruined. He knew another instance. A gentleman, who was able to give his daughters 15,000*l.*, put himself under one of their Profession, who asked him 40*l.*; but this gentleman dressed himself as a poor man and got the operation done for 5*l.*! How were they to look for reform? There was only one way. It must be through the public; and the public knew nothing of what was going on in this matter. He was perfectly satisfied that if they knew it, they would not permit it. (Hear.) He would, therefore, ask the Association to appoint a Committee to investigate the whole subject—to state what were the best grounds on which Hospitals ought to be established, their proper objects, how these could be best carried out, and to propose a remedy. Such a report, accepted by this Association, and published to the world, would, he was certain, have an immense effect upon the charitable public of this country. They would know what was wanted. He believed that it was most important that they should issue a report, stating the proper objects of charity, and how it was best to carry out charitable objects. He, therefore, proposed the appointment of a Committee, whose business it should be to investigate the present condition of the Medical system, and to report upon it at the next meeting of the Association. He hoped it would go forth to the world, and then the charitable public, wishing to know what they had better do, would have the solemn report of the British Medical Association. He proposed —"That a Committee of twelve be appointed to investigate the whole question of Hospital management throughout this country, and to report upon it at the next annual meeting."

Sir Charles Hastings seconded the amendment, which he believed was the only solution of the difficulty. He was one of those "hypocrites" who signed the protest. (A laugh.) But he was not aware that he was hypocritical, nor could he believe that any who did sign it were open to the imputation. He thought it was not well to assign motives to gentlemen. There should be a good feeling among members of this Profession, and hard names should not be used. He thought, with Dr Markham, that the present system of Hospitals was a gigantic evil in the sense in which he signed the protest. But he did not find in the protest the words which were said to be in it, that there were to be no Special Hospitals. There was no such thing in the protest. He thought a good deal of good would arise from the protest. He was glad to have had an opportunity of signing it, if it led to the formation of a Committee. He trusted the Committee would give a good, solid report.

Dr Stewart (London) said that the subject of their dispensary system had occupied his attention for the last fifteen years. He thought the evil was great, socially, and a very grievous wrong to the Medical Profession. He had great pleasure in supporting the amendment. The evil was become of such magnitude, that it required some strong measures. With regard to the specialities, there were the Skin Hospitals, the Small-pox Hospitals, and the Consumption Hospitals. Consumption, it had been well said, was a special case, because the air of their General Hospitals was such that consumption cases became rapidly worse. He (Dr Stewart) thought there was a debt of gratitude due to their editor (Dr Wynter) for the manner in which he had brought forward the subject of Special Hospitals. He had done so with spirit and talent, and in a manner which had set the public talking about it. He believed that it had something to do with the stir which had taken place upon the subject. As an Association, they owed him thanks for the part he had taken. (Hear.)

Dr Edward Smith (London) thought that these resolutions should be taken separately. He took it that Dr Markham's might stand by itself. He thought the meeting could unanimously concur in the resolution, provided that the Committee was particularly selected. With regard to the origin of Special Hospitals, he did not believe that there was any more selfishness in their origin, than in that of the General. The originator of the Brompton Consumption Hospital was a Mr Rose, a lawyer. There was not a Medical man associated with the question. The origin was purely voluntary. While, therefore, he said that Hospitals were established for self-interest, it did not apply to all, and certainly not to his own. When Medical men went to Paris to complete their education, did they spend their time by going where they could see a large variety of cases? They went to the Special Hospitals—one for the skin, another for children, &c. This was an advantage. Another complaint which they heard was the habit of some Medical men seeing their patients at home gratuitously. He knew a gentleman, occupying a high position, who saw patients at home, and charged them half-a-guinea, if they could not afford to pay a guinea; and in some instances, where they could get nothing more out of them, they sent the patients to the Hospital. In conclusion, he did not see why they should reflect on the management of General Hospitals.

Mr Hutchinson (London) hoped that the matter would stand over for a year, when they would be able to arrive at a better conclusion than if they came to any sudden resolution at the present moment. He should like, if the Committee were appointed, for it to recommend strongly upon General Hospitals having specialities in connection with them. He hoped Dr Markham would let his suggestions be put as an amendment.

Dr Richardson explained that, in using the terms "selfish" and "hypocritical," he did not use them with regard to the gentlemen signing the protest—(Hear, hear)—but only as to the mode in which the protest originated. That was a very different question, and he hoped Sir Charles Hastings would accept the explanation.

Mr Southam (Manchester) thought that the system of speciality had become such an abuse, that the Associates ought to do what their friends in London did—express their opinions as to the propriety or impropriety of going on with these establishments. Could they suppose, as they had been told, that the gentlemen signing this protest had interested motives? It was impossible to suppose it. They had seen, no doubt, that the public, as well as the professional Practitioner, had witnessed the injury of speciality in the Profession. He believed, if these gentlemen had thought speciality better than generality, not one of them would have signed it. (Hear, hear.) He thought they should do something to the same effect as had been done in the metropolis, that Special Hospitals were detrimental. He would propose a substantive resolution.

Sir Charles Hastings hoped that Mr Southam would not do it.

Mr Southam said that his opinion was, that Special Hospitals were detrimental to the Profession. He believed there were few Physicians who were not annoyed by the special gentlemen. He could adduce a number of instances of the kind, showing how their patients were annually drawn away from them, under a pretence. He thought they should say something with regard to these Special Hospitals. If the Committee were to express its opinion on speciality, he had no objection to withdraw his proposition; otherwise he should press it.

Dr William Budd (Clifton) remarked, that there could be no doubt that there must be Special Hospitals—for small-pox, for instance; but he always looked upon Special Hospitals as necessary evils. He thought the only ground on which cases should be treated in Special Hospitals was, that there should be something inherent in the nature of these particular diseases rendering it necessary that they should be special, and excluding them from General Hospitals. This appeared the only ground for Special Hospitals. But there were several things inherent in the nature of some of these specialities which constituted a great drawback. The great class of infectious diseases were dangerous to the attendants. He believed statistics would prove a large mortality among those giving assistance in these Special Hospitals. No one could estimate the importance of having a

person of such distinguished ability as Dr Brown-Séquard. (Hear). But he must confess that he thought the diseases of the nervous centres were the last that should be brought together, especially when the diseases produced paroxysms frightful to witness. He thought it necessary to make these remarks on behalf of the Physicians and Surgeons of General Hospitals, of whom he had the honour to be one.

Dr Brown-Sequard (London) said he hoped they would have an opportunity of finding out what he had said to be true, that when cases of epilepsy were received into General Hospitals, he would resign his situation at once.

Dr Vose (Liverpool) could not help entering his protest against the way the debate had taken. He thought it of the greatest importance to avoid invidious comparisons. After alluding to the different diseases which they were told should be specially dealt with, he said that he thought there should be some limitation to this subject.

Dr Thudichum would not further enter into the merits of the case. That morning he had entered into an arrangement with Dr Markham by which his present amendment was to follow his resolution as a rider. He was, therefore, rather astonished. (A laugh). He felt confident that inquiry would report the case to be ten times worse than he had represented it. He had great pleasure in withdrawing his resolution. He had no doubt that if the Committee was formed on a basis—and he made that the condition on which he withdrew his resolution—it would confer upon them greater benefit than if his proposition had been carried. (Hear, hear.)

After further remarks, the President put Dr Markham's resolution, which was carried. The formation of the Committee was deferred to the next day.

OUR NOTE BOOK.

ON THE MORTALITY OF INFANTS IN THE MOSCOW FOUNDLING HOSPITAL.

Dr Blumenthal, Senior Physician to the Moscow Foundling Hospital, the largest establishment of the kind in Europe, in this paper passes in review the various causes which favour the mortality of the inmates of that institution.

1. The first point he notices is the miserable condition in which most of the infants are, the fruits of concealed and illicit connexions, their mothers often undergoing great privations during the period they bore them. In conformity with the experience of all countries, the mortality of illegitimate far surpasses that of legitimate children. Moreover, owing to the central position of Moscow, these children are brought from a large radius, and often only reach the establishment days after their birth, frequently exhibiting various signs of neglect and severe injury. Thus in the year 1856, one of mean mortality, of 11,762 infants admitted, 135 died within the first 24 hours after admission, 280 did not survive the third day, 238 were premature, and 1,268 exhibited well-marked atrophy, giving a total of 1,921, doomed to speedy death independently of the action of other causes of mortality to be found within the walls of the hospital.

2. One of the greatest evils is the occasional deficiency of nurses. At certain times of the year, especially in summer, the nurses are obliged to leave the establishment to resume their field labours, and a number of children are deprived of their breasts, and have to be distributed among the diminished number of nurses who remain. In spite of the addition of artificial food, the infants become the subject of various diseases, especially of atrophy. The most careful efforts have been made to supply the necessary nutriment by means of the milk of cows kept with the greatest care at the establishment, their milk being administered by means of the sucking-bottle, and complete watchfulness and cleanliness insisted upon—but all in vain, the infants fast sinking under diarrhœa, or perishing from atrophy with enteritis. On the other hand, when, after a defective supply of nurses, these women return again in numbers sufficient to give each deprived infant its new nurse, it is found that the number of diseases and the amount of mortality soon undergo an increase. This arises in part from the eagerness with which the hungry infant takes the rich milk of the new breast, and in part from the sudden change of nurse and milk.

3. The Author regards the change of nurses, which the arrangements of the establishment renders unavoidable, as a great evil for the infants, even when the milk they continue to obtain is sufficient as regards quantity, such change becoming, even in healthy, thriving children, frequently a cause of sudden and severe disease.

4. The next cause assigned by the Author is founded upon a somewhat fanciful idea, viz., that disease is generated, not merely by the fact of a conglomeration of individuals, but especially when such individuals are of foreign and varied origin—a kind of, so to speak, human acclimatisation being necessary to produce exemption. This he exemplifies by the breaking out of disease on the passage of healthy troops through healthy districts of an enemy's country, &c.—facts explicable on more probable hypotheses. In the Moscow Hospital the 13,000 children and 13,000 nurses annually brought together are derived from the most opposite regions and different conditions of life; and these numbers are constantly going and returning, so that the daily 12,000 children and nurses are being made up continually of different individuals.

5. Next, we have the more tangible cause—overcrowding. The number of admissions is so rapidly on the increase, that while during the ten years 1764-74 there were only 9,457 infants admitted, this number had risen to 90,184 during the ten years 1844-54, and continues to increase even still more rapidly. The building not having been proportionally enlarged, the air, in spite of every attempt at ventilation and the most anxious endeavours, becomes excessively deteriorated, especially at night.

6. Epidemic visitations exercise but little direct influence on children at the breast. It is true that towards the end of winter and the spring, catarrhal and inflammatory affections of the respiratory organs prevail; while in the summer and autumn diarrhœa and inflammatory conditions of the abdominal viscera are frequent. But any prevailing epidemic which may be affecting the general population exerts very little influence on the health of these infants. Thus, during his nine years' superintendence of the establishment, the Author has not met with a single case of scarlatina, although, during this period, the disease has frequently prevailed in the town, and has even attacked other inmates of the establishment. Isolated cases of measles have alone been met with; and although instances of varioloid and varicella have been of more frequent occurrence, they have never taken on any extension. When cholera or ague have been prevailing in the town, they have been only met with exceptionally and in isolated cases in the hospital. Small as is the direct influence of epidemic visitations upon these infants, the Author feels convinced that their indirect influence is not insignificant, by reason of the injurious effect they exert upon the mother during pregnancy. Thus, when ague or cholera have raged epidemically, or when the *genus morborum* has given rise to diseases characterised by depravation of the blood and disposition to purulent formation, the children admitted have been especially feeble and miserable.

Such, then, are the circumstances which chiefly favour the mortality of the establishment. It is remarkable, however, that while these causes are more or less stationary, the amount of mortality occurring among these infants undergoes considerable variation, two successive years scarcely ever resembling each other in this respect. During the thirty years 1829-58, it has varied from 15·42 to 32·09 per cent.; but repeatedly decreasing or increasing within these limits. Yet more, the mortality has never on one occasion been in an exact proportion to the amount of disease. Thus, while in 1851 the percentage of disease was 64·62, that of mortality was 25·77; but in 1857 the percentage of disease was 56·54, and of mortality 32·09. In the years 1855-56 the percentage of disease was almost alike, but there was almost 5 per cent. difference in the mortality: and in the years 1857-58 a difference of about 1 per cent. in disease was accompanied by one of 8 per cent. in the mortality. The year 1854, which furnished so favourable a percentage of mortality as 16·64, exhibited the high percentage 51 of disease. It is evident that mortality depends upon other causes than the mere production of disease. Dividing the last thirty years into three categories accordingly as a minimum, medium, or maximum mortality prevailed, the Author finds that each of these nearly embraces the ten years; but although convinced that these variations in amounts of mortality depend upon some general cause, he is quite unable to indicate its nature.

For an exact appreciation of the rate of mortality in the hospital, it would be very desirable to compare it with that of other children of the town of the same age—viz., two months, this being the average age at which the infants are sent from the establishment to the village nurses. The materials for such a comparison, however, do not exist. An approximative comparison the Author has attempted from an examination of the St Petersburg and Moscow registers, at least as regards a large proportion of births. In the ten years 1847-56, of 138,626 infants born in St Petersburg, 34,746 died within the first year, giving a mortality of 25·05 for that first year; while in Moscow, for 95,272 births there were 25,953 deaths, or 27·24—the mortality in both cases being, in the Author's opinion, actually greater. Endeavouring to separate from these figures the mortality which affected only the two first months of life, by supposing the proportion to be similar to that furnished by the Belgian tables, the Author deduces that such mortality is 13·46 for St Petersburg, and 14·64 for Moscow. But these figures relate only to legitimate children, who are not only conceived and born under so much more favourable circumstances, but are provided afterwards with all the advantages of a mother's care. To bring the two conditions at all to an equality, judging from tables which have been published for Prussia and elsewhere, at least from 6 to 8 per cent. must be added to the mortality, which would raise the mortality to be expected in the hospital to from 20 to 23 per cent. And such is the fact; for of 245,184 infants admitted between 1829-58, there have died 55,602, or 22·27 per cent.—'Med. Zeit. Russland,' 1859, Nos. 30, 31, and 'Medical Times and Gazette.'

CANCER OF THE BREAST. — INTERNAL TREATMENT RECOMMENDED BY PROFESSOR VELPEAU.

In the case of a stout, lymphatic woman, most probably affected with lardaceous medullary sarcoma of the breast, with suspicious swellings in the axilla, M. Velpeau, unable to persuade the patient to submit to an operation, prescribed the following medication:

1. To take, night and morning, in a cup of infusion of hops, a tablespoonful of

Aq. destill . . .	16 oz.
Potassæ hydriodat. . .	2½ dr.
Tinct. conii . . .	1½ dr.

2. To drink at meals the mineral water of Bussang or Condillac mixed with wine.

3. Every eight or ten days to take, as an aperient, a bottle of Seidlitz water.

4. To take twice a week an alkaline bath.

5. Morning and evening to anoint the breast with a mercurial ointment containing iodine.—'Journal of Practical Medicine and Surgery.'

ESCHAROTIC GUTTA-PERCHA AND CHLORIDE OF ZINC ARROWS.

The amalgamation of gluten powder with chloride of zinc has fully answered the expectations of the inventors, particularly in cases of naso-pharyngeal polypus. But when it is necessary to insert these arrows into sinuses, they do not preserve their rigidity, and the softened caustic soon becomes a foreign body, which the surgeon has to extract piecemeal. M. Somme, first-class apothecary, in order to obtain harder and equally powerful cylinders, substitutes gutta-percha for gluten.

The preparation of this new escharotic, says the 'Journal de Chimie Médicale,' is of the simplest. The gutta-percha should be softened in boiling alcohol, and incorporated, in a heated porcelain mortar, with the chloride of zinc finely powdered. A mixture of equal parts of the ingredients is thus effected, which is rapidly rolled on a marble slab into cylindrical sticks pointed at their extremities; these are at once enclosed in well-dried phials with wide necks, filled with powdered quicklime and hermetically sealed.—'Journal of Practical Medicine and Surgery.'

ON THE DISEASES OF PRINTERS.

Dr Van Holsbeek having enumerated the diseases resulting from overwork, from intemperance, want of cleanliness, vicious habits, protracted watching, &c., proceeds to speak of the morbid affections more specially belonging to the printer's art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumours are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumours sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lips are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. Dyspepsia is frequent, as is diarrhœa; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryngitis and bronchitis are the principal; pleuritis is rare; pleuropneumonia is frequent and severe. These diseases are favoured by the curved position which the printers are obliged to maintain during their work, particularly when they correct on the forms, and still more by the night-work, by gas-light, by the dust and emanations in places often confined and badly ventilated. Nearly twenty-five per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hæmorrhoids are rare; varices and varicose ulcers are of frequent occurrence; the compositors who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the Author successfully employs the electric current. Saturnine colic and paralysis are rarer than formerly; an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it: lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index finger of the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habits the printers have of washing themselves with alkaline water or bad soap. Amblyopia and myopia, so very prevalent among typographists, terminate the sketch drawn by the Author of the diseases of this interesting class of artisans, with whom we are in daily contact, and whose intelligence and diligence we have constant reason to admire.—'Lo Sperimentale,' December, 1859, p. 560, and 'Dublin Quarterly Journal.'

Births, Marriages, and Deaths.

BIRTHS.

Howison.—August —, at Cambo, Northumberland, the wife of James Howison, Surgeon, of a son.

Kirby.—August 13, at Taviton street, Gordon square, the wife of E. A. Kirby, M.D., of a daughter.

Taunton.—August 13, at St Austell, Cornwall, the wife of W. Taunton, M.D., of a son.

MARRIAGES.

Gamgee.—Parker.—August 9, at the Parish Church, Handsworth, Joseph Sampson Gamgee, Esq., M.R.C.S., Surgeon to the Queen's Hospital, Birmingham, to Marion, second daughter of the late William Norton Parker, Esq., of Edgbaston.

Ransom.—Bramwell.—August 14, at the Parish Church, Tynemouth, William Henry Ransom, M.D., of Nottingham, to Elizabeth, daughter of the late William Bramwell, Esq., of Dockwray square, Tynemouth, Northumberland.

Sedgwick.—Rossi.—August 2, at Marylebone Church, Samuel Jarvis Sedgwick, Esq., eldest son of Samuel Sedgwick, M.D., of the Island of Antigua, to Selina Hanna, second daughter of Louis Rossi, Esq., of St John's wood.

DEATHS.

Fosbrooke.—August 2, at Loughborough, Leicestershire, Edward Fosbrooke (in practice prior to 1815), in his 90th year.

Meggison.—August 3, at Bolam Vicarage, Dr J. N. Meggison, aged 41.

Mott.—August 13, at Church Stretton, Shropshire, aged 70, Mary Jane, wife of Charles Mott, Esq., M.R.C.S.

Parsons.—July 21, at New York, Henry L. Parsons, M.D., aged 39.

Thomas.—August 4, of consumption, David Thomas, of Trefigsi, Llandilo, Medical Student at the London Hospital, aged 28.

Thompson.—August 11, at the house of his sister, Vale Lodge, Sutton, Surrey, Theophilus Thompson, M.D., F.R.S., of Upper George street, Portman square, aged 53.

Towle.—June 28, at the Island of St Thomas, West Indies, on his passage home. William Henry Towle, of Nuneaton, Warwickshire, M.R.C.S. Eng., aged 25.

Trotter.—August 4, at Summerhill, County Meath, David Trotter, F.R.C.S. Ireland, aged 66.

Wilson.—August 6, at Terally, Kirkmalden, Robert Wilson, M.D.

Wright.—June 17, at Ootacamond, East Indies, Senior Apothecary John Wright, late in Medical charge of Vingoria.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 9th, 1860:—Frank Harvey Browne, Stowe Maries, Essex; James Howard Clarke, Gerrard street, Soho; Henry Boothby Dow, Hanwell, Berkshire; John Jones, Tir Bach House, Llanelly; William Jas. Mallett, Bolton-le-Moors; George Henry Strutt, Tutbury, Staffordshire.—The following gentlemen also on the same day passed their first examination:—James Appleyard, London Hospital; Charles Ballard, Guy's Hospital; John Edwin Davey, Guy's Hospital; Edward Green, Guy's Hospital; Baker Greenwell, Queen's terrace, St John's wood; Henry Thomas Lanchester, St Bartholomew's Hospital; John Tanner, Guy's Hospital; Joseph Todd, Birmingham.

Royal College of Surgeons.—The Museum and Library of this Institution will be closed during the month of September.

University of London.—At a meeting of Convocation, held at Burlington House on the 8th inst., for the purpose of nominating three persons out of whom the Crown is to select one to fill up a vacancy in the Senate, the following gentlemen were returned:—Mr George Jessel, M.A.; George Johnson, M.D.; and the Rev. Albert Crick, M.A. Their names are arranged according to their places on the poll.

St Thomas's Hospital.—The Rev. Ottywell Robinson, M.A., of Trinity College, Cambridge, Curate of St Mary Magdalene Church, Bermondsey, has been appointed an Assistant-Hospitaller of St Thomas's Hospital, Southwark.

Westminster Hospital.—The Governors of the Westminster Hospital have determined upon erecting a new post-mortem theatre, and making certain alterations in the buildings occupied by the anatomical department of the medical school, with the view of affording better accommodation to the increasing number of pupils of this rising institution. We hear that these improvements are already in hand, and will be completed by the winter session.

Epizootics in Russia.—The Russian papers state that a contagious disease has just broken out in the neighbourhood of St Petersburgh, called Pestis Syberiæ, or Carbunculus. It principally attacks domestic animals.

Marriages in Paris: Relative Ages of the Brides.—Out of 1000 marriages, it was found, in lately consulting the official register, that 32 women were from 15 to 16 years old; 100, from 16 to 17; 219, from 18 to 19; 233, from 20 to 21; 165, from 22 to 23; 103, from 24 to 25; 60, from 26 to 27; 45, from 28 to 29; 18, from 30 to 31; 14, from 32 to 33; 8, from 34 to 35; 2, from 36 to 37; and 1, from 38 to 39.

Mortality in Government Emigration.—The mortality on the whole emigration conducted by the Emigration Commissioners during the year 1859 amounted to 104 out of 10,581, equal to ·98 per cent. This satisfactory result is due, the Commissioners say, in great measure, to the reduction which they constantly keep in view in the number of young children on board their ships, and also to the experience and ability of the surgeons whom they are now able to retain in their service. In the seven years that have elapsed since the 1st of January, 1853, the mortality in 524 emigrant ships sent out by the Commissioners, carrying 172,233 souls, has amounted to only 2266, equal to 1·31 per cent. Of the 52 surgeons despatched to Australia, the Cape, and the East Indies, in their ships last year, 2 only were untried men: of the remaining 50, 3 had made one previous voyage; 3 had made two previous voyages; 10, three; 13, four; 8 five; 7, six; 3, seven; 1, eight; 1, nine; and 1, eleven.

Lay Medical Missionary to Africa.—The Committee of the Church Missionary Society have accepted as a lay medical missionary to the Yoruba Mission in Africa, Dr Arthur Aylett Harrison (B.A. 1853, Trinity College, Cambridge, 24th Wrangler and 1st Class Natural Science Tripos). Dr Harrison was previously educated at Rugby, and has, subsequently to his first degree, after visiting Natal, been pursuing the study of medicine in St Bartholomew's Hospital.

MM. Martin Magron and Buisson have made a very extensive experimental investigation into the comparative action of strychnia and woorara on the central nervous system, and the results of their experiments lead them to the conclusion that woorara acts on the motor nerves in the same way as strychnia; and consequently, that, in this respect, there is no antagonistic action, such as it has been stated exists between strychnia and woorara.

Criminal Lunatics.—An Act has just been passed to amend the Act regulating the Queen's Prison. Prisoners sent to Bethlehem Hospital under the former Act may now be removed, and be dealt with as if they were persons of sound mind. All lunatics removed to places from Bethlehem Hospital are to be under the provisions of the Lunacy Acts.

Increase of Population in the Second Quarter of 1860.—The Registrar-General says:—"In the 91 days of the quarter the births exceeded the deaths by 63,036. This excess represents the natural increase of the population in that period: the increase aided by ingress from Scotland, Ireland, and more distant parts, is more considerable; and at the present time it is probably very near the truth to state that England and Wales contain a population of twenty millions. The emigration of the last quarter consisted of 48,626 persons, who sailed from ports in the United Kingdom at which there are Government emigration officers. By distributing 8260, who are not distinguished as regards the country of their birth, proportionally over the rest who are thus distinguished, it appears that 9437 were English, 3461 Scotch, 33,438 Irish, and 2290 were foreigners. The United States was the destination of three-fourths of the whole number. Of the English emigrants, 5945 chose the United States, 2792 the Australian Colonies. Although in the emigration to America the Irish were five times as numerous as the English, a considerably less number of the former, as compared with the latter, went to Australia; while as regards persons of Scotch origin, it is remarkable that nearly as many went to the North American Colonies as to the United States, and more than twice as many went to Australia as to either of those parts of America. National character is in part the cause of these differences; but they are chiefly to be referred to the better or worse condition in life of the emigrants."

Report of the Select Committee on Lunatics.—The Report of the Select Committee appointed to inquire into the operation of the Acts of Parliament and regulations for the care and treatment of lunatics and their property, has just been published. The number of lunatics is on the increase. Taking the figures as they stand, it appears, that out of 600 people in England and Wales, one at least is incapable of managing himself and his affairs. Evidence shows that public asylums are so carefully attended to, that but little alteration is required in the law; the chief evil is the detention of a large number of pauper lunatics in workhouses. The Committee are of opinion that no person should be detained in a workhouse respecting whose sanity a doubt exists without a

Medical certificate, renewable quarterly, stating that the patient is a proper patient to be kept in the workhouse; that there should, if possible, be distinct wards for such patients, with distinct attendance; that the guardians of the union should specially visit such patients once in each quarter, and make a special entry on each such visit of their state and condition; that the commissioners should also visit them at least once in each year, and that the same power of removing any patient to an asylum should be given to the commissioners as that which the justices now have. Private asylums are considered under various heads. The Committee think that some houses, both in the metropolis and in the country, are not well suited to the purpose, and they think it would be advisable that, except in cases to be specially allowed by the visitors or commissioners, the proprietor, or, in case of joint ownership, one of the proprietors, should, as regards future licences, be required by law to reside on the spot. Under the second head, namely, the circumstances under which the patient may be placed under restraint, and the safeguards provided for the propriety of his confinement, they observe that the Medical certificate should be clear in its statement, and accurately framed. If such certificates were verified before a magistrate, it would operate as a check on too hasty a conclusion. Secondly, the Committee recommend that the certificate authorising the detention should be limited in the first instance to three months. It is now granted for an indefinite period. Thirdly, they recommend that the order for receiving the patient into the asylum should not be effective unless the applicant had himself seen the patient within three months of his signing the order. Fourthly, that a copy of the order and Medical certificates should be sent to the commissioners within twenty-four hours; and fifthly, that the patient should, as soon as possible, be visited by the commissioners, or by some persons acting directly under their authority. The next subject considered by the Committee is the treatment of the patient while in the asylum. The Committee think the late recommendation of the commissioners, that it should be made compulsory upon the friends of all private patients to see them periodically, deserves consideration. The *primâ facie* right both of receiving visits and of corresponding should, it is remarked, be secured to the patients, and should never be refused by the authorities, except on specified grounds. A power might with advantage be given to the commissioners and visitors of ordering the temporary discharge upon trial of a patient in a private asylum. It would be an improvement in the law if the notice of recovery of patients, which is sent to the commissioners or visitors after fourteen days' interval, were required to be sent simultaneously with the notice of recovery which is sent to the relations. On the advantages and disadvantages of confining patients in single houses other than their own, there is considerable conflict of opinion. In one thing, however, all the witnesses are agreed, that this class of patients ought to be brought under supervision of the commissioners, and the Committee think it should be made penal for any Medical man to receive any such patient without apprising the commissioners of it. As respects criminal lunatics, the measures which have been recently taken, and the State Asylum which is being erected at Broadmoor, will, the Committee think, ensure better classification and supervision. The commissioners may advantageously be required to visit this State Asylum, but the discretionary power of partially or entirely restoring a patient to liberty should be vested in the Secretary of State for the Home Department. The foregoing recommendations would probably require some alteration in the law as regards the commission; but, as the commissioners are of opinion that they could discharge the increased duties without any permanent addition either to their number or to their staff, the Committee abstain from any recommendation on the subject.—'Medical Times and Gazette.'

The Colney Hatch Case.—The following Medical evidence in this case will be read with interest:—Mr James Luke, Vice-President of the Royal College of Surgeons, Senior Surgeon of the London Hospital, and Surgeon to St Luke's Hospital for Lunatics, deposed: I have had considerable experience as a Surgeon, particularly with reference to the treatment of lunatics. I see all the patients as admitted to St Luke's. I have heard the evidence in this case, especially the Medical evidence with regard to the post-mortem examination. In my opinion the deceased man Swift died from the general injuries described, which, in my judgment, must have been inflicted at one and the same time. I should think that death followed speedily on those injuries. I believe it to be impossible that a person who had received such injuries could walk about in apparently good health, his constitution exhibiting no derangement, and his pulse giving no indication that he had been injured. The fact of the person injured being a lunatic would not make any material difference. The injuries might be produced by external pressure without producing any external marks of violence. I do not think the injuries could have been inflicted on the previous Wednesday. There is no statement in the Medical evidence of inflammation having occurred, which I should have expected had the injury been inflicted on the Wednesday. Had there been inflammation, the pulse would have been affected. The respiration also would have been extremely difficult—that is, supposing the patient could so long have survived such injuries. Cross-examined: I do not judge solely from the absence of evidence of inflammation in forming my opinion that the injuries could not have been received on Wednesday, but that is one of my reasons. A man might have his sternum and eleven ribs broken without any external ecchymosis. That might be, though the injury was done by kicks or blows, if he had his clothes on. I do not think that blows with the fist alone could have done all this mischief. I differ from the other Medical witnesses in saying that these injuries must necessarily have been accompanied with ecchymosis, and that the injuries might have been inflicted on Wednesday. A man with one or two ribs broken might go on a day or two without exhibiting much inconvenience, but not without any. His being a lunatic would make no material difference. I differ from Dr Tucker in thinking that it would. I have known cases where lunatics have injured themselves and have made no complaint. Among lunatics there are occasional instances of insensibility to pain, but in such cases there are other symptoms. There are other symptoms in this case. My impression is, that the fractured ribs and sternum would have caused death immediately. Maniacs sometimes hurt themselves and do not complain. Mr Lewis: If the ribs had been fractured on the Wednesday, would that have caused death on the Saturday? Witness: I think it would have caused death at once, and he certainly would not have lived till Saturday without exhibiting very distressing symptoms, which could not have been masked.—Mr Richard Partridge, one of the Council of the Royal College of Surgeons, and Professor of Anatomy at King's College, confirmed the evidence of Mr Luke. He knew from his own experience that injuries precisely similar to those described might be produced without the slightest external mark. Cross-examined: It is impossible that a man could have received these injuries on the Wednesday without exhibiting signs of them until Saturday. Re-examined: I have no doubt that all the internal injuries—the fracture of the ribs and sternum, and the rupture of the loin—were caused at one and the same time. All might be produced by a man kneeling on the body of the deceased. To Mr Lewis: Those injuries might be produced by a man falling from a height, but certainly not by his falling in a fit while in a room.

Routine.—Mr T. Duncombe lately moved for a copy of all instructions sent by the Privy Council Office or Poor-law Board to Boards of Guardians authorising expenditure on prosecutions of persons for refusing or neglecting to have their children vaccinated, with a number of other particulars respecting vaccination. The return was ordered, but the proper authorities answered that no such instructions had been issued, and there were no means of supplying the other information asked for. As the return, therefore, was useless, it might have been supposed that nothing further would be done with it; but the House of Commons sent it through the usual course and ordered it to be printed, and several hundred copies have just been printed accordingly. Twenty-eight columns are drawn out in solemn array, each headed with a description of the information it was to contain, but all left blank; and then at the foot is a statement that there is nothing to state. Every compositor, printer's reader, and pressman concerned might as well have been at crankwork.

Phosphorus in Plants.—M. B. Corenwinder read lately before the French Academy of Sciences a *résumé* of his studies on this subject. Young plants give ashes rich in phosphoric acid; but after maturity the grain, or fruit, stalks, and leaves contain but a small proportion. Phosphoric acid in plants is found in close combination with nitrogenous matters. The organs of the plant destitute of nitrogen and not required for its alimentation are also destitute of phosphates; but the pollen of flowers and the spores of cryptogamia contain a considerable portion of phosphoric acid. Marine plants growing on rocks also contain much phosphate.

Statistics of Amputations.—A fearful instance of the mischief arising from operations and bad hospital atmosphere is related of the result of the "pure" surgery of the Constantinople Hospitals from the period of the battle of the Alma to the end of the campaign. All amputations at or near the hip-joint died at once; whereas those exactly similar cases sent away and operated on under better hospital conditions by the French at Marseilles or in Paris did very well. Nearly all amputations engaging large bones, even fractures of such bones, were rapidly followed by pyæmia. Of 490 amputations of all kinds—several of them of the upper extremity, which *ought* never to die—192 terminated fatally, and 32 out of 49 disarticulations exhibited a like issue; nor is the general result of the treatment under the malignant influence of the hospital atmosphere of the French hospitals anything better. Their total number of amputations was 639, of which 419 were primary and 220 secondary; the primary of all operations (but that at the hip-joint, which seems to be an exception to the otherwise general rule) furnishing more than one-half cures—the secondary operations (whatever Mr Skey may urge to the contrary), being by far the worst cases, yielding, from their long continuance in hospital, 73 cures and 147 deaths.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 22.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 23.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, August 24.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 25.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, August 27.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, August 28.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Invention of Stereoscopic Glasses for Single Pictures. By T. Wharton Jones, F.R.S. London: John Churchill.

Proceedings of the Second Annual Meeting of the London Surgical Home.

NOTICES TO CORRESPONDENTS.

A Subscriber from the Beginning should communicate with the Editors of the 'Directories.'

Dr Pierson.—Communication with enclosure received.

Omega.—The New Sydenham Society is prospering. You should apply to Mr Hutchinson, the secretary. No entrance-fee is required.

Medicus (Bridport).—1st. No.—2nd. No.

Dr H. C.—We cannot see the probable advantage of the course you suggest. You had better wait to see what the Committee of the British Medical Association will recommend. Unity, and not division, should be the end arrived at.

Mr Fleming.—Received.

Mr Simpson.—Yes; in October.

A Union Surgeon.—Note received. We cannot give you a satisfactory reply.

Dr Mackenzie is thanked for his intimation.

An L.S.A.—Not at present.

W. W.—1st. You would be eligible for examination after due attendance upon the required course of study.—2nd. Glasgow, if convenient to you, is a good school.

Metron wishes to know if a General Practitioner, not conducting a retail business, is liable to have

his weights and measures inspected by the ordinary officer? We are not aware that there is any exemption in favour of Medical Practitioners; but as it is a power that may be exercised offensively, perhaps some of our readers may be able to give more specific information.

MEDICUS reminds us that the principal writers in the Medical journals are engaged in denouncing Special Hospitals and Specialists. We are aware of the fact in two or three instances; or at least that these gentlemen are trying to become such, and are looking out for a chance. It would not surprise us to be told that the most rabid articles have been written by a tolerably well-known Specialist. Our correspondent ought to know that it is too common for public writers to express sentiments not so much in accordance with their own practice, as in accordance with the supposed opinion of the majority whom they address. This practice has led to the inconsistency and humbug of modern journalism.

AN OLD SUBSCRIBER.—1st. The question is an open one; but it seems to us that the College must obtain a new Charter beforehand.—2nd. We do not know; you should write to the War Office.—3rd. We are unable to inform you of the amount of salary paid to Inspectors of Mines, or the amount of their travelling expenses.

AN ADMIRER.—Who is "Winslow?" Our admirer speaks in parables; and, unfortunately, we are not quick at unravelling mysteries or jokes. Our correspondent, if he be not insane, evidently means to be sarcastic—either upon us, or the person he calls "Winslow;" but we cannot comprehend the enigma. We hope "Admirer" will explain his own joke; we can see nothing in it but its spitefulness.

CHLORODYNE.

To the Editor of the Medical Circular.

SIR,—In justice to myself and the Medical Profession at large, I beg you will insert these few lines to correct an erroneous impression. Your observations in last week's journal are suggestive respecting the composition of Chlorodyne.

The formula published as Dr Ogden's Analysis purporting to be Chlorodyne is quite incorrect; synthesis will readily prove this. Not only does it differ in appearance and taste, but its action on the system will be found quite dissimilar.

Yours obediently,
J. T. DAVENPORT.

33 Great Russell street,
Bloomsbury, August 18th.

MR MILTON'S continuation of his papers has been received, and shall have early insertion.

DR PARK (Broughton Ferry).—Received.

DR ALDRIDGE'S communication has been received, but arrived too late for consideration this week.

A SUBSCRIBER.—The Degree would not be recognised.

MR WARRY.—Note received.

St Bartholomew's Hospital

and MEDICAL COLLEGE.—The WINTER SESSION will commence on OCTOBER 1st, with an INTRODUCTORY ADDRESS by Mr SAVORY, at Eight o'clock p.m.

LECTURES.

Medicine—Dr Baly and Dr Kirkes.
Surgery—Mr Lawrence.
Descriptive Anatomy—Mr Skey and Mr Holden.
Physiology and General Anatomy—Mr Savory.
Chemistry—Dr Frankland.
Superintendence of Dissections—Mr Callender and Mr Smith.

SUMMER SESSION, 1861, commencing MAY 1st.

Materia Medica—Dr F. Farre.
Botany*—
Forensic Medicine—Dr Black.
Midwifery, &c.—Dr West.
Comparative Anatomy*—
Practical Chemistry—Dr Frankland and Mr Attfield.

* These Lectureships on Botany and Comparative Anatomy have been recently vacated, but the names of the Lecturers will be shortly announced.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to more than 90,000 Patients annually. The In-Patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases by Dr Burrows, Dr Farre, and Dr Black; on the Surgical Cases, by Mr Lawrence, Mr Stanley, Mr Lloyd, and Mr Skey. The Out-Patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the Direction of the Treasurer and a Committee of Governors of the Hospital. Some of the Teachers and other Gentlemen connected with the Hospital also receive Students to reside with them.

SCHOLARSHIPS, PRIZES, ETC.—At the end of the Winter Session, Examination will be held for Two Scholarships of the value of £45, for the year. The Examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr Paget, Dr Kirkes, Mr Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

J. ALDERMAN,

PATENTEE, INVENTOR, AND MANUFACTURER

OF THE

GRADUATING SPINAL FRACTURE AND GENERAL INVALID COUCHES, CHAIRS, CARRIAGES, AND EVERY OTHER DESCRIPTION OF ARTICLE REQUIRED BY INVALIDS.

MANUFACTORY, 8 DENMARK STREET; SHOW ROOMS, 16 SOHO SQUARE.

St Thomas's Medical Session.

A General INTRODUCTORY ADDRESS will be delivered by R. D. ORAINGER, Esq., F.R.S., on MONDAY, 1st OCTOBER, 1860, at Eight o'clock p.m.

The DISTRIBUTION of PRIZES will take place early in the Session.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

A rumour having been current that this Hospital will shortly be removed to another site, it is thought desirable to contradict such report.

PRIZES AND APPOINTMENTS FOR 1860-61.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 Guineas.

2nd. In Physics and Natural History. A College Prize of £20.

3rd. In Modern Languages and Modern History. A College Prize of £20.

THE TITE SCHOLARSHIP, founded by W. TITE, Esq., M.P., F.R.S., the proceeds of £1,000 Consols, tenable for three years.

To the Three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 Guineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

The Dressers and the Clinical Clerks are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

MR GEO. VAUGHAN'S Cheselden Medal. The Treasurer's Gold Medal.

MR NEWMAN SMITH'S Prize of £5 for the best Essay on "Neuralgia."

The Two House Surgeons, the Resident Accoucheurs, and the Dressers are periodically selected, and are provided with Rooms and Commons in the Hospital, free of expense.

Two Hospital Registrars at an Annual Salary of £40 each, or one at £80.

Students of each year are classed according to their respective total merits in the examinations, and all of the First Class receive Certificates of Honor.

MEDICAL OFFICERS.

Dr Roots, Consulting Physician; Mr Green, Consulting Surgeon; Dr Barker, Dr J. Risdon Bennett, Dr Goolden, Dr Peacock, Dr Bristowe, Dr Brinton, Mr South, Mr Mackmurdo, Mr Solly, Mr Le Gros Clark, Mr Simon, Dr Waller, Dr Clapton, Mr Sydney Jones, Mr Whitfield.

Clinical Instruction is given at stated times by the Medical and Surgical Officers; and Special Medical Clinical Lectures, by Dr Barker. Ophthalmic Surgery, Mr Mackmurdo; Midwifery, Dr Waller and Mr Gervis; Dental Surgery, Mr Elliott; Medical Tutors, Mr Allingham and Mr Gervis.

Medicine—Dr Peacock. Surgery, Mr Le Gros Clark. Physiology — Dr Brinton. Descriptive Anatomy — Mr Sydney Jones. Anatomy in the Dissecting Room—Mr Rainey. Assistant Demonstrator—Mr J. Croft. Chemistry and Practical Chemistry—Dr Albert J. Bernays. Midwifery — Dr Waller. Practical Midwifery — Mr Gervis. General Pathology — Mr Simon. Botany — Dr Clapton. Comparative Anatomy—Mr W. M. Ord. Materia Medica—Dr Bristowe. Forensic Medicine — Dr Stone. Public Health—Dr Headlam Greenhow. Demonstrations Morbid Anatomy — Dr Edmund Montgomery. Microscopical Anatomy—Mr Rainey.

Students can reside with some of the Officers close to the Hospital.

The Committee of the "Nightingale Fund" has arranged with the authorities of St Thomas's, for educating women as Hospital Nurses, who, on the satisfactory completion of one year's training, will be considered eligible to receive appointments as Nurses in the Metropolitan or Provincial Hospitals.

Applications can be made prior to next Midsummer to Mrs W. W. Wardroper, at St Thomas's Hospital.

The Patients are admitted daily at Half-past Eleven a.m., and the Out-Patients seen at Half-past Twelve daily.

To enter, or obtain Prospectuses, the Conditions of the Tite Scholarship, and further information, apply to Mr WHITFIELD, Medical Secretary, resident at the Hospital.

St Mary's Hospital Medical

SCHOOL.—The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Dr TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these five appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr Alderson, Dr Chambers, Dr Sibson, Dr Handfield Jones, Dr Sieveking, and Dr Markham.
Surgeons—Mr Coulson, Mr Lane, Mr Ure, Mr Spencer Smith, Mr Walton, and Mr James Lane.
Physician-Accoucheur—Dr Tyler Smith.
Ophthalmic Surgeon—Mr White Cooper.
Aural Surgeon—Mr Toynbee.
Surgeon-Dentist—Mr Sercombe.

LECTURES.—Clinical Medicine — Dr Alderson, Dr Chambers, and Dr Sibson. Clinical Surgery — Mr Coulson, Mr Lane, and Mr Ure. Medicine—Dr Chambers and Dr Sibson. Surgery — Mr Coulson and Mr Spencer Smith. Physiology and Morbid Anatomy—Dr Markham and Mr James Lane. Anatomy—Mr James Lane and Mr Gascoyen. Operations on the Dead Body—Mr Walton. Dissections — Mr Gascoyen and Mr Davy. Chemistry and Practical Chemistry—Mr Field. Midwifery—Dr Tyler Smith and Dr Grailly Hewitt. Materia Medica—Dr Sieveking. Botany—Dr Dresser. Medical Jurisprudence—Dr Sanderson. Ophthalmic Surgery—Mr White Cooper. Aural Surgery—Mr Toynbee. Dental Surgery—Mr Sercombe. Comparative Anatomy—Dr Grailly Hewitt. Natural Philosophy—Mr Smalley.

The In-Patients are visited daily by the Medical Officers, and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each Session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25 is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. C. GASCOYEN, Dean of the School.
St Mary's Hospital, August, 1860.

Huxley's Spiral Abdominal

BELT, is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and Band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality.—Measures required: circumference at a, b, c; depth, from a to c.—Priced and Illustrated Catalogues on application to

E. HUXLEY,
12 Old Cavendish street, Oxford street, W.

Notice of Removal.—W. F.

DURROCH, Surgical Instrument Maker to the Royal Navy, Greenwich Hospital, &c. &c., respectfully informs the Profession that, in consequence of his present premises, No. 2 New street, coming down, he is removing to more extensive premises, No. 28 ST THOMAS STREET EAST, where he will continue to manufacture Surgical Instruments of every description upon the most liberal terms.

Mr YEARSLEY'S WORKS OF THE EAR AND THROAT.

DISEASES OF THE EAR.

Fifth Edition, price 2s. 6d., by post 2s. 8d.

Deafness Practically Illustrated, as to its Nature, Causes, and Treatment.

"A careful perusal has convinced us that the author is correct in his views; his experience has been ample, and his powers of observation and research have been by no means inferior to his opportunities."—'Medical Gazette.'

"A thorough acquaintance with the facts and views which it contains must be regarded as essential to the Medical Practitioner."—'The Lancet.'

"Contains much practical information."—'Medical Times.'

"Well deserving attention."—'British and Foreign Medico-Chirurgical Review.'

"The author's observations will be read with advantage, and will afford many useful hints for the detection and management of disease."—'Provincial Medical Journal.'

DISEASES OF THE THROAT.

Also just published, price 5s., by post 5s. 4d., the Seventh Edition, with new Plates,

On Throat Ailments, more especially the ENLARGED TONSIL and Elongated Uvula, in connection with Defects of Voice, Speech, Hearing, Deglutition, Respiration, Susceptibility to Cold and Sore Throat, Cough, Nasal Obstruction, and the Imperfect Development of Health, Strength, and Growth in Young Persons.

"Mr. Yearsley's great experience in diseases of the throat and ear, and in affections of the voice and speech, entitles all he says to much attention and consideration."—'The Times.'

THROAT-DEAFNESS.

Price 1s., by post 1s. 1d.

On Throat Deafness, and the PATHOLOGICAL CONNECTIONS of the THROAT, NOSE, and EAR. Reprinted from the Author's larger work, 'Deafness Practically Illustrated.'

On the Artificial Tympanum. A New Mode of Treating Deafness, when attended by Partial or Entire Loss of the Membrana Tympani, associated or not with Discharge from the Ear.

Reprinted from the 'Medical Circular,' price 1s., by post 1s. 1d. Second Edition.

On a New Method of Treating OTORRHŒA.

"The sensation of comfort, and the removal at once of all offensive fœtor which is so distressing to the patient are not the only advantages gained by this novel mode of treatment."—Preface.

London: John Churchill, 11 New Burlington street.

TO SURGEONS, DENTISTS, &c.

The Best House in London for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE by 'WEISS"—(Quite New).

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

Wines, guaranteed Pure and Genuine, at per Dozen, including bottles: Fine old Port, 26s.; superior old Sherry, 24s.; superior old Claret, 26s.; finest old Sicilian Sherry, 24s.; superior Champagne, 32s.; fine old Pale Cognac Brandy, 44s. Samples forwarded, free on application.

T. W. REILLY,

33 Finsbury place North, Finsbury square, London, E.C.

Post-office Orders with Country Orders.

Notice—Behenna and Co. ACCOUNTANTS, conduct all business entrusted to them, with secrecy, economy, and despatch. Accounts prepared in Bankruptcy and Insolvency. Arrangements made with Creditors. Tradesmen's Books regularly kept. Partnerships and Loans negotiated. Offices, 11 Beaufort buildings, Strand London W.C. Hours from 10 till 4.

New Remedies by Savory AND MOORE.

HYPOPHOSPHITE OF QUININE,

SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory result in debility and low vitality.

LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

CARBONATE of LITHIA; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD-LIVER OILS (introduced by Messrs Savory and Moore), are also prepared in the Laboratory, 143 New Bond street, London.

THE NEW EYE DOUCHE,

invented by SAVORY and MOORE, has elicited the approbation of the most eminent Oculists. Vide 'The Lancet' of March 31st.

E. BURTON'S ACHROMATIC MICROSCOPES

Cannot be surpassed at the price. An excellent (Student's) Microscope, with set of Achromatics, Pliers, and Condenser, in Cabinet, £3 3s.

Microscopes with powers. Live and Water Boxes, 6 objects, &c., packed in polished mahogany case, at 12s. 6d. 21s., 31s. 6d., 50s.

Manufactory, 47 Church street, Minories, London, E.

An Illustrated Catalogue upon application, or receipt of two stamps.

Paper and Envelopes.

A SAVING OF FULL 6s. IN THE POUND.

Cream Laid Note, 2s., 3s., and 4s. per ream.

Large Blue Wove ditto, 3s. 6d. and 4s. 6d. per ream.

SUPER THICK CREAM LAID ENVELOPES, 6d. per 100.

Manuscript Paper, 4s. 6d., and Foolscap, 6s. 6d. per ream.

Bordered Note, Five Quires for 1s.

STRAW Paper, 2s. 6d. per ream.

NO CHARGE for Plain Stamping. Dies engraved from 2s. 6d.

White and Blue Demys, and other Wrapping Papers, at a small commission on the mill prices.

Price List post free. SAMPLE packet for six stamps.

CARRIAGE PAID to the country on orders over 20s.

PARTRIDGE and COZENS, Manufacturing Stationers, No. 1 Chancery lane, and 192 Fleet street, E.C.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided: a soft bandage being worn round the body, while the requisite resisting power is supplied by the 'MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 8d.

Price of an Umbilical Truss, 42s., and 52s. 6d.

Postage, 1s. 10d.

Elastic Stockings for Varicose Veins, and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s 6d. 7s. 6d., 10s., and 16s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,

228 Piccadilly, London.

Millikin, late Bigg and Millikin, Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 9 St Thomas's street Southwark S.E.

Important to Surgeons.—The old-established and well-known Business of JOHN MILLIKIN, now MILLIKIN and LAWLEY, 161 Strand, adjoining King's College. A change in the proprietorship offers to Surgeons the opportunity of purchasing any kind of Instrument from this well-manufactured stock, which cannot be surpassed in style, quality, or price.

Messrs MILLIKIN & LAWLEY beg to draw the attention of their friends and customers to the superior stock of Mathematical Instruments, their great variety of Cutlery, and the selection of first-class Microscopes, Opera and Race Glasses.

A great variety of Skeletons, Skulls, Hands, Feet, &c., of superior quality, at moderate charges.

Every description of Surgical Instruments made to order, with the utmost PRECISION and DESPATCH.

Surgical Instruments and Cutlery Repaired Daily.

S. W. Silver and Co.'s OUTFITTING WAREHOUSES, 66 and 67 Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and Civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Medical Practitioners Supplied with ASSISTANTS, gratis, by MAIR and SONS, 34 Bedford street, Strand, who also DISPOSE of PRACTICES on moderate terms.

Fresh Air.—"McKinnell's PATENT VENTILATOR does that which is the great object in keeping buildings healthy. It rids them of the foul air, and provides for the free inlet of a fresh supply. It is simplicity itself—as, indeed, are most of the Mechanisms adapted to Natural Laws. It can be fitted with ease to carriages, ships, houses, coal-mines, schools, churches, &c. The system, too, is cheap."—'Medical Times,' July 7, p. 11.

JOHN McKINNELL, Patentee, 9 Gloucester terrace, Clarendon road, London, W. Descriptive Pamphlets sent on receipt of one stamp.

Pure Country Milk and CREAM.—Messrs EDMONDS and BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the purity and freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16 Marchmont street, Russell square; and at St Petersburgh place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A prospectus free by post.

H. Silverlock's Medical Label Warehouse, Letter-Press, Copper-Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors' Commons, London, E.C.

H. Silverlock's stock of LABELS for DISPENSING purposes, having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen; a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d.

Printed Catalogues of the above may be had, post free on application.

Printing of every description at moderate prices.

Bed Bugs, Green Fly, Red SPIDER, MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in the 'Gardener's Chronicle,' 'Cottage Gardener,' and 'Field.' Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen. Wholesale by

PRICE'S PATENT CANDLE COMPANY, LIMITED.

ON THE TREATMENT OF GONORRHŒA WITHOUT SPECIFICS.

By J. L. MILTON, Esq., M.R.C.S.

(Continued from page 103.)

In six cases out of eight in which I collected the history, and had an opportunity of tracing them to their close, a complete though slow cure of the abscess took place: the gonorrhœa, however, proved more difficult to subdue than in any other cases. In the seventh, the patient, just as the abscess was a little improved, gave up the medicine in disgust, and soon returned with a larger and more painful swelling. This was also subdued by the use of the antimony; but though he was attended regularly, the urethra long felt hard and tight at the seat of the abscess, and a gleety discharge remained, which proved very intractable. On passing the bougie, the canal did not appear much narrowed; but it was somewhat twisted, and peculiarly hard and inelastic: there was also considerable dribbling after making water. More than a year after this I met him, when he informed me that he had had no return of the gleet, but the uneasy feeling of hardness was still there.

The eighth case was that of a gentleman in whom the abscess had been checked eighteen months previously by the heroic use of leeches, poultices, &c. Since that time the discharge had never diminished, and was now thick and yellow. He had taken large quantities of medicine, principally copaiba and cubebs, but without any result except that of increasing disgust for all physicking. For three or four months he tried blisters, aperients, and injections with unwearied perseverance, but with no effect. I wanted to cauterise the urethra and use bougies, but he said he had suffered so much that he could not bear the idea of instruments. At last he permitted me to introduce a gum-elastic bougie: on reaching the seat of the abscess, the urethra was found excessively tender and irregular. Three years subsequently he again consulted me for two confirmed and very tight strictures of the urethra, one of which was only an inch and a half from the orifice. He had for some time always carried a small bougie, which he occasionally passed a little way down. The discharge had never ceased; his health seemed quite broken down, and he presented a melancholy picture of a constitution, never very sound, now to all appearance ruined for want of resolution to undergo a mild operation. He still persisted in refusing to allow bougies to be used.

These cases, coupled with others which I could not watch so completely, led me to believe not only that perinæal abscess should be attacked with the utmost vigour, but also that the treatment ought to be continued till the hardness has entirely disappeared. Subsequent experience has enabled me to verify this opinion; and of late years I have always, so soon as the antimony had checked the inflammation, used the iodide of potass in combination with liquor potassæ, till some effect was produced. The perinæum should be blistered as often as the patient will allow it, and during the intervals blue ointment combined with camphor may be rubbed in every night. The bougie is also to be passed twice a week, so soon as the state of the urethra will permit.

On Abscess or Inflammation of the Prostate I need not dwell, as the case I have given in the section on "weakness" will exemplify the treatment better than description. It is one of the few complications, if not the sole one, in which leeches appear to be of service; in all other respects it may be treated the same as abscess in the perinæum, and the cure of the gonorrhœa may proceed without a check.

7.—*Gonorrhœal Rheumatism and Ophthalmia.*—Of all the varieties of complication, this is, I think, without exception the most formidable, and the least amenable to treatment. Whether a simultaneous affection of the eye and fibrous tissue depends upon a conjunction of two varieties of diathesis, or whether, when one alone appears, it owes its origin to a less developed form of the same disease, I must—though my own convictions lean rather in favour of the latter view—leave to be determined by more able pathologists than myself. I refrain from discussing subjects upon which I can throw no light.

The question, however, of whether these disorders are constitutional effects of suppressed gonorrhœa, appears to me of so much importance, that I wish to examine it a little more fully. Having been led to adopt views differing widely from those generally received, I offer them with diffidence.

I have in different papers (*a*) endeavoured to show that the organs of which the human frame is composed naturally divide themselves into four great classes: 1. Those of generative life; 2. Those of animal life; 3. Those of organic life; 4. Those of extinct life—as the thymus, thyroid gland, &c.: that maladies commencing in one class have little tendency to pass to another set of structures, although one class may sympathise with another; and that this sympathy, this slight tendency spoken of, are obedient to some law which has yet to be worked out.

Thus in gonorrhœa—an affection of the organs of generation—such structures as the eye and skin, fibrous tissues, &c., sometimes, though rarely, become involved; those of organic life, never; yet one or both may sympathise. When gonorrhœa first attacks a patient, the weariness, lumbar pains, &c., show a sympathy between the generative and the animal life. If subsequently ill-health (an affection of the organic life) ensue, it is chiefly from the prolonged action of medicines, and the mental irritation caused by the tedium of the disease. And if one of the structures of extinct life, as the prostate, becomes involved in the extension of the gonorrhœal inflammation, it is mechanically—it is by the sympathy of contiguity only; the distant organs of this class—the thymus gland, spleen, &c.—never suffer.

If these inductions be correct, the diseases attributed to suppressed gonorrhœa are simply due to the disturbance occasioned by gonorrhœa calling into play a latent tendency to disease. Indeed, there is no such thing as a suppressed or repelled gonorrhœa, especially here, where the discharge is almost always present. It may be temporarily kept in abeyance, as by cholera or fever; but what really suppresses, cures it. Moreover, I have frequently seen it where neither medicines nor injections had been used. So sudden is the outbreak of this terrible affliction, that the pain has sometimes begun within forty-eight hours after the outbreak of the discharge; and I have even known patients uncertain as to which began first. It may appear as late as three months after the discharge. I have seen it attack the hip, loins and great pectoral muscle, and Dr Elliotson has seen it fasten on the jaw, with great severity.

In respect to the treatment of gonorrhœal rheumatism, I can only copy at a distance that inculcated by the best practitioners of modern times—such as Mr Lawrence, Sir B. Brodie, &c. (*b*)—in their use of colchicum and purgatives; but, at the same time, I must candidly avow that with them alone we cannot meet the disease. Iodide of potassium is essential, and equally so is the free use of blistering. I have seen cases where the patients, after many months of suffering and lameness, began to improve so soon as these remedies were freely employed.

To my thinking, it is useless with adults to try anything less than half-drachm doses of colchicum wine; even drachm doses often fail. No fear need be felt about giving this quantity. I have prescribed twenty drops at a time to a child eleven years old, and seen the dose taken without any ill symptoms. Where blistering fails, I would at once resort to tartar-emetic ointment; and I have seen atropine in the same shape prove of great service.

The tenacity with which this rheumatic form of action continues in some persons is extraordinary. In the beginning of January, 1857, a young, healthy-looking man applied to me with chronic gonorrhœal rheumatism, which had incapacitated him for four successive winters from doing any work. It was principally seated in the sole of the foot, and the pain was so severe that he could not stand more than half an hour. If he attempted to exceed this time, a hot, burning pain attacked every part on which the weight of the body rested; and this soon became so severe as to compel him to lie down. Even when resting, the pain became so excessive towards night that he could not wear a boot. He had wandered about from one surgeon to another, till at last, from sheer poverty, he was obliged to enter a hospital, where he remained eight weeks. He came out as bad as he went in. This seemed a strange state of matters; however, the iodide of potassium and strong blisters to the feet relieved him so rapidly, that in five or six weeks he was able to do a little work. I learned from time to time that he was steadily improving, but I never knew whether he was cured, though I was informed by his landlady that he could get through a fair day's work.

In this case the pains began three days after the appearance of the gonorrhœa, and resisted three separate salivations, carried so far as to loosen the teeth. What else he had used, he could not tell; but I gathered from his account that galvanism, cramps to the feet, and mustard-poultices had been tried.

In another case, the patient could not carry his hand to the back of his neck, and was almost incapacitated from doing any work; yet the first blister so relieved the shoulder in which the pain was principally seated, that he informed me the ointment (employed after the blister) had "soupled" the joint. At the end of ten days he could place his hand on the back of his neck; and a second blister so far improved him, that, to my regret, he left off his treatment and went to sea again.

With regard to ophthalmia, it is on account of this rheumatic tendency, most necessary to distinguish that form in which the patient is attacked with ophthalmia and rheumatism, from that in which the gonorrhœal matter is conveyed to the eye, this being a much more rapidly destructive disorder. Mr Lawrence (*c*) observes that this so-called metastatis is peculiar to males; as to either arising from repulsion, the idea is simply absurd. The only application of any service is the nitrate of silver in solution, which I have never seen fail, if used early enough. Opium in large doses is of great value; and the treatment, to my thinking, should be essentially tonic. The horrors recorded by Wardrop, Lawrence, Adams, (*d*) is that at least half the victims to the destructive influence of antiphlogistic treatment lose their sight.

8.—*Bleeding* is the last of these complications. All those I have seen affected with it had suffered from disorder of the liver. The mildest injections produced bleeding from the urethra, and I was obliged in all cases to give them up until this tendency gave way, which it generally did in a little while under the use of aperients and tincture of steel. The gonorrhœa was very mild in these patients.

PART IV.—*Gleet and Inveterate Gonorrhœa.*—At first sight nothing seems easier to cure than a gleet; yet even slight complaints are more difficult to subdue, and the number of remedies suggested by authors only proves how often all their resources have failed.

Some authors—as Professor Graves, M. Ricord, Mr Whately, &c.—candidly confess that they have met with instances where the disease did not yield to any treatment; but, in general, writers are rather careful how they commit themselves to any very decided statements. The manner, however, in which the subject has been handled, leaves no doubt on the mind of the reader that the authors in question are quite familiar with those obstinate cases which go on for months, or even years, till at last the patient gets so thoroughly sick of medicines, that he makes up his mind to endure an evil he cannot remedy.

The following digest will, I think, comprise the pith of all the directions and suggestions by those authors I have consulted:—The specific remedies having failed, they may be tried combined or along with steel or cantharides; then the bougie is to be used, or the urethra may be cauterised: these failing, constitutional treatment is to be suggested, or change of air, sea-bathing, or the cold plunge bath, or perhaps an alterative course of mercury. Finally, we are told of cases where the *coup-de-grace* has been given to the rebellious disease by some strong remedy, warranted only by a desperate state—such as an injection of

(*a*) See one read before the Medical Society of London, Dec. 2nd, 1853.

(*b*) Langston Parker. 'Modern Treatment of Syphilitic Disease,' p. 69. Schmidt's 'Jahrbuch,' 37, 1843, pp. 43, 46.

(*c*) 'On Diseases of the Eye,' 1841, p. 280.

(*d*) 'Lancet,' 1852, vol. ii, p. 289.

brandy, a violent debauch, a drastic purgative, a seton, or a blister to the perinæum—so that the despairing reader has a method of getting out of the difficulty equally safe to himself and useless to the patient.

It is very safe to go into generalities, to offer simply collective experience, but it does not meet the difficulties of the subject. A surgeon who has an obstinate gleet to cure does not feel much wiser after reading over a list of remedies which would take two or three years to master thoroughly.

Now, when a case of gonorrhœa or gleet has been regularly treated for thirty days, and at the end of that time is no better; if during all this time the surgeon has reason to think that the patient has given the treatment fair play, and finally, if there be no complication, such as swelled testicle or abscess in the perinæum, my opinion is that it will not be cured by the ordinary remedies more than once in fifty times; nay, I question if any benefit result from employing them: and could we attain to a sufficiently accurate diagnosis at the outset, it would, I think, be better to resort at once to a different plan. But I know of no means of doing this,—and the only rule I can find for using extraordinary measures is the failure of others.

Again and again have I in such cases, at the wish of the patient, or from a desire to avoid recurring to my last resource, tried one medicine after the other, and injections of all kinds. The result always was, either that the patient left uncured, that some complication sprung up, or that a cure—if effected at all—was wrought by some totally different means. I have now given up this plan, convinced that if one medicine fails, a second has just as little chance.

It may be said that this is a very short time to fix for a trial, but I can scarcely recal a case of cure where there were no signs of amendment within a month. Delay is perilous; while we are trying to cure the discharge, stricture may be at the bottom of the mischief.

When a patient with long-standing gleet only comes under treatment at an advanced stage, the first step of all is to make out the history of the treatment. Many of these cases last so long solely because no pains have been taken to secure a different result.

Thus, in one case the disease had existed twelve months, but the patient had only taken pure copaiba and sweet spirit of nitre: a cure was effected in three weeks by the daily use of an injection of nitrate of silver. In a second, the gonorrhœa had lasted five months; but on cross-questioning the patient he admitted having neglected it: it was cured in a few days by mild aperients and sulphate of zinc injections. In a third, the patient said he had had it off and on for eighteen months. His plan had been to go to a surgeon for three or four months, and if not relieved to betake himself to another—thus perpetually beginning treatment anew. He reaped the results in the form of a stricture. A fourth patient had been treated at intervals for twelve months by injections, and at the end of the time had not yet learned to give himself an injection properly.

In order to make a purely practical arrangement of the subject, I purpose to eliminate all cases with such complications as stricture; next to join all varieties of gleet, except discharges of pure mucus, to gonorrhœa, for they are only one disease; and finally, divide this disease into four classes.

(To be continued.)

M. Schiff's experiments on the subject of Diabetes seem to settle the heretofore debated question—how the sugar comes to accumulate in the blood. The two theories held on this subject were:—1. That the actual quantity of sugar formed was abnormally great, in consequence of increased activity of the liver in its formation; and 2. That the quantity formed in the liver was not actually greater than normal, but that the ferment (an hypothetical agent) which caused its transformation in the blood was defective, and therefore the sugar accumulated. M. Shiff apparently decides the question. According to him the excess of sugar in the blood, as found in artificially-produced diabetes, results from an excessive formation of sugar in the liver. M. Shiff found that diabetes could be produced by the induction of an hyperæmia! He found the same thing result on removal of the spleen, whereby the liver was congested. 'Medical Times and Gazette.'

CASE OF MUSCULAR RHEUMATISM CURED BY NARCOTIC INJECTIONS.

By J. H. PARK, M.D.

D. P., aged about forty, a man engaged in cleaning the locomotives at the railway, consulted me about the middle of June for a pain in the left hip, which had rendered him so lame as to incapacitate him for work. The nature of his employment obliges him occasionally to lie on his back on the ground under the engine, the ground being occasionally damp,—and he attributes this as the cause of his complaint. His general health is not great, but still he is able for a good day's work. On examination, the muscles of both hips were much the same in appearance, being rather flaccid. The pain complained of corresponds pretty accurately with the space occupied by the glutens maximus, and is increased by pressure; it affects him most when rising up in bed, or from the sitting posture. I came to the conclusion it was a case of muscular rheumatism. I put him on cod-liver oil with iron, gave him sharp purgatives, and ordered warm hip-baths at night. This treatment, persevered in for a fortnight, gave no sensible relief. He next tried change of air, and took iodide of potassium for about three weeks, obtaining a little relief, which, however, was only temporary. The pain increased, with frequent paroxysms of great severity, obliging him to scream out. He lost sleep, strength, and spirits; and, to use his own expression, the constant pain or aching was "tearing the flesh off his bones." He was confined entirely to bed; the moment he attempted to stand up, he fell, or would have fallen to the ground had he not been supported.

On two successive nights he took half a drachm of the liq. opii sed. (Battley) without any effect whatever. I then determined to try the narcotic injections, and I am happy to say they had the effect of entirely curing him. I injected at four different parts of the muscle 5 minims of Battley. After injecting in two places, I allowed an interval of two or three days to elapse, to observe the effect. The very day after it was done, he was able to stand; the pain was not entirely removed, but very much better. The next two injections completed the cure, and he now walks about almost with his usual freedom. I only regret now that I had not recourse to the operation earlier, as I have no doubt it would have saved the man much suffering. With Wood's syringe the injections are simply and most effectually accomplished, as in this instance; and, I doubt not, in all similar cases will be found of the utmost service.

Broughton Ferry, Aug. 16th, 1860.

THE SPIRIT OF THE PERIODICALS.

Mr Hilton continues the publication of his Lectures on *Pain and Rest* in the 'Lancet,' and Dr Patrick Fraser his papers on *Stimulation versus Depletion*. We quote the present part.

"Third Epoch.—*(From Paracelsus to Harvey.)*

"In the fifteenth century Paracelsus commenced a reformation in medicine—a man who, 'with all his faults,' did good service as a thorough reformer to the science of Physic. It is quite certain that a man of his temperament would not stop short in the employment of any remedy promising to effect sharp and speedy cures. We consequently find that he practised venesection: but under what, if any restrictions, we have no information. A reaction now took place, and Botelli, in 1577, advocated excessive bleeding, to the extent of two or three pounds at one operation, and this repeated four or five times at short intervals.

"The cases on record of the large quantities of blood which have been lost without apparent injury, would lead to the conclusion, that the average quantity of blood in the body—viz., 30lbs. in the adult—has been under-estimated: for example, 'A phlegmatic man lost by the nose, mouth, and urine, eighteen pounds of blood; and yet there remained so much in him, that on the application of cupping-glasses, they were instantly filled with blood.' (Schenck, Obs. Med., i., p. 172.) Brapavolus had a lady under treatment, in whom twenty-two pounds of blood passed from the nose; she recovered by the use of several remedies, 'one whereof was phlebotomy.' (Comment. ad Aphor., xxiii., 15.) Marcellus Donatus (C. xxiii.) gives a case of eighteen pounds of blood issuing from the nose. Amatus Lusitanus relates a case where, within five days, twenty pounds of blood passed from the nose; another, forty pounds in six days, 'whom he yet cured by phlebotomy.' Montanus says he 'cured one of the emeroids, which bled every day for forty-five days, two pounds of blood and more.' (Schenck, Obs. Med., xiii., p. 342.) Anculanus gives a case of twenty-five pounds of blood being lost in three days from a wound, and recovered; and several others are related, in which six and twelve pounds of blood were voided by the nose in a few hours, or days, but recovery always took place. Riolan has taken, in twelve hours, five pounds of blood without injury. He estimated that half the quantity of blood in the body might be extracted without danger; and as he considered the whole quantity of blood varies in different nations, he arrived at the estimate, that a German may lose fifteen pounds; a Frenchman, ten pounds; Spaniards, Moors, Asiatics, less in the order of their standing. That Botelli had supporters in the practice of excessive depletion, we know from Astens, a writer in 1583, who argued that ancient as well as modern physicians erred in bleeding too little rather than too much. Van Helmont, at the same period, although he did not denounce venesection, exposed the evils arising from excessive depletion. Although we are not prepared to subscribe to his celebrated motto, 'Ego sane nemini sanguinem mitto,' still it is a fair question whether the excessive bleedings enjoined by Botelli and his followers were not more injurious than the total rejection of venesection by Van Helmont and his followers. Various writers—for example, Almarico Blondelo in 1620, J. F. Buchone in 1629, Stahl, Thouvenal, Martianus, Lancisi, Baglavi, Pascoli, Forestus, Peater, Hoffman, Amatus, and, last, Victoris Trancavellus, supported more or less the doctrines of Van Helmont; but, to the credit of most of these men, their condemnation of bleeding did not extend to the utter exclusion of it as a remedial agent, but to the avoidance of its abuse only. The last-named writer enters more minutely in his condemnation by designating the diseases in which venesection ought not to be practised—viz., delirium, epilepsy, paralysis, catarrh, ophthalmia, nephritis, hypochondriasis, continued fever, scirrhus uteri, suppressio mensi, menorrhagia; ending by saying, 'Nos non debere nimis proclivis nimisque liberales esse in detrahendo sanguine, ne dum Scyllam fugimus in Charybdem incidamus.'

"We see from the foregoing, that bleeding has been employed as a remedial agent from the earliest period of the history of the human family, but upon the most opposite and sometimes illogical principles.

"Fourth Epoch.—*(From Harvey to the middle of the Eighteenth Century.)*

"We now arrive at the important period when Harvey, in 1619, first publicly taught the doctrine of the circulation of the blood. It might be expected that, upon this great discovery, the wavering opinions as to the practice of bleeding would have become fixed and certain; but this consummation, 'most devoutly to be wished,' has not been realized; the same discrepancy of opinions and vacillations in practice are manifested in the writers of the period now under consideration. Unable, apparently, to determine on the real question whether, in certain diseases, venesection should or should not be performed, the writers now busied themselves in angry discussions as to which vein should be opened in certain diseases, such as veins of the arm, hand, ankle, foot, tongue, nose, canthii majores, temple; in fact, each part of the body had some one to assert its priority. Matthæus Curtius, in the fourteenth century, enters fully into this question; and about 1534 several writers gave opinions very learnedly on the subject. For example: Leonardi Fuchsii—'Apologia contra Hieremiam Thrinerum de Venesectione in Pleuritide'—taught that the vein of the affected side ought to be opened; whereas Andreæ Vaesalii at the same period affirmed just the contrary; and it is not until the year 1741

that M. Martin, in his treatise, gives such instructions as may be followed with safety and propriety at the present day. He tells us that bleeding is indicated when the patient is in the flower of his age, the strength unimpaired, the complexion good, the pulse equable, full, and strong; if he has had previously good nourishment, and if there is general heat of surface and no organic disease: that it is contra-indicated when the patient is enfeebled and the constitution not strong, the skin and extremities cold, the pulse feeble, soft, and intermittent; if the patient has led a laborious and badly-nourished life; and if there should be organic disease. Sebastiono Bado, in 1663, asserted the absolute necessity for venesection in small-pox, and the other exanthemata. Also M. Patin, a famous physician of Paris, writes in the year 1680, 'There is no remedy in the world which does more miracles than bleeding.' On the other hand, we find Ramazzina, Richter, and others strongly condemning it.

"At the same period, equal differences of opinion prevailed amongst our own countrymen. Sydenham (A.D. 1666) says: 'Primum in curatione locum phlebotomiæ attribuo, quæ sine salutis periculo hic omitte nequit.' Heberden says: 'Febres ardentes raro sanantur sine detractione sanguinis copiosa et repetita.' We have a treatise in 1665 by Joannis Franciscus de Francisco, 'De Hodierno Practicantium abusu Sanguinem Mittendi semper in Febribus.' There is also a most elaborate treatise by Henry Stubbe, a physician in Warwick in 1671. He defends the practice of phlebotomy against the 'audacious and impertinent strictures,' of 'one G. Thomson,' contemptuously called 'Bacon-faced,' a 'pseudochemist,' and a 'pretended disciple of my Lord Vernlam.' This said G. Thomson seems to have had certain strong and not always incorrect opinions upon his subject. He tells us that 'We are taught by Divine Writ that in the blood—the spiritus rubeus—is life;' that 'one would think that it should put a stop to their prodigal, profuse bleedings, if they did but consider with what difficulty nature brings this solar liquor to perfection.' He was no fool when he observed, 'They should never attempt—yea, rather abhor—to enervate in the least, by the lancet, the strength with its correlative blood and spirits, without which there is no hope of a cure; for,' he adds, 'manente causa, manet effectus.' That Dr Stubbe was honest in his belief as to the efficacy of venesection is fully evinced by his 'practising what he preaches.' He tells us: 'In short, I have myself been let blood above fourscore times, and yet am lean; and so far from being favourishly inclined, that I never had any, except the measles once, and small-pox twice, and twice a tertian ague.' Rejoice, ye physicians of the present time, at your exemptions!

"An array of learned theses during this epoch, and closing in upon the end of the century, upon this universal subject,—'De Recta Sanguinis Missione,'—sufficiently attest the divided spirit of the time:—Dr White, in 1712; John Van Coxie, 1723; Dr Mentyles, 1744; John Huggan, 1771; Francis Cuel, 1775; William Drennan, 1778.

"Fifth Epoch.—(*From 1750 to the present time.*)

"It is manifest that our forefathers were fully alive to the difficulties involved in the question of the employment of venesection in disease, also to the necessity for care and discrimination in its application; that they held in view the age, sex, temperament, condition of patient, climate, and prevailing diseases; that they were, as we are, often sorely puzzled by discordant opinions; and it is painfully evident that in ancient, as in modern times, blood has been let when it had better not, and not let when it had better been let. Clutterbuck felt this strongly, and he, not very logically, comes to the conclusion that bleeding is useful when it is useful, and hurtful when it is hurtful; somewhat like the justice, who, in his summing up in a doubtful case, consoled himself by remarking, 'If I'm right, I'm right; and if I'm wrong, I'm wrong.'

"Several writers allege that the change from depletion to stimulation dates from the first invasion of the cholera morbus in 1830; but we have in evidence that it began much earlier—in fact, that similar discussions date from a very early period. Lind, in 1774, in his essay on the 'Health of Seamen,' p. 159, says that the physicians in the West Indies began to doubt the benefits of venesection. Hewson, in his original paper, (vol. lx., p. 406, 'Philosophical Transactions,') doubts the propriety of bleeding. That Cullen had misgivings is obvious. In book i., par. 139 and 362, of his 'Practice of Physic,' he says, 'Nothing is more evident than that bloodletting is one of the most powerful means of diminishing the activity of the whole body.' 'It is, however, to be attended to, that a greater evacuation than is necessary may occasion a slower recovery; may render the person more liable to a relapse, or may bring on other diseases.' (Par. 140.) 'From all this it must appear that the employing bloodletting in certain fevers requires much discernment and skill, and is to be governed by the consideration of the following circumstances:—1st, the nature of the prevailing epidemic; 2nd, the nature of the remote cause; 3rd, the season and climate; 4th, the diathesis present; 5th, the period of the disease; 6th, the age, vigour, and plethoric state of the patient; 7th, the patient's former diseases and habits of living; 8th, the appearance of the blood already drawn out; 9th, the effects of the bloodletting that may have been already practised.' (Par. 142.) It may be seen that Galen and Trancavellus had long before laid down similar rules.

"M. Freteau, in 1816, says: 'De nos jours les constitutions sont moins fortes, les individus moins pléthoriques, les maladies franchement inflammatoires moins communes.'

"So early as 1817, Dr Christison noticed a change in the treatment of fever; but especial attention was drawn to this subject by him in 1834. He writes thus: 'Our patients ceased to sustain free venesection, a few ounces of blood bringing on faintness, and the constitution refusing to rally afterwards.' The contrast of the foregoing observation with what he writes in his thesis in 1819 is most remarkable. He there describes the 'pulse being at 100, hard, and incompressible; the temperature of the body at 107; and the blood spouting out with amazing force on opening a vein.' At the same period of time, Dr Mackintosh, a man of great energy and originality, who had for many years advocated strongly the practice of bleeding, especially in the cold stage of ague, writes, in vol. i., p. 472, of his 'Practice of Physic,' 'within the last fifteen years I have seen several cases where considerable injury had been inflicted by very large bleedings.'

"In the year 1820, a strong reaction party existed in the College of Edinburgh, as indicated by several theses of that date, in favour of venesection. The following are examples: William Garland says: 'Inter omnia remedia ad morbos varios sanandos, quibus corpus humanum obnoxium est, nullum majore effectu vel eventu feliciore quam sanguinis detractio adhibetum.' John Barne (1821) says: 'Medici omnibus sæculis missionem sanguinis remedium esse eximium arbitrati sunt.' John Halkenston (1821): 'Nostrorum temporum opiniones variæ sunt sed in universum medicorum animi magis de hoc remedio, quam de plerisque aliis consentiunt.'

"It was about this time that we have it also recorded by truthful and acute observing physicians,—for example, Gregory, Radcliffe, Alison, Watson, and others,—that they required in their own persons, for acute disorders, large depletions, which were followed, as attested by all of them, with great and unmistakeable relief to their sufferings. We have seen also, in our explorations of the writings of ancient as well as modern authors, that the employment of bloodletting, as a remedial agent, was not always in a fixed ratio. Unfortunately, the Medical writers of the different periods simply state the fact, but have not left us information as to their opinions of the causes. That causes do exist seems certain, for surely the cessation in the employment of bloodletting has followed, and not preceded, the change.

"We have now reached a period in which even more angry and censorious discussions took place than heretofore, between men whose opinions demand reverential, careful, and watchful attention. Dr Alison and Dr Bennett were the champions. Both agreed as to the fact of a change in treatment having taken place, but differed in opinion as to the cause or causes. The former attributed it to an alteration in the type of disease, thereby inferring some occult change in the human constitution; and if this be the truth, we may also truly infer that the excessive bleedings practised by our forefathers were probably quite right and necessary, thus rescuing their mode of practice from the unmerited obloquy which has been cast upon it by several writers. Dr Bennett places the change to an increased knowledge in the art of diagnosis. We have no intention of entering minutely into the merits of the late controversy, but we would observe, that it appears to us that Dr Alison, in allowing his antagonists to apply their arguments to pneumonia alone, weakened his ground; for if this improved diagnostic power be worth anything, it ought to apply to all diseases, which is not attempted; but to all diseases the limitation in bloodletting applies. Again: we admit that through our increased diagnostic power, we are better warned not to bleed in pneumonia after consolidation of the lung has taken place. But this does not explain why even in the acute stage of crepitation bloodletting is seldom resorted to now, but which would have been practised thirty years ago, *pleno rivo*, even in the absence of the assumed superior diagnostic power, and with great benefit to the sufferers; neither will it explain the advance in the use of stimulants *pari passu* with a decrease in the employment of depletants.

"Drs Christison, Alison, and others, have alleged the change in the type of disease to proceed from certain atmospheric influences. The former dwelt strongly upon the impoverished state of the poor population, evinced by the scorbutic diathesis, and the prevalence of cholera; but the fact that all ranks of the people, from the patrician to the peasant, have become subservient to the change, invalidates poverty as the main cause, and we know that the change had begun long before the modern cholera appeared. This party does not, as has been alleged, declare that the *modus operandi* of inflammatory action, or its effects, is changed; but simply that inflammation is not now attended by high arterial action.

"It has not been, and probably never will be, proved what causes are in operation to effect the remarkable variations which have occurred in the symptoms of disease; and in our anxiety to appear to have some definite views, we are almost impelled to the *non causa pro causa*.

"We can scarcely avoid the conclusion that certain causes are operating in cycles; that, in fact, the human family are subjected to periodic changes, impressing, as it may happen, a sthenic or asthenic character on the prevaling diseases. If this idea should be recognised as a fact, the extraordinary discrepancy of opinion as to the curative value of bloodletting would be reconciled and explained. That this change is not merely local, but pervades the length and breadth of the land, and that it has been recognised throughout Europe and America, is shown by the general intolerance of bleeding, not only in man, but amongst domestic animals, as proved by veterinary practitioners. In our own experience we have witnessed exemplifications of this change. We remember cases similiar to those commented upon by Stephens, Turnbull, Watson, Symonds, Hastings, Richardson, and others, where the injected eye, flushed face, burning heat of the skin, violent arterial throbbings; the incompressible, sharp, and wiry radial pulsation; urgent dyspnœa, a red tongue, intense headache, and other local pains, unattended with muscular debility, appeared to render bloodletting imperative. Contrast such cases with those, with few exceptions, now witnessed in town and country practice, in which there is little or no heat of skin, no arterial excitement, feeble and easily-compressed radial pulsation; a white, loaded, and flabby tongue; a pearly-white conjunctiva, not much pain, but extreme prostration, urging to the employment of stimulants.

"We have reason to believe that these changes in the type of disease occur sometimes at very short intervals. In China, during the month of February, 1830, an epidemic fever occurred amongst the English sailors, in which the tongue was white and loaded, no arterial excitement, and no pain. In the month of May following, a second epidemic appeared, during which the symptoms were—headache; pulse from 80 to 110, full, and bounding; tongue clean; severe epigastric pain. The following comment was made at the time: 'We believe this fever to be of a different type from that witnessed in February;' and the question is put, 'Is bleeding necessary in both types?'

"The history of influenza will furnish many similar instances. Every one knows the variations which have occurred in the symptoms of this malady, requiring a complete change of treatment. We know, indeed, that from the earliest ages the symptoms and organic lesions have varied in similar epidemics. There have been variations noticed even in the same epidemic at different periods of its history."

Dr W. Baker, of Howden, contributes to the same journal a case of *Double Transverse Hemiplegia*. It is thus described:

"Master H——, aged four years, a quick little boy, was slightly unwell on the evening of the 23rd of September. He was thirsty and feverish, passed a rather restless night, and complained of pain in the back part of the head and neck. Without much change he continued slightly complaining till the 26th, on which day it was perceived he could not carry his head steadily, or bear the erect position, without complaining of greatly-increased pain in the neck. No great importance was attached to his condition by the parents, and their medical attendant, Mr Newstead, was not consulted till the 27th. Even then the serious symptoms which soon followed were not indicated or suspected, and it was hoped that the pain might be muscular. On the 29th, it was perceived that the left arm was paralysed, and the paralysis gradually extended to the right leg—the right arm and left leg being still perfect. On October 1st, the right arm was invaded, and the paralysis gradually increased, and extended to the left leg. I visited him on the 3rd of October. The paralysis was the most complete in the first-invaded limbs; the only power over them was slight movement of the fingers and toes. The right arm and left leg he could flex in a trifling degree, and continued to do so to the last. Occasionally, some slight improvement took place in this arm, to which he would exultingly call the attention of his mother. The spirits and appetite of the little fellow were generally good, and the control of the sphincters was perfect. In this condition he continued, without any important alteration, till the 24th, on which day he showed increased weakness and loss of spirits, and some slight gurgling was occasionally heard in the throat. This symptom continued. He was supposed to be slightly convulsed in the night, and died on the 25th. The intellect throughout was undisturbed; sensation and the sphincters perfect; the respirations rather quick, but never embarrassed; pulse variable, frequently quick; and temperature rather exalted. The treatment adopted — gently and persistently antiphlogistic — the position recumbent.

"I greatly regret that my report of this interesting case should be so defective in the most important part of its pathology; no after-death examination having been made, the anatomical change by which the paralysis was caused, as well as the site of any such lesion, must ever remain in doubt. When the four limbs lose their power, either simultaneously or in succession, and the cause is in the brain, it is presumed that both hemispheres must be implicated; we likewise know that similar effects may follow lesions of the spinal cord alone. In this case I think the mischief was not in the brain, intelligence and facial expression being unchanged, and all the nerves of special sense and also those of common sensation perfect. When the brain sustains an injury above the decussation in the medulla oblongata, and paralysis is the result, the cause and effect are presumed to be invariably opposite or crossed; but in lesions confined to the spinal cord, the effect is said to be as regularly direct, and probably never crossed. Here we have a paralysis of the four limbs—a well-marked double transverse hemiplegia; and in spite of a crossed manner of invasion, I am disposed to place the cause of the malady in the spine. On my visit on the 3rd of October the paralysis was in its most complete state, and, from the history of its approach, with the attendant symptoms, I most certainly deemed it an idiopathic affection of the spine, and pronounced it spinal apoplexy. The pain was confined to the cervical region, greatest at the upper part; there was likewise morbid heat and tenderness, and I presume this was the site of effusion and extravasation, if any such existed—whether of blood or serum is unimportant. Any effused fluid beneath the pia mater of the medulla might travel from the neck to the cauda equina, and the result would be either a complete extinction of sense and motion, or any other degree of modified lesion of either. I certainly am not acquainted with any particular symptom that may be deemed pathognomonic of spinal apoplexy; and for the production of such a condition as I have described, I presume it is not necessary that there should be either effusion, extravasation, or any other detectable lesion, either in the cord or brain.

"Baron Cuvier, in his last short illness, suffered from a transverse hemiplegia; the power of deglutition was destroyed, and his speech greatly altered. He first complained of being unwell on the Monday,—a slight irregularity in the bowels. An enema was administered, and on Tuesday he was well, and delivered his usual lecture at the College, displaying great and unwonted energy, and likewise on the same day used more than ordinary bodily exertions. On Wednesday he felt pain in the right shoulder and arm, with some slight loss of power in the hand. He still attended a state council on that day, and on his return was most urgent for his dinner, during which he experienced great difficulty in swallowing solids. On Thursday he could not move his right arm. There was some headache, and deglutition more difficult, in fact impossible, and for the conveyance of matters to the stomach the œsophageal tube was used. The night was restless, and on Saturday morning there was palsy of the movements of the left leg; all mentioned symptoms were worse, and, in addition, the hands were cold, and the nails blue. On Sunday he was calm, complained but little; his voice was greatly changed, and his appearance ten years older. Harassed and exhausted as he was by treatment and disease, his intelligence still was perfect. At nine o'clock he said his mind was leaving him, and he died a quarter before ten, sitting upright in his chair. The spinal column was cautiously opened, and its contents most critically examined, but no trace of disease was found. The brain, pharnyx, and œsophagus equally failed to present any morbid condition—in fact, in no part of the body could any change be discovered to which the sufferings and death of this illustrious man could be attributed. The Baron was sixty-three years of age. He had taxed his mental and bodily powers unusually, and, in the absence of every morbid change of structure, it is not unfair to presume that his illness was the consequence of exhaustion alone. If such was his condition, the repeated local and general bleedings, blisters, and nauseating enemas, so diligently and vigorously used, must have lessened, if not destroyed, every chance of the restoration of this great man.

"Presuming that my little patient had effusion in the spine, what was the result consequent upon the same within the cranium? There was undoubtedly inflammation, as indicated by heat, pain, and tenderness in the upper cervical region, and the great benefit found by leechings. It is probable that death was caused by an extension of inflammation to the brain."

Mr Raphael Ward, Surgeon to the 30th Regiment, reports a case of *Hydrocele* radically cured by the wire seton.

The 'Medical Times and Gazette' opens with a continuation of M. Claude Bernard's Lectures on *Experimental Pathology;* his present topic being the *Pancreatic Secretion*. After some remarks on certain anatomical points connected with the pancreas in the human species and dogs respectively, M. Bernard says:

"The dog is of course the animal usually employed in making experiments on the pancreatic secretion; and the accessory duct is generally chosen for this purpose. The operation is performed in the following manner:

"An incision is made upon the abdominal parietes in the median line, in the vicinity of the pylorus; the muscles being drawn aside by an assistant, the operator seizes the duodenum with a forceps, separates it from the adjoining parts, and draws it out through the wound. The pancreas, the intimate connections of which with this portion of the digestive tube are well known, is in this manner extracted from the abdominal cavity; the vessels are then drawn aside, the utmost care being taken not to injure them; and a small portion of the accessory duct is thereby laid bare. On this point the incision may be performed, without irritating the delicate gland, which the slightest touch would inflame. A thread being passed under the duct, it is opened, and a silver tube is fixed by means of a ligature in its cavity; it is often found necessary to fasten the tube in the duct in two separate places, in order to prevent it from escaping. The duodenum and pancreas are then carefully replaced within the abdominal cavity, the extremity of the cannula still protruding from the wound. The tube employed for this purpose must be four or five inches long, and provided with a stylet, to clear it from obstructions.

"The pancreatic secretion has not exclusively been studied in the canine tribe; its properties have been examined in several other animals.

"In the cat the disposition of these ducts is so irregular as to baffle all description; in most cases, there exists several of them. In the rabbit this distribution is highly favourable to the experiment; they spread over the mesentery, in the shape of a fan before penetrating into the duodenum; nothing, therefore, can be easier than to open them and insert a tube into their cavity. The anatomical preparation which we place here under your eyes, exhibits the above-mentioned arrangement.

"In the ox the pancreas is equally provided with a large number of excretory ducts; the greater part of these are anastomosed with the biliary apparatus: some of them fall into the ductus choledochus; others arrive at the gall-bladder itself; and the biliary ducts are not unfrequently connected with little pancreatic glands, which pour into their cavity the fluid which they produce. There always exists, however, one independent duct at least, which opens separately into the duodenum; on this point is the operation performed: but even after tying most of the accessory ducts, it is impossible to collect the whole of the liquid secreted by the pancreas, a large proportion of which flows directly into the gall-bladder. We here place under your eyes the duodenum of an ox, with the neighbouring portions of the stomach; and in this preparation you see the ducts which [illegible] the pancreas, freely anastomosed with the various ramifications of the biliary canal.

"The method of obtaining pancreatic juice which has just been described, is altogether different from the one adopted by De Graaf: in his researches on this subject, he used to make a wide incision on the abdominal walls, which allowed the whole intestinal mass to escape; the pancreas being then separated from the neighbouring parts, a tube was introduced into its principal duct; but the subsequent results of this somewhat brutal separation appear to have vitiated the secretion of the gland, for De Graaf's description of the properties of this fluid is far from coinciding with the notions actually entertained on this point.

"Other observers had opened the duodenum, in order to obtain a supply of pancreatic juice; but Tiedemann and Gmelin had recourse to the operation we have described, and were thus enabled to obtain large quantities of this fluid without wounding the intestine. The advantage of avoiding this useless injury is too evident to be explained.

"The operation must in every case be performed while the animal is in full digestion, for in the healthy state the secretion only takes place at that moment, and the nerves of the pancreas being imperfectly known, we are unable to bring galvanism to bear upon them, for the purpose of stimulating the activity of the gland. On the other hand, it is of the highest importance to obtain a certain quantity of the fluid at once; for if several hours are allowed to elapse after the operation before any is collected, an acute inflammation may have taken place, and a vitiated secretion is obtained instead of the normal products of the gland. In most cases, however, if the operation has been properly performed, these accidents do not occur, and the animal furnishes a healthy secretion in abundance, for the space of several days."

Mr Bowman contributes a controversial article to the same journal on *Iridectomy in Glaucoma*. After some remarks in disparagement of a reviewer

in the 'Dublin Quarterly Journal' who condemned the practice of iridectomy, and eulogistic of Professors Donders and Von Graefe, who have given especial attention to the nature of glaucoma, he observes :

"The treatment by iridectomy has been no hap-hazard guess, but a rational conclusion gradually worked out. The dominant idea guiding the mind to the appropriate remedy has been that of the existence of augmented intra-ocular pressure, as the main characteristic of the glaucomatous process. In fact, whatever the essential nature of that process, its concomitant seems to be a marked tendency to hardness or tension of the eyeball ; and thereupon arise the most serious secondary effects,—paralysis of the retina, oftentimes interrupted circulation, congestions, inflammatory attacks, with their various consequences, —ending sooner or later, and with more or less of intermissions, in total loss of sight and a spoiling of all the tissues of the eyeball. The general states met with in practice, and falling under the general heads of amaurosis with excavation of the optic nerve, chronic, sub-acute, and acute glaucoma, all seemed to be allied to one another, and may be termed 'glaucomatous diseases.' Some are very slow in their progress, and the loss of power in the retina very gradual ; there is no inflammation, or even congestion ; in others there is congestion, slight or considerable, intermittent or continuous. In others, again, acute and intense inflammation arises. A glaucomatous state may also come on in the course of other diseases, choroidal, retinal, or cataractous. To relieve intra-ocular pressure seems to be the prime indication in all, and it is rational to suppose that it will be the more effectual, the less deterioration of structure the retina has previously suffered. To relieve this pressure is to disarm the glaucomatous state of its chief peril, and apparently to restore the eye to the influence of the reparative powers belonging to it as a living organ. The tension once relieved, and so long as it remains so, the circulation tends to its natural equilibrium, and the retina which has been compressed recovers itself more or less, or ceases to degenerate, in a degree usually corresponding inversely with the intensity and duration of the preceding pressure.

"It is certain that this critic would never have attacked the new practice had he really read Graefe's memoirs, or believed the cures, reported by others, to be genuine. He says, 'Graefe's doctrines, as published by the Sydenham Society, are plausible, but in a practical science of this nature we require something more than doctrines ; cases must be given, and Graefe was wiser than his countryman of the London Ophthalmic Hospital, and kept his cat in his bag.' Will it be believed that the reviewer can have read the memoirs of Von Graefe which he criticises, which are enriched with numerous cases, fully detailed and epitomised, and constantly referred to, illustrating all the main doctrines advanced ? As for the experience acquired in England, I shall at present speak only for myself ; and I can assure the reviewer, in the most decided terms, of the reality of the influence of this operation in relieving, even permanently, the unnatural tension of glaucomatous eyes, and of its effect in arresting the glaucomatous process, and often in restoring sight in a marvellous manner. My own cases in the hospital and in private have been numerous, and bear out the above general statement. This it is that makes me so anxious that the Profession should be rightly informed as to the signs of glaucoma in its relievable stages, and should be ready to sanction the timely application of the only known real remedy. I can hardly conceive a greater comfort in practice than to be able, by this operation, to rescue sight thus imperilled, and to escape the disheartening task of treating a disease, evidently tending to blindness, by the old, ineffective remedies. The reviewer may class the eminent author of so great a boon with 'Hahnemann, Preissnitz, and De Leeuw,' but he may depend upon it he will be powerless to 'arrest the spread of the "glaucoma epidemic" in England.' I could, indeed, heartily wish that, when he has further examined into the evidence, and dispassionately perused what he criticises, he will make trial of the operation for himself, in which case I doubt not he will be satisfied with his results.

"In speaking in these terms of iridectomy in glaucoma, I must carefully guard myself from being supposed to uphold it as a sovereign remedy equally valuable in all forms and stages of the disease, and under all its various complications. At present the operation is being extensively tried in cases where augmented intra-ocular pressure evidently exists ; and the proved tendency of the operation to relieve this injurious tension, the certain cause of secondary mischief, makes it our duty to employ it, when the patient is otherwise apparently drifting into inevitable blindness. It may be our misfortune, and that of our patients, that our experience is as yet less complete than a few more years will make it ; but meanwhile we can only act on the light we possess, and store up the results for the future benefit of others.

"While the modern doctrine and treatment of glaucomatous affections is so new, it is to be expected that errors in the diagnosis may occur even among well-instructed practitioners ; and the operation is doubtless in some danger of being brought into discredit by being undertaken in cases to which it is not rationally applicable, or by being defectively executed. I do not see how this can be avoided ; it is the necessary fate of all novel proposals, and this one must face the ordeal. It is the part of intelligent men to make allowance for these incidents of human progress, rather than to allow them to prejudice the march of truth.

"In the present state of our knowledge it may be right to try the operation experimentally in some cases to which more extended experience may show that it is not usually applicable. Experience hitherto shows that it is most valuable when performed *early* in *acute cases*, in which turbid effusions exist, the absorption of which goes on rapidly when the tension is relieved. Temporising measures in such cases, such as bleeding, mercury, colchicum, and even simple puncture of the eye, whether of the aqueous or vitreous regions, are not to be relied on, and occasion dangerous delay. It is also most useful if performed in the subacute form, when the visual field is not as yet seriously contracted, but where the symptoms are steadily advancing. If postponed here till the sight becomes greatly impaired by gradual alteration of the tissues of the retina, and of the optic nerve-entrance, the ultimate advantage is smaller, though usually lasting. In many instances we are called on to treat patients already almost blind from the progress of the disease under one or other of its various forms. Here it has often been the means of sparing them a little sight, sometimes permanently, at others not. I have also tried the operation in some examples of blind and tense glaucomatous globes, the seat of excessive or wearisome pain, and on several occasions have been well satisfied with the result. How intractable such cases are apt to be under the usual palliatives is well known.

"As for the operation itself, a large experience has convinced me that, though usually a simple proceeding, not liable to accidents, it is occasionally one of the most delicate and critical in its nicety of all the operations on the eye. The anterior chamber has to be entered at its extreme rim, where the sclerotica overlaps the cornea, close in front of the iris, which often bulges much, and which must on no account be pricked, lest the vitreous humour or the lens, immediately behind, should be wounded ; in either case a most serious complication. The bulging of the lens, in many cases, and the dilatation of the pupil, add to the risk of injury to the lens. A little blood, too, escaping into the anterior chamber, either before or after the excision of the iris, may obscure the parts from view, and add to the chance of involving the vitreous humour or lens. It is obvious that these difficulties and contingencies ought to be acknowledged and recognised in order that they may be guarded against. In very few instances indeed can they lead to accidents in skilful hands. When blood occupies the anterior chamber in the course of the operation, it is wise to remove it, either by a gentle stroking movement of the *curette* over the cornea towards the incision, or, if that do not suffice, by carefully introducing the end of the *curette* within the incision itself. On two occasions only have I known the lens to become opaque after the operation, where the capsule was not directly injured (as it ought never to be) by the instrument. One of these was in my own practice, another in that of a highly-esteemed colleague.

"I am unwilling to extend this already long comment on the review by any inquiry as to the *rationale* of the operation ; but there is much in favour of Von Graefe's original suggestion, that the diminution of intra-ocular pressure may be largely due to the lessening of the iris as the surface secreting the aqueous humour. My own opinion, however, was, and is, that the more direct communication opened between the vitreous and aqueous regions of the eye facilitates the play of currents between them, and thus allows an excess of fluid behind to come forward to the corneal surface, through which exosmosis is much easier than through the posterior coats, the sclerotic, choroid, and retina. This would go far to explain the apparently contradictory influence of the operation in raising the tension to the natural degree when previously diminished ; for this also it is capable of doing in some cases, as shown long ago by Von Graefe himself. That the size of the piece excised in glaucoma has a direct relation to the effect produced is true according to his latest observations, confirmed, I believe, by those of Donders, and of Arlt, the distinguished and most able Professor of Vienna. I can also add my own corroborative testimony. Von Graefe is thus led (in his latest memoir, just published) to insist once more, as he had done in his first paper, on the necessity of removing a considerable portion of the iris (not, however, so much as a third, or even a fourth, of its circuit), where it is wished to reduce permanently the intra-ocular pressure. A small iridectomy is insufficient, much less any mere puncture, such as some are still inclined to rely upon.

"In conclusion, I may remind the reviewer, that after the reading of Mr Hulke's excellent paper on the Pathology of Glaucoma, at the Medical and Chirurgical Society, on January 12, 1858, both Mr Critchett and myself endeavoured, from our own experience, to enforce the importance of Von Graefe's new proposal (see the 'Medical Times and Gazette,' January 23), and that in our weekly operations at Moorfields all comers have had the opportunity ever since of watching the progress of our numerous cases, as well as of those of our colleagues. Mr Hulke advocated and explained this treatment in detail in an able paper 'On the Surgical Treatment of Glaucoma,' in the 'Medical Times and Gazette,' March 27, 1858 (vol. xxxvii., p. 316), referring to the favourable experience of Moorfields and to my own private practice, in which at that time I had the advantage of his assistance. He has recently reverted to the subject in a second paper at the Medical and Chirurgical Society. To both these latter communications I venture to draw the attention of Practitioners. The reviewer is in error when he states that there has been any holding back of opinions or of facts on the part of those who have introduced the operation into England."

Mr Spencer Wells contributes to the same journal a report of *Four Cases of Ovariotomy.* The first case was a successful one, the second case unfortunate, and Mr Wells thus explains the cause of death :

"I am disposed to attribute the death in this case partly to imperfect recovery from the shock of the operation and the consequent exhaustion, and partly to the absorption of some morbid product of the decomposing cyst. When a pedunele is secured outside the wound on the surface of the abdomen, the portion of cyst or pedunele strangulated by the ligature becomes quite putrid in a very few hours, and a black offensive discharge is generally very copious. The same thing must occur when the stump is within the peritoneal cavity, and the effects might be expected to resemble those produced by the injection of putrid substances into the veins. It is known that Dr Clay thinks it better to leave the stump within the abdomen, and acts up to his belief; but, with two exceptions, I have always kept it outside,—this case, and one in which the patient recovered."

The third and fourth cases were also successful. We quote the following remarks upon the cases :

"I am anxious to direct special attention to

the simple after-treatment pursued in these cases,—as I am convinced that in many unsuccessful cases the fatal result has been principally due to over-active or meddlesome medication. The published reports of more than one case clearly point rather to opium than to ovariotomy as the cause of death. In other cases stimulants seem to have been given in mischievous excess; while the opposite treatment by starvation and purgatives is not yet absolutely exploded. I have made a great number of experiments on dogs, rabbits, and guinea-pigs, in order to determine the best mode of uniting wounds of the abdominal parietes; and nearly the whole of the animals operated on recovered,—yet the rabbit is peculiarly liable to peritonitis, and the guinea-pig in about the same degree as in the human subject. But, although no after-treatment whatever was adopted, and the animals were left with their ordinary supply of food, and to their natural instincts, they recovered with hardly an exception. This experience has led me to regard perfect rest in a well-ventilated room, comfortably warm bedding, and extreme cleanliness, while simple food and drink are given in small quantities as the patient's feelings suggest, as the principal things to be attended to. The application of warmth and moisture to the abdomen is very pleasant to all such patients, and undoubtedly useful. Opium in sufficient doses to relieve pain is also of great use; but in larger quantities it is unnecessary and injurious. If given by the mouth in any form it is apt to be followed by vomiting, but this evil is in a great degree avoided by injecting it into the rectum. Here also it seems to have a local soothing effect, especially in relieving irritability of the bladder, which is sometimes troublesome. Purgatives on the one hand, or artificial constipation by opium on the other, seem to be equally mischievous. Over-excited peristaltic action may produce peritonitis directly, while the opposite condition may do so indirectly, and certainly leads to distressing flatulent distension of the intestines. It seems to be a perfectly safe rule to allow both stomach and intestines to adapt themselves to their altered circumstances with very little, if any, medical interference, and certainly rather to do nothing than to run any risk of doing harm."

Dr Moore contributes an article, translated from the 'Hygiea' for October 1859, *On Malformation of the Root of the Nose*, by Professor A. Retzius. A *Case of Lithotomy in a Female*, in which a large stone was removed with success, is reported in the same journal, by Mr Edward Atkinson. The case is interesting.

"Esther ——, a Jewess, aged fifty-four, resident at Jaffa, came to Jerusalem last March, on account of great pain and difficulty in passing her urine, which had existed more or less, for nine years. On examination, the presence of stone was detected in the bladder. She was admitted an in-patient of the English Hospital on April 17, and consented at once to an operation, as her sufferings were extreme. On the 19th I introduced Weiss' dilator (without anæsthesia) in order to relax the urethra preparatory to the operation, which was fixed for the next day, and gradually separated the blades until I was able to touch the calculus with the point of the finger; but, as the bladder was empty, and the dilatation caused considerable pain, I desisted, and withdrew the instruments, without having formed any estimate of the size of the stone.

"20th.—The patient being put in position, and brought under chloroform, I introduced a straight-grooved staff into the bladder, and, striking the stone, carried the point of the instrument round a portion of its circumference, to get an approximate idea of its size. Finding it much larger than I had anticipated, I relinquished the hope of removing it without dividing the firm fibrous ring at the neck of the bladder; and, at once turning the groove downwards and outwards towards the left side, introduced a blunt-pointed bistoury, and incised the whole length of the urethra, increasing the dimensions of the wound as the blade passed outward. Next I made a similar incision on the right side, with the exception of leaving the neck of the bladder untouched. I now applied the dilator (Weiss') slowly, and with occasional pauses, until I could easily place the forefinger upon the stone. Then, withdrawing the dilator, I introduced the forceps, and with some difficulty adjusted its blades over what I now perceived must be a very large stone. Had I possessed a lithrotrite, I should now have broken the calculus before proceeding further; but, as I had none, and dreaded the thought of being obliged to put my patient to bed again without having relieved her, I gave the forceps carefully into the hands of an assistant, and bidding him use gentle traction towards the left side, I again passed the staff on the right, between the stone and the neck of the bladder, which was now on the stretch, and with the bistoury freely divided the tense fibrous band, which seemed too tough to yield to any degree of dilating force. Even then, on making traction with the forceps downwards, and in the mesian line, with oscillating movements, I made but little advance, and it was not until I had again recourse to the knife to deepen the left incision, and after some rather hard, but steady pulling, that I at last extracted a stone, whose circumference, in its short axis, measured four and a half inches, and in its long, six inches; it weighed nineteen drachms.

"So completely did the chloroform answer its merciful end, that the patient did not recover her consciousness for a quarter of an hour after her removal to bed, though the operation had occupied, from first to last, an hour and a quarter.

"After such extensive injury to the urethra, &c., it was to be feared that serious consequences were inevitable; but, strange to say, not a single bad symptom showed itself. Half a grain of muriate of morphia, rubbed up with a little lard, was introduced into the rectum by means of a bone suppository syringe, and fomentations applied to the vulva. On the next day a piece of a gum-elastic catheter was introduced into the bladder and retained there, with a morsel or two of soft sponge upon the wounds, which were changed occasionally. For several days there was a good deal of fever, but this gradually subsided. The patient slept well with the aid of mild opiates. Appetite soon returned.

"On the sixth day a small slough came away, and a healthy contraction of the wounds set in. The catheter was now changed, and a stopper fitted into it, which was removed frequently, so as to prevent as much as possible the urine from flowing over the wound. She drank copiously of water and weak lemonade, so that there was a constant secretion of urine going on. Finding the catheter irksome, the patient removed it herself, and on the tenth day she was able to hold her water for a quarter of an hour. A week later she retained it for half an hour, and was able to walk about the ward a little. Eighteen days after operation she left the Hospital, and a [illegible] to consult me about a slight pruritic eruption on her chest. I have seen her again lately (two months after operation), when she was walking in the street at Jaffa, in excellent health, though still troubled with inability to retain her urine for long together."

Mr Thomas Moore Sunter contributes to the 'Dublin Medical Press' notes on *Delirium Tremens*. We quote the history of the cases:

"No. 1.—A European sergeant serving in one of the West India regiments, who had been eighteen years soldiering in India, and who, according to his own statement (if it could be relied on), had had several previous attacks of 'D. T.' (as delirium tremens is somewhat familiarly styled in the West Indies), was attacked with this disease at Nassau, in the Bahamas, in the month of June, 1858.

"He was an Irishman, of spare, wiry frame, and apparently of an irritable, excitable temperament, between thirty and forty years old, but looking more. His complexion had that tarnished hue supposed to be symptomatic of chronic intemperance. He had been some days ill when I was called to see him by one of the Assistant-Surgeons, and had been treated with calomel and jalap purges, purgative enemata, a blister to the nuchæ, and was then taking chloroform, brandy, and opium, but without any effect on his symptoms, as he had not slept, it was said, for several nights, was talkative, &c.; in fact, he presented the usual symptoms of the malady. His face was flushed, and manner very excited.

"On thinking over his case, I said to myself, Here is a man who has been plied continuously with brandy, with no other effect apparently than to excite him the more; so I shall stop all alcoholic stimulants with him, and as his symptoms seem to be of a character that will be met by the combination, I shall give him tartar emetic with opium. I did so, adding ammonia and camphor to the mixture. After he had taken some half-dozen doses of it, he fell into a sleep of three or four hours' duration, and awoke comparatively composed and sensible. He continued to improve for the remainder of that day, night, and next day. The following morning, however, he was reported not to have slept, and all his symptoms had evidently returned, with the addition that he began to shew symptoms of debility.

"I was hardly prepared for this relighting of his symptoms; the conventional idea in the last cases of delirium tremens I had seen some nineteen years previously having been, that if you could get the patient to sleep all would go on well. So, calling to mind that I had either read in that invaluable refuge for the destitute of medical resource, Graves' 'Clinical Medicine,' or heard Dr Graves state some time or other that he had found turpentine a valuable medicine in certain anomalous conditions of the nervous system, I prescribed it in a mixture of camphor, ammonia, and laudanum, an ounce every second or third hour. After a few doses of it had been taken, he fell into a profound slumber which lasted a day and a night, and awoke quite well.

"No. 2.—A few months later, I was called in the middle of the night to another European, or white sergeant, as they are called in the West India Regiments. I found him under the influence of liquor, and with one of the alar cartilages of his nose cut open from a wound supposed to have been inflicted by his wife, of whom he was said to be jealous, and who was in the room with him.

"The wound was dressed, and he was directed to attend at the hospital in the morning. He did so, and, from the symptoms he presented then, he was admitted. He was an Englishman, of phlegmatic temperament, rather powerful frame, and had served about eighteen months in the West Indies in a black corps, so well as I can recollect, and for some months there in a white regiment also. From the symptoms he presented on the morning of admission, he was given by a very intelligent medical officer (who had seen a good many cases of 'D. T.' during his seven years' service in the West Indies) at eight a.m. a drachm of laudanum in an ounce of brandy. This was repeated at noon, and again at six o'clock p.m. From having been suspiciously quiet in the morning, he became so violent as the day advanced, and made so many attempts to jump out of the hospital windows, although attended by two powerful fatigue men, that, much against the will of the young gentleman who had called me to see the case, and my own, we felt obliged to have recourse to a straitwaistcoat. On visiting him at half past-six o'clock p.m., I found him bathed in a warm perspiration, face pale, and making continued efforts to set his hands and arms free; his pulse being very weak and quick, and he appeared to be about to commence sinking. As the draught he had taken of brandy and laudanum at six o'clock appeared to have produced no more effect on his symptoms than if he had taken so much cold water, I at once prescribed him a drachm of aromatic spirit of ammonia, an ounce of camphor mixture, a drachm of tincture of henbane, and a quarter or half a grain of tartar emetic. In an hour after he became comatose, and died at ten o'clock p.m. It was his third attack of the disease. At the post-mortem examination, in addition to the usual evidences of chronic irritation presented by the gastric mucous membrane, the brain was found to be pale on section and as soft as soft butter, with red effusion into the ventricles and at the base of the brain. The heart was large, soft, pale, and flabby.

"No. 3.—In August, 1859, at Belize, British Honduras, I was called by my assistant to see an officer of apparently thirty-eight or forty years old, an Irishman, sanguine temperament, full habit, his complexion when in health being of a beetroot colour, and at times, as after dinner, of even a purplish hue. No account could be got of his previous history, but he looked like a 'votary of the jolly god;' yet, as the authoress of that

beautiful tale, 'Mr Gilfil's Love Story in Scenes of Clerical Life,' remarks, 'Gluttons are often thin, and sober men are often rubicund.' It was thought he had been for some days under the treatment of a civil practitioner before a military medical officer was called to him. He was first seen by my coadjutor, a clever practitioner, who, during his seven years' West Indian service, must have had a pretty considerable experience of delirium tremens. He prescribed five grains of calomel at bed-time, and followed it up next morning with a Seidlitz powder, which freed his bowels, and in the course of the day brought me to see him. At this time he presented the fidgetty, nervous manner of persons about to be attacked. We prescribed him a drachm of tincture of henbane in an ounce of camphor mixture at bed-time, and procured him the attendance of a nurse. His appetito was reported to be tolerable. I was called to him at six a.m. next morning, and found he had closed the door of his house, and turned out the nurse and all the inmates, who seemed to be quite in a fright, informing me that he had got possession of his pistols, and threatened to shoot somebody. I at once went to his house, opened the door, and found him walking about the house in his shirt. He begged me to send away the fatigue-men—a few soldiers directed to remain about the house on pretence of minding it, but to prevent his injuring himself, as he did not, he said, want any attendance whatever, though he was sure I did it for his good. His pupils were contracted to pin-holes, and conjunctivæ of a fiery-red colour (ferrety-eye). He at once was given a drachm of laudanum, with directions to repeat it in two hours if he did not sleep.

"Noon.—Got a second draught at nine a.m.; no improvement whatever in his symptoms; he could not be got to rest quiet a minute in any position, but kept lying down in bed, getting up again, sitting down, and conversing on some subjects sensibly; appetite reported to be good. Ordered to take every second hour one ounce of the following mixture: R Chloroform, ʒi.; laudanum, ʒi.; aromatic spirits of ammonia, ʒii.; camphor mixture, ʒvi. Brandy in small quantities allowed all through.

"Six p.m.—No change whatever in the symptoms.

"Ordered an ounce every hour of the following mixture: Chloroform, ʒij; tinct. opii, ʒij; camphor mixture, ʒvj. After taking one dose of this mixture, the only and the last dose he got of any medicine, he was reported to have become very violent. At about eight o'clock p.m. he was reported to have had a fit, after having tried to jump over the verandah attached to his house. I saw him at half-past eight p.m.: he was then lying on a sofa; face pale; breathing calmly, as if asleep, but making no reply to questions, and seemingly unconscious. Continued in this way, and died at ten o'clock p.m.

"*Post-mortem Examination fifteen hours after death.*—Body well nourished; cellular tissue loaded with fat; brain soft pale; red effusion into ventricles, and at base; mucous membrane of stomach soft, pale; at greater curvature it was of the colour of old mahogany, with numerous bloody points interspersed; liver was three times its natural size; its colour externally and on section like glazier's putty; fatty liver (?); spleen large, congested; kidneys large, congested; heart large, flabby; no præcordial effusion; no valvular disease; effusion of about a pint of red serum into peritoneal cavity of right side; gall-bladder full of yellow bile; enormous tympanitis; cornea and arachnoids opaque. The former was transparent during life.

"I shall now give the notes of the case of a man who died of poisoning by alcohol:—

"No. 4.—A young soldier of one of the West India Regiments, in the month of February, 1860, was observed to pass the guard-room drunk at half-past twelve in the day. He was at once confined; and when looked at by the sergeant of the guard at half-past nine p.m., he was not remarked beyond any of the other prisoners. At half-past five on the following morning, one of the other prisoners (it was quite dark) hearing a man blowing hard, called the sergeant of the guard, who had the man at once carried to my quarters. I sent him on to the hospital, and followed close after him. On his being laid on a bed in hospital, the following were his symptoms:

"Six a.m.—He lay on his back insensible; breathing stertorous; skin cold as death; contracted pupils; glassy, expressionless eye; frothing at the mouth; teeth rigidly clenched; he snapped the wooden mouthpiece of the stomach-pump in two as I tried to introduce the latter; pulse very slow and full; heart beats ditto, with a strong laboured action; arms and legs, on being raised, fell dead on the bed back again.

"*Treatment.*—Cold affusion; tried, but failed, to introduce the stomach-pump; three emetics of sulphate of zinc, and one of sulphate of copper, given at quick intervals. Three purgative enemata, which brought away no solid matter; turpentine frictions; blistered with blistering collodion in præcordial, temporal, and epigastric regions, in nuchæ and calves of legs; hot bricks to soles of feet; hot bottles to axillæ and to inner side of thighs; warm bedclothes. He lay perfectly insensible, notwithstanding the above treatment, until half-past eleven a.m., when he began to vomit a dark-green coloured fluid, smelling strongly of rum, the hospital orderly said. What I saw was inodorous. The vomiting and retching continued one hour. He then got roused and restless; complained of pain in the blistered parts; pupils became dilated; natural temperature returned, and he complained of pain in the belly, which was uneasy under pressure. I directed hot fomentations to it, and ordered him a pint of beef-tea, which he took well. I left him at three o'clock p.m. in a fair way to recover, as I thought, and in charge of two fatigue-men. They, I learned, permitted him to get out of bed, and do as he liked, so soon as my back was turned, instead of not allowing him to move. I was called to him again at six p.m., and found him just dying. I was told that he got up to go to the night-chair, and on returning to bed he relapsed into coma.

"*Post-mortem.*—Body well nourished, muscular. Brain, some red effusion into ventricles, small in quantity, in other respects not remarkable. Lungs, left strongly adhering to its pleura costalis; adhesions partly soft and partly rigid; base of left lung so adherent to diaphragm, that on being torn away from the latter, part of it was left attached to it (I had never known the man complain of his chest); this lung floated in water, and was infiltrated with black fluid blood, like black-currant jelly; right lung in a similar condition at its inferior portions, but in a less intense degree, and it was not attached to its pleura; it also floated in water. Heart of normal size, muscular, firm; attached edges of aortic valves felt rigid. A small white speck on the lining membrane of the aorta immediately above them. Liver small, weight 2lb. 11 oz.; its external surface and its sections had a scammony colour, no nutmeg appearance. Stomach presented symptoms of chronic gastritis (he was reported to have been of intemperate habits). Large intestines contained some scammony-coloured fæces. Ilium of a scammony colour, and strongly adherent to peritoneum of right pubic region. About half a pint of muddy-looking fluid, smelling of turpentine, found in right pubic regions. Kidneys had a mottled appearance on section.

"No. 5.—Within the last month (June, 1860), a case of delirium tremens occurred in a young officer under twenty, a Creole. The remarkable features in it were his having relapsed three times, two of them due, in the opinion of the experienced physician who attended him, to the nurse having allowed him to drink a quantity of brandy. In the second relapse he had strabismus, which was first thought to be owing to a commencing softening of the brain, but which disappeared after the action of a mercurial purge that brought away a considerable quantity of dark-coloured discharges. The treatment consisted in ammonia, camphor and laudanum, beef-tea, &c.

"July 9th.—I visited this officer yesterday. He is quite recovered of the attack of delirium; but he cannot walk, he states, unless supported by two men. He feels numb pains from the hip down, and the soles of his feet tingle and burn as if they were on fire." He cannot stand on his legs—they feel so weak, he says.

"No. 6.—Very early in the morning of December 13th, 1859, I was sent for to go on board the Royal mail packet that plies between Jamaica and Belize, to see an officer who had come as a passenger from the former place. I found him in his berth in irons. It would seem he appeared, when sent on board four days previous, to be like any other passenger; but on arrival at Belize he became so violent that at night he jumped overboard, and had to be put in irons, as before stated. It was told to me by one of the passengers, previous to this officer leaving the ship (which there was some difficulty in getting him to do) for the barracks, that his habits during the voyage were temperate (he took a stiffish glass of brandy-and-water, however, in my presence before he left). During the day he walked about, and talked sensibly upon most subjects. He complained of being watched, which was the fact. Thinking it highly probable he would become violent at night, I took the precaution to have four steady, athletic soldiers to watch him. It was well I did, as he became quite violent during the night, thought to jump out of the window, and maintained an 'up-and-down' struggle with the men for several hours during the night, trying to break open the door of his bedroom, which he nearly succeeded in doing. He was a very powerful, athletic man, upwards of six feet in height, and was nearly a match for the four men. His illness was attributed to the loss of his wife, who had died of yellow fever at Jamaica a few weeks previous, to whom he had been nine years married, had two children, and was reported as having been much attached to her. His face, however, bore the marks of chronic dissipation. Tartar emetic and opium in camphor mixture, in the proportions recommended by Graves, cured him completely in two days. I could learn nothing of his previous history, except that he had been fifteen years in the army. He appeared about thirty years old, but probably might not have been more than twenty-five, and had served some years in India. This case is introduced as furnishing a good example of the type of delirium tremens, which is generally best treated with tartar emetic and opium."

CASE OF ANEURISM BY COMPRESSION.

Dr Dennecé communicated a case of aneurism of the brachial artery cured after compression continued two hours and a half.

The patient was a vine-dresser, aged fifty-two, who presented at the upper third of the arm a tumour of the size of a walnut, which had acquired this magnitude in the space of two years and a half. The swelling was the seat of throbbing, expansion, fremitus, souffle, &c.

M. Dennecé applied instrumental pressure with an apparatus originally contrived for the femoral artery, which he adapted to the present case. The patient, being in great pain, removed the pressure after two hours and a half. The throbbing had much decreased within the aneurism, and next morning was found to have entirely ceased. In the evening it returned feebly, and J. L. Petit's compressor was resorted to for a quarter of an hour, and subsequently several times for a few minutes only, as the man could not bear a longer application.

One month after the patient had left the hospital, the tumour was hard and presented no throbbing. Above the swelling, the artery pulsated vigorously; the pulse at the bend of the elbow and at the wrist was weak, but more distinct than formerly; some pain was still complained of at the wrist, and also some degree of numbness in the middle finger.

In this interesting case the shortness of the time required for the obliteration of the aneurism is truly remarkable. In the most successful instances on record of the application of the method, pressure was continued for seven and a half, eleven, and twelve hours.—'Journal of Practical Medicine and Surgery.'

CHLORIDE OF ZINC MOULDED INTO STICKS FOR THE PURPOSE OF CAUTERIZATION.

Soften gutta-percha in boiling alcohol, and incorporate it with finely-pulverized chloride of lime in a warm porcelain mortar, taking equal parts of each. Then roll rapidly on a porphyry slab, to the diameter of a quill, and divide in fragments, each of which shall be pointed at one end. Keep these in a wide-mouthed bottle in powdered lime. These sticks remain perfectly hard, are easily handled, cauterize with great regularity, and act as a sponge through which the chloride will slowly exude, becoming liquid by the action of the air and the skin.—'Lancet.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2l.	2s.	0d.
A Page or Three Columns	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 29, 1860.

RECENT CASES OF ANTIMONIAL POISONING.

The question has been often raised, whether the publication of the details of trials for poisoning be beneficial or pernicious to the community. It has been frequently urged, that Editors of lay papers should be advised to refrain from the publication of such particulars, as they suggest to evilly-disposed persons the most successful means of accomplishing their object with the least probability of detection. We fear that any attempt to suppress that kind of information would be viewed as so important an interference with the liberty of the press and with the right claimed by the public to the most complete publicity of all things that transpire in our Courts of Law, that it would be impossible to give it effect. On the other hand, the danger of not telling enough, and of conveying a knowledge of the bane without also conveying the warning that attends the publication of the means of detection, seems to have induced the conductors of the press to dilate upon all such portions of the evidence with unusual minuteness and particularity.

It cannot be denied that this mode of furnishing malignant persons with a knowledge of the nature and uses of poisonous substances has led to the resort to these subtle agencies as a means of compassing murderous intentions. When bad men are made acquainted with the obscurity that sometimes cloaks the symptoms and effects of poisonous substances, and the difficulty with which they are occasionally distinguished from the characteristics and effects of ordinary disease, they are tempted to fly to these agents to gratify their satanic passions,—if, indeed, the horrible thought of murder may not be actually engendered in the mind by a consideration of the facility by which, with these means, it is believed to be accomplished. At any rate, the subject is a most important and painful one, and our only hope at present is that the science of diagnosis and the chemical means of detection will soon be made so certain and effectual that the escape of a poisoner from justice will be an impossibility. We may hope that the publication of the evidence will then deter rather than invite the attempts of the secret murderer.

For some time past there has been a propensity among murderers to resort to the use of antimony; and, unhappily, the effects of antimony upon the system are not so marked and positive as to enable Medical men to come to a definite conclusion in every case of alleged poisoning by this drug. Two cases have recently come under our notice: one occurred several weeks ago in the West of England, in which the Coroner's Jury brought in a verdict favourable to the supposition of the secret administration of antimony, and the other is now undergoing investigation at Liverpool.

In the first instance, an inquest was held on the body of Mrs Peters, whose case having been obscure to the Medical attendants, a suspicion of poisoning arose in their minds. Dr Garland of Yeovil, thereupon, on the 20th of June, sent the urine of the patient, and subsequently, on the 8th of July, some poisonous fluid taken from the cavity of the abdomen, together with the intestinal viscera, to Mr Herapath for the purpose of analysation. At the post-mortem examination, it was discovered that there was in the right lung a considerable deposit of tubercle, which was beginning to soften; slight deposit also in the left lung: in the abdomen, the mesenteric glands were found in an extensive condition of disease; the duodenum, liver, and colon were bound together by the results of inflammation; and at the lower edge of the large lobe of the liver there was an abscess which had burst, and its contents partially drained away. There were also two openings into the colon; and there were inflammatory patches in the stomach and intestines. Here, indeed, was disease enough to kill any unfortunate woman, even though she had been blessed with nine lives. The question was, how did this disease occur? Was it the result of antimonial poisoning? How does Mr Herapath answer these questions?

He deposed, "I submitted nearly all these parts (the solid parts) to analysis; testing some portions of the liver and of all the matters sent to me, but could not detect the presence of antimony, or other metallic or mineral irritant." With respect to the urine, however, he deposed that "it contained antimony in a small quantity, of which I produce a specimen as precipitated on copper by Reinsche's process." Here, then, there was a trace of antimony in the urine, although the body eighteen days afterwards contained none. These questions then arise upon the evidence:—Is it likely that antimony could have produced this particular form of disease? Is it likely that the extensive disease here present could have been induced by the small amount of antimony which must have been administered? Is it likely that if antimony had been administered in sufficient quantity to act deleteriously on the system, it could not be found in the diseased abdominal organs eighteen days after the last supposed dose? Or, if these questions be not probable, was it likely that small doses of antimony were clandestinely given for the purpose of accelerating the progress of the disease, though not of violently killing the woman? Or again, supposing Mr Herapath's analysis to be reliable, might not some of the drugs administered have contained sufficient antimony as an adulterant, to account for the minute trace discovered in the urine? In the evidence we have read, there is nothing specific stated as to the drugs administered, so that we are unable to form a conjecture upon this latter point.

We have alluded to this case because there seems to be considerable difference of opinion among the Medical gentlemen who attended the post-mortem examination as to the cause of death. Mr Walter, Dr Aldridge, and Dr Warry believed that the antimony had no relation to the disease; on the other hand, Dr Garland and Mr Thorpe, who attended the patient, and Mr Moore, seemed to think that the mischief had been induced by poison. The case is an instructive one, as it shows upon what slight evidence these cases sometimes depend. In our own judgment, there is not the slightest reason to believe that the more prominent symptoms and lesions were in any respect caused by the administration of antimony. It would be absurd to say that the tuberculosis was so caused; and where there is tuberculosis, you will have in the latter stages the other lesions described. Even the patchy character of the inflammation in the intestines is observable in advanced cases of mesenteric disease. There is not a shadow of doubt, therefore, in our mind that the suspicion of poisoning was quite gratuitous, and unfounded in any reasonable evidence. Still, there was the antimony—at least Mr Herepath says so; and was it administered with a felonious intention? Upon the evidence adduced, and without some proof of this drug having been purchased by or in the possession of some suspected person, we think it was exceedingly rash to press the opinion; and we do not think that the jury acted judiciously in sanctioning such a notion, and thereby keeping alive a feeling of distrust and odium against respectable persons. The case in a Medical point of view is abundantly clear, without the importation of the theory of poison.

The other case to which we adverted is that in which the man Winslow is concerned. As this case is now undergoing inquiry, it does not become us to express our opinion prematurely upon the evidence. We must observe, however, that it is of a very different character from that on which we have just commented; and we sincerely trust that the law will have its own.

SUMMARY OF THE WEEK.

THE ASSOCIATION 'JOURNAL.'

For some time past we have taken little interest in the affairs of the British Medical Association. There was a period when we endeavoured by modifying the Association to increase its usefulness, whilst at the same time its status was maintained: but finding efforts to effect any important improvement useless, we have left the Association to take care of itself; but it appears to be scarcely equal to the duty. At the late Annual Meeting, a vigorous debate was maintained, as usual, about the 'Journal.' All the members appeared to be ashamed of their own offspring. One gentleman thought it was ricketty, and required cod-liver oil and phosphorus—a combination of the oily and luminous; another, that it squinted, and didn't look great questions straight in the face; another, Dr Edward Smith, that it was without a character—which is a very severe remark to make about anything that has a soul in it, though it be ever so humble an one; another, Mr Southam, thought that it was altogether too weakly, and he desiderated an annual volume of 'Transactions' as a more respectable and healthy substitute; whilst a fifth considered that it was but too obvious that it was going off in a galloping consumption, and suggested that the Editor, who resides at Brompton, should take up his abode nearer to the office of the 'Journal,' that it might have more constant nursing. We cannot see the wisdom of this suggestion: our opinion is that it would be far better to send the 'Journal' to Brompton, where there is an excellent institution for the cure of consumptive patients, and where it might have the benefit of the advice of Drs Smith and Richardson. Dr Dayman of Southampton wrote a letter, in which he recommended that the 'Journal' should be placed in commission, and that the production of leading articles should be entrusted to twenty-six gentlemen, each of whom should write two every year. This was a novel and comprehensive suggestion; but it grievously disappointed Dr Thudichum, who thought it was only consistent with the dignity of the Society that the 'Journal' should be made the medium of the scientific intelligence of the whole world. We are only surprised that, after that, Sir Charles Hastings did not rise and propose that, as the Association was fond of big names and extensive purposes, it should be styled 'The Olympian Totally-terrestrial Œcumenical Association.' This phrase is indeed hardly equal to the ambition of the Society, which might very properly engage in the investigation of the phenomena of the celestial world, and adopt as a secondary title, 'or Fraternity of Eleusinian Spirit-Rappers.' Poor Dr Wynter looked very gloomy at these disheartening observations, and threatened resignation. As that, however, would be an awkward issue for all parties, especially for the six-and-twenty members of the Commission who would then be entrusted with the editorial duties, he recommended, as an alternative, a proposal made by Dr Seaton, that each subscriber *should pay the postage*, and thus save the Society 450*l.* a year—in other words, add this amount to the subscriptions. This was a most ingenious move: it was, moreover, the only practical remark that was made during the debate; so Dr Wynter deserves great credit for it. It is the easiest way of trapping 450*l.* a year that we have seen for a long time, and we can wish Dr Wynter no worse luck than that the subscribers may fall into the suggestion.

THE LIVERPOOL MURDERS.

Since we wrote our leading article, the investigation into the circumstances of the alleged murder of Ann Jones of Liverpool has terminated, and the prisoner, Thomes Winslow, has been declared "Not guilty." The poor woman died of cancer of the stomach; but inasmuch as considerable quantities of antimony were found in the urine and viscera, there can be no doubt that this drug was clandestinely administered by some unknown hand, and accelerated the death of the victim. It is ardently to be wished that the culprit may be discovered and punished.

COUNTY CORONERS.

The Bill for effecting certain changes in the mode of election of Coroners, and the payment of their officers by salary rather than fees, has passed both Houses of Parliament. It will, therefore, speedily become law. The present arrangement with respect to payment by fees will be allowed to continue until the conclusion of the year: in other respects the Bill will come into force as soon as it shall have received the sign-manual of the Queen.

SMITHFIELD MARKET ACT.

It is a source of much satisfaction to us to be able to state that this great sanitary measure has received the assent of the Crown, and that steps have already been taken preliminary to carrying out its provisions. As this has been a labour of love to us, we are correspondingly gratified by its successful termination. We were always convinced that opposition to the design would fail; and, more than that, we were determined that it should, for we knew that the object was both a necessary and salutary one.

DISMISSAL OF DR MAUNSELL, THE REGISTRAR FOR IRELAND.

Some time ago we pointed out the excess of expenditure incurred by the Irish Branch Council of Registration, and it seems that our observations prompted the Council to effect a reform. It was too much to expect that they would begin with themselves; but it is quite natural that they should begin with their Officers: so they ordered the dismissal of a Clerk. Dr Maunsell met this order with a tart reply; he did not think that the dismissal could be justified by the requirements of the law, and he asserted that it was a breach of the agreement with himself; and, in short, that whilst the amount payable for rent and salaries is only 430*l.*, "the sum appropriated to the six Members of this Branch Council for the year 1859 amounted to 926*l.* 2s." Bravo! Dr Maunsell! Here is a candidate for martyrdom, and it would be a pity if the ambition of his heart were not gratified. Accordingly, the Branch Council resolved:

"That having fully considered the proceedings of the last meeting of Council, in reference to Dr Maunsell's absence; also his letters of June 2 and July 20, inserted in Minutes of August 6; and further, his refusal at the meeting this day to remain in attendance,—the Council are reluctantly obliged to conclude that they cannot continue Dr Maunsell in the office of Registrar, and they therefore resolve that Dr Maunsell be and is hereby removed from the office of Registrar to this Council.

"That the salary of the Registrar and Secretary shall be and is hereby fixed at 200*l.* per annum.

"That an advertisement be inserted in the 'Saunders,' 'Freeman's Journal,' 'Daily Express,' and 'Irish Times,' for the appointment of a Registrar and Secretary at the salary of 200*l.* per annum; the election to take place on Friday, the 24th inst."

Honour before pelf at any time; and Dr Maunsell will go into retirement with the consolatory reflection that he has told the truth and suffered persecution for its sake. He must take to hoeing potatoes, like the Roman Cincinnatus, and find virtue its own reward. Seriously, we think the Branch Council rather shabby that they did not begin by setting the example of self-sacrifice.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 131.)

A further allusion to the discoveries which at this period, and for some years previously, had attracted so much attention, and provoked such eager discussions, is necessary. The avowed opponent of the Hunters, Jesse Foot, says, that "Haller had given the result of experimental injections of the testis in the 'Philosophical Transactions' before 1747, and Monro, sen., in the 'Medical Essays,' at the same time;" which experiments, he says, "were commenced before William Hunter had begun to teach anatomy—and before John had begun to learn." Haller,(a) the Monros, and William Hunter, were engaged making experiments upon the testis at the same time, and independently and unknown to each other, published their experiments. The dispute about the injection with quicksilver of the tubuli testis was between Dr William Hunter and Dr Alexander Monro, jun., of Edinburgh. William Hunter says upon this subject: "About the beginning of November, 1752, in the presence of Dr Galhie and others, I injected the vas deferens in the human body with mercury," . . . .

(a) Having carefully referred to the 'Philosophical Transactions' of the dates indicated, we find no trace of papers of this description communicated by Baron Haller.

"showed it next night at my public lecture." He further says, "Dr Alexander Monro published the same discovery in the 'Edinburgh Essays' . . . . and then in an Inaugural Thesis, in October, 1755, without acknowledgment."

Dr Hunter also, from the commencement of his lectures, eleven years before, taught and claimed the discovery in those lectures, that the lymphatics were the system of absorbent vessels, but did not publish this discovery. In 1755, Dr Alexander Monro, jun., "advanced this doctrine in a general way, and *first published it*, and, to his own satisfaction, established this claim;" and he further published this *quasi* discovery in his Thesis, in elegant Latin, at Berlin. He had, notwithstanding, attended W. Hunter's lectures, with Dr Reimarus, in 1755; and in that year, and 1856, Dr Reimarus candidly refers, in his own Thesis, published at Leyden, to the full exposition of Dr Hunter, of the lymphatic vessels, during that course. "Disregarding these circumcumstances, Dr Alexander Monro never referred to William Hunter's lectures, although he referred to every other author who had treated that subject." In 1755, immediately after, Munro published, and hinted an intention of treating it more fully on some future occasion. In face of all these conflicting circumstances, as we have above related, Dr Alexander Monro came to London, and attended William Hunter's lectures that season. In consequence of this inconsistent conduct, Dr William Hunter took the opportunity, in his public lecture, "blandly and in a conciliatory manner," to remind him of these proceedings.

The controversial tendencies of the Monros, father and sons, and the brothers Hunter, were well matched, and in weighing their claims it is difficult to adjust the balance rightly. The Monros were in stronger force, and, with equal *clanism* and polemical ability, displayed great *finesse* in resorting to early publication. The merit of being first in the field is due to the brothers Hunter: they relied upon announcement in public lecture as being sufficient, sought no further notoriety, and waited leisure and opportunity (as Dr Hunter, some years afterwards, quietly explained) for publication of these so-called discoveries. Discoveries in science propounded in public lecture in London must be considered sufficient to initiate and give paternity by such publication. Thus, with equal pugnacity and unequalled pertinacity, the brothers Hunter, by no means deterred by these unworthy pretensions and stealthy manœuvres, waged unmitigated warfare with the Monros for the triumph of the discovery of the *absorbent system in the lymphatic vessels*, and for the injection of the *tubuli testis*. Dr William Hunter says—"In reply to the challenge of Dr Alexander Monro to produce the testimony of some few of the number who saw the preparation in question in my anatomical course for the year 1752, he (I) published letters some years afterwards in the 'Medical Commentaries,' from six medical gentlemen residing at that time in London, who were present at the lectures."

We are constrained to say that these clever and eminent men never were more in their element or more self-complacent than in the midst of these wordy feuds. Dr William Hunter seemed to feel like one of the Greek warriors described by Homer, and certainly maintained a dignity and preserved a good temper that even Agamemnon, king of Argos, might have envied and imitated with advantage in his wordy war.

"When Greek meets Greek, then comes the tug of war."

Dr Adams, the devoted friend of the Hunters, says "the discovery of *hernia congenita* was Haller's; and though the experiments on absorption were conducted in a manner which completely showed Mr Hunter's sagacity and accuracy, yet the result was not entirely new." John Hunter, in speaking upon this subject, says, "This use of the absorbents I have been long able to demonstrate, and the first hints I received of it were in the waste of the sockets of the teeth, as also in the fangs of the shedding teeth....This I may assert, that whenever any solid part of our bodies undergoes a diminution, or is broken in upon in consequence of any disease, it is the absorbent system which does it....When it becomes necessary that some whole living part should be removed, it is evident that nature, in order to effect this, must not only confer a new activity, but must throw the parts to be absorbed into such a state as to yield to this operation. (*a*) This is the only animal power capable of producing such effects, and, like all other operations of the machine, arises from a stimulus or an irritation, all other methods of destruction being either mechanical or chemical: the first, by cutting instruments, as knives, saws, &c.; the second, by caustics, metallic salts, &c." Again he says, "The consequence of these two processes taking place together in bones is very singular. For the ulcerative process destroying the inside of a bone, while the ossifying makes an addition to the outside, the bone often increases to prodigious size, as in cases of *spinæ ventosæ*. But in the end the ulceration on the outside gets the better, and the matter makes its escape." (*b*) Again he concludes, "These uses I claim as my own discovery. I have taught them publicly since the year 1772."

Dr Foast Symonds, in his Life of Dr Hunter, gave the comparative merits to each. Mr Henry Watson had the first claim in the injection of the testis; Haller, to the discovery of the *hernia congenita*, to which discovery four anatomists laid claim—namely, Baron Haller, William and John Hunter, and Percival Pott. It is not a little remarkable that the last and William Hunter, the only controversialists in this particular instance, were the only two engaged who had no share in any part of the discovery. "Mr Pott never understood the subject, and blundered egregiously in the very terms he used, and in the later editions of his works omitted all he had written on the subject. Dr Hunter never appears without quoting his brother's notes. (*c*) The description of the situation of the testis in the fœtus, with its descent into the scrotum, was exclusively John Hunter's; and of all his labours none ever procured him fame so justly earned, and so universal with those who were best able to appreciate its merit." Ruysch, Nuck, Baron Haller, and M. Noguiez preferred earlier claims to having made experiments leading to the discovery of the function of absorption, to those of John and William Hunter. "Baron Haller and John Hunter each gave to the other an undisputed title to his respective claims." (*d*)

These incidents manifest the tone and temper of the brothers. The disputes in which they were involved, the tenacity and jealousy in asserting claims against each other, was an indispensable excitement, and seemed part of their nature. When they waived family feuds to sustain claims and pretensions against third parties, they incurred the censure of rivals and contemporaries, and their quarrels contributed to the professional gossip and scandal of the day. Nevertheless, science reaped benefit and advantage from their pertinacity and industry, by which they established an honourable fame, and laboured hard, and made great sacrifices creditable to the time and country in which they lived.

John Hunter now rose rapidly into notice, and had for some time formed an attachment to Miss Home, daughter of Surgeon Boyne Home, of Burgoyne's Regiment of Light Horse, a lady of most amiable character and accomplishments. This was an additional incentive: for although this lady's prudence forbade for the present their union, he increased his labours that he might have more leisure for the enjoyment of her society. His great expenses and numerous engagements delayed the marriage until 1771. The brother of Miss Home, afterwards Sir Everard Home, was at this time a boy at Westminster School, and John Hunter offered to bring him up to the Profession, to which his father consented. This afterwards brother-in-law was early trained in the family and under the eye of John Hunter, and necessarily arrived at considerable distinction, and had a baronetcy conferred upon him. It is a painful duty, in relating the history of human affairs, to have to record perpetration of dishonour and breach of trust under any aspect, even when the agent is sordid and servile; how much more when the delinquent has been trained under good circumstances and conditions—taught and confided in by the party whose trust he betrays—who had placed implicit reliance and unbounded dependence, shamefully betrayed by a Punic treachery! Living, as did Everard Home, in the house of John Hunter, or associating in it as familiarly as in his own, he enjoyed free access to the papers, manuscripts, and experiments upon which the labours of his life had been devoted. In short, Everard Home had been an amanuensis to his brother-in-law, and had assisted in copying and arranging his papers. This confidence was most sacrilegiously abused. He owed advancement in his profession, attaining as he afterwards did to its highest honours, under the auspices of John Hunter. Everard Home was appointed Sergeant-Surgeon to the King, was Vice-President of the Royal Society, served the office of President of the Royal College of Surgeons three times, was appointed by Government first Curator of the Hunterian Museum, filled innumerable distinguished and honourable offices, and was ultimately made a baronet, all of which honours may be traced to this connection. He was left executor and trustee, and had custody of John Hunter's manuscripts and papers, which were afterwards to be deposited in the Museum. During this time he was giving lectures upon Natural History, and publishing at different periods papers on various subjects of Physiology, as well as Natural History, mostly derived from these papers and manuscripts. The Council of the College of Surgeons and Trustees, appointed by Goverment, of the Hunterian Museum, had made repeated unsuccessful applications for the papers, documents, and manuscripts to be surrendered, to be deposited in the Museum. At length, upon the demand becoming peremptory, from long procrastination and continued delay in conforming with the conditions of the trust, the discovery of a most flagitious incendiarism could no longer be delayed. Sir Everard Home, Bart., the pupil, *protégé*, and brother-in-law, had burnt the manuscripts, papers, and documents of John Hunter. It is right thus early to name this nefarious transaction. In the historical record of the remaining incidents of John Hunter's life, Everard Home must be often named and reverted to in familiar connection and union. To guard this association, which under other circumstances would have conferred honour, from being prostituted for a moment, we expose the delinquency, to prevent even the passing existence of injustice. If it be any palliation, we freely relate that Everard Home was early inspired with a taste for physiological inquiries, and for Natural History. Even during his holidays from school he displayed this attachment, and was fascinated with the great talents and extent of research of John Hunter. How such perfidy could, with unhallowed step and brazen front, profane the sacred haunts of science, is incredible, when, if no higher principle existed, they ought to have been sanctified and protected from such invasion by ties of friendly intercourse and of near relationship. A brief history should be given of this affair, which may be comprised in a few words. It will expose a web of villany, almost if not quite unequalled in the history of literature. Everard Home and Dr Matthew Baillie were left trustees and executors of the will of John Hunter. After the purchase of the Museum by Government for the sum of 15,000*l.*, including everything collected therein—estate, preparations, specimens, manuscripts, and documents,—the Government transferred their custody to the Council of the College of Surgeons. It gave another 15,000*l.* for erection of a suitable building to receive them in Lincoln's Inn Fields, and afterwards nearly doubled the grant. They were wholly received into this building, and passed into the custody of the Council of the College, who appointed curators, with whose aid the Council intended to have prepared a descriptive catalogue of the whole Museum. Everard Home being one of the curators, took away from this custody "ten volumes of Minutes of Dissections, and many other valuable papers, without any previous permission of the trustees, with the avowed intention of employing them in preparing a catalogue, which he undertook to do gratuitously." Time passed, on and no catalogue was forthcoming. Repeated applications were made to Home for restoration. At length he turned round on the Council, maintained that no mention was made of them in Hunter's will, and that he had burnt them in accordance with the directors of his will. The falseness of this

(*a*) 'Medical Circular,' May, 1860, p. 336, No. 411, and April 26th, 1860, p. 283, col. 2, l. 23.
(*b*) Hunter on the Blood, pp. 440 and 450.
(*c*) Adams' 'Memoirs of Life of John Hunter,' p. 32.
(*d*) Adams' 'Memoirs of John Hunter.'

averment is confirmed by his not having destroyed them, when in his hands, and before they were delivered up to the custody of the Council of the College, whose property they had now become. In explanation, it should be stated that Sir Everard Home contributed more papers to the Royal Society than any other single member of that distinguished body since its foundation.

(To be continued.)

HOSPITAL REPORTS.

ST GEORGE'S HOSPITAL.

AMPUTATION OF THIGH FOR DISEASED KNEE, AND AMPUTATION OF LEG FOR DISEASED ANKLE-JOINT—TUMOR TESTIS—NECROSIS OF TIBIA.—MR CÆSAR HAWKINS. FISTULA IN PERINÆO.—MR TATUM. FISTULA IN PERINÆO.—MR POLLOCK.

(JULY 26TH.)—AMPUTATION OF THIGH.

The patient, a woman about fifty years of age, under chloroform, had the thigh removed at the lower third by circular section. The disease had existed in the knee-joint about five years; latterly the soft parts became extensively diseased, and sinuses formed. The patient was a fleshy woman, and of full habit. Mr Cæsar Hawkins did not consider her a good subject for resection of joint. The extensive disease of soft parts at her age rendered excision an extremely hazardous operation.

Examination of Knee-joint.—The condyloid extremity of the femur found diseased and partly necrosed, cartilages destroyed, and synovial membrane inflamed and diseased. A large quantity of matter was found in the joint, and the tissues were extensively diseased.

(AUGUST 16TH.)—AMPUTATION OF THIGH.

Mr Hawkins performed amputation upon a patient, a young man about twenty years of age, who previously, rather more than two years since, had performed resection of knee-joint in one of the Metropolitan Hospitals, and was declared to be cured. It appears, notwithstanding, in this case, that the incisions and tissues had never closed, or a healthy process taken place. According to the history of this case, about five years since the man had been admitted a patient at St George's Hospital for diseased knee, found relief, and was sent to Margate to restore his health. At that time the synovial membrane was not diseased, but ligaments were beginning to be altered. He applied again, after resection of knee-joint, to a metropolitan hospital, about eighteen months since. At that time a large suppurating abscess was formed, communicating with knee-joint, bones found diseased through sinuses communicating with them. Circular incision under chloroform was performed by Mr Hawkins. Careful examination of joint, and a preparation of diseased structures will be made for the museum. A report of the conditions of the joint shall be given on a future occasion. The patient was a bad subject, worn down by long-continued suffering. A careful examination was made of this leg, removed by amputation, after a former operation of excision had been performed. The dissection discovered only a very partial union to have taken place between the tibia and femur. The latitude of motion it gave could have been but very limited. No union or junction had taken place in the popliteal region. Synovial membrane and ligaments were entirely destroyed, except a small portion of Winslow's ligament. We are indebted to Mr Holmes, Curator of St George's Hospital Museum, for the above.

TUMOR TESTIS.

This was a case of injury of the testicle from a blow received upon it some years since: the testicle was greatly enlarged and indurated. Mr Cæsar Hawkins recommended operation for amputation of testicle, as the only mean of relief; an opinion which was supported by the other surgeons of the hospital. Mr Hawkins stated that the patient had been under mercurial treatment on two several occasions without benefit: the tumour had been tapped previous to the operation, when serous fluid came away. He was placed under chloroform during operation. On examination, the tumour was found to consist of hematoid cells containing serum and bloody fluid.

(AUGUST 16TH.)—NECROSIS OF TIBIA.

This was strumous disease of the shaft of the tibia. The patient, a very intelligent, healthy-looking boy, about twelve years of age, was placed under anæsthesia. The diseased bone was situated on the left leg; the integuments and soft parts on the lower portion of the cylinder of tibia being discoloured, thickened, and three sinuses communicating with the bone. The ankle-joint was free from disease. Mr Hawkins made a free incision from the lower to the upper sinus; exposed the bone, which was found to be denuded of periosteum, by dividing tissues around, and removed a portion of necrosed bone with bone-nippers and forceps.

Mr Hawkins also operated upon a woman about twenty-five years of age, for strabismus, in usual way.

FISTULA IN PERINÆO.

This injury to the urethra was produced by a kick received upon the perinæum many years since, destroying a portion of the urethra, which consequently became obliterated. It is well known that reproduction of urethra upon destruction by injury does not take place. Division of the urethra through the perinæum, in consequence, was decided on by Mr Tatum. No passage existing through the urethra, the urine of late passed from the bladder in very insufficient quantity, causing great irritation and suffering to the patient. Mr Tatum made a very cautious and free dissection in the raphæ of the perinæum, commencing at the base of scrotum. After great care in searching, he found the urethra, cut into it, divided the cicatrix or condensed structure forming the obstruction, and reached the bladder with flexible catheter. A quantity of fetid urine escaped. The usual method of securing flexible catheter in bladder was adopted.

FISTULA IN PERINÆO.—MR POLLOCK.

This patient, a man about forty years of age, had stricture of urethra for many years. A sinus had formed in perinæum immediately below the scrotum, from which urine had for a long time passed. On Mr Pollock making incision into the grooved staff, considerable cartilaginous structure had to be divided in reaching the urethra. The operation was done in the usual way, introducing and securing flexible catheter by bandage round the hips and thighs.

UNIVERSITY COLLEGE HOSPITAL.

AUGUST 1ST.

HARE-LIP—VARICOCELE—VIDAL'S OPERATION.—MR ERICHSEN.

HARE-LIP.

This was an unusual condition of malformation, and consequent deformity, in a child about six months old. The fissure, of extraordinary dimensions, exposed a chasm from loss of soft parts, and a portion of the intermaxillary bone; and there was a cartilaginous cleft projecting into the mouth. After operating in the usual way, Mr Erichsen broke down tissues composing the alveolar process, dividing very freely the frænum, and then with necrosis forceps smashed the malformed intermaxillary cartilaginous projecting cleft. One of the milk incisors was removed, which would prove an advantage, since its presence might have interfered in the healing process: the permanent incisor would arrive when wanted, in due season.

VARICOCELE—VIDAL'S OPERATION.

No surgical disease affords such a variety of modes of operation as varicocele, several of which have now become obsolete. By pressure of varicocele upon the spermatic vessels, innutrition and consequent atrophy of the testicle occurs. Mr Erichsen has performed Vidal's operation with great success of late. Formerly he used hare-lip pins and twisted sutures, separating the diseased veins first from the vas deferens. Mr Hilton of Guy's Hospital and Mr Partridge of King's College Hospital have performed a simple and effective cure by ligature and subcutaneous section in the following manner:—A needle armed with silk ligature passed through skin and superficial fascia of scrotum *behind* the enlarged veins, and in front of vas deferens, is then passed through the same opening through the superficial fascia, under the skin, *in front* of the enlarged vessels, carrying the other end of the ligature with it, and thus by tying the two ends producing strangulation of varicocele. Mr Hilton cured four consecutive cases by this treatment in a very short time. Mr Bowman of King's College has also performed a simple mode:—Two needles, an inch asunder, are passed under the varicose veins in front of vas deferens and artery, and a silk ligature is twisted over them as for hare-lip, sufficiently tight to occlude the veins and stop the circulation, but not to cut them. The tenotomy knife being then introduced, the veins are divided by a very small incision between the needles, a pad and compress being laid over all. This operation has given very satisfactory results under Mr Bowman's treatment. It is attended with no hæmorrhage, no suppuration, no decomposed clot causing mischief by absorption, and no phlebitis. The cure is quick, the lower needle being removed in two days, and the upper in four days. Mr Erichsen now gives preference to Vidal's operation.

The patient, a man about thirty years old, was operated upon under chloroform. Mr Erichsen introduced a strong silver pin behind the varicose veins, and in front of the vas deferens and artery, taking especial care to avoid and protect them by separating them from the veins, and passed the pin through the skin and tissues. He then pushed a silver wire through the integuments of the scrotum and superficial fascia in front of the tumour forming the varicocele, twisted the wire tightly over the pin, and thus obliterated the enlarged veins. The wire is twisted several times by turning round the pin between the forefinger and thumb, thus effectually strangling varicocele.

WESTMINSTER HOSPITAL.—AUG. 8TH.

REMOVAL OF FLESHY TUMOUR IN AXILLA—OPERATION FOR STRABISMUS — WUTZER'S OPERATION (MODIFIED) FOR THE CURE OF INGUINAL HERNIA.—MR HOLTHOUSE.

FLESHY TUMOUR IN AXILLA.

This patient, a tall, well-formed, active, and strong-looking woman, about thirty-five years of age, had for a long time been afflicted with strumous abscess over her bosom, breast, back, and axilla. She was completely covered with old scars and seams on these parts. Until they discharged, they assumed a dark copper-coloured appearance, and an elongated form. Mr Holthouse stated that there was no reason to suspect they proceeded from a syphilitic taint, but were strictly of a strumous character, and thought the preparations of iodine were strongly indicated in the treatment, and might be beneficially administered in this case. The tumour or exerescence in the axilla to be removed had all these characters, was of a reddish purple colour, and of about two inches in length, and certainly manifested very much of the character of condylomata, and caused great irritation and pain to the patient. The tumour was removed by an oval incision carried round its base, and thus dissected out.

STRABISMUS.

A young man, about twenty-five years of age, was operated upon in the usual way. Mr Holthouse dissected the sclerotica with more freedom than is usually practised, giving greater facility to dissect and divide tendons of rectus muscle.

OPERATION FOR CURE OF INGUINAL HERNIA.

The patient, a man about sixty years of age, had an oblique inguinal hernia of enormous dimensions, the hernial tumour reaching nearly to the knee. Mr Holthouse decided to operate by a modification of Wiitzer's operation From the depending condition of scrotum and great size of the canal, a very large plug was required, which was made for the occasion. The operation, under chloroform, was conducted by invagination in the usual manner. Mr Holthouse did not think, from the great size of the hernial sac, and the age of patient, that it was a suitable case for Wood's operation.

KING'S COLLEGE HOSPITAL.—AUG. 11TH.

VARICOSE VEINS — OBLITERATION OF VENA SAPHENA, BY TRANSFIXION WITH PINS AND AND LIGATURE—STRICTURE OF URETHRA REMOVED BY SUDDEN DILATATION—LITHOTRITY.—MR FERGUSSON.

VARICOSE VEINS.

In this case, a female patient about twenty years of age, Mr Fergusson transfixed the vena saphena at the superior and anterior aspect of the limb, by introducing a pin under, and then another over, the vein. Having thus transfixed the vein,

he adopted the following method :—A slip of lint about half an inch wide, and several inches in length, was wound round and under the pins, thus to give a firm bite to the silk ligature, afterwards to be applied, without endangering breach of tegument. A silk ligature was then applied several turns tight round the lint, and also under and round the pins, thus effectually strangling the vein.

Mr Lee also operated upon a case of varicose veins—a sailor from the Sailors' Home—in his usual way, by pins, ligature, and subcutaneous section. This man formed one more of the numerous sailors King's College has returned cured into her Majesty's service.

STRICTURE OF URETHRA—CURE BY SUDDEN DILATATION.

This patient, a man about thirty-five years of age, who had suffered from stricture of urethra more than five years, came into hospital about five weeks since. His urine dribbled away. Mr Fergusson described the case. He stated that the man had ague—it was so-called ague. He was seized with rigors, or cold all over him, shivering—a very common condition attending stricture of the urethra, especially on attempting to pass a bougie or catheter. The instrument used to effect sudden dilatation was invented by Mr Holt, of Westminster Hospital. It was catheter-shaped, but split into two halves, having a wire running along a groove in the bottom half. Mr Fergusson had great difficulty to pass a catheter through stricture, and it required considerable patience and time to effect this object; the resistance, he stated, being in the region of the triangular muscle. He then passed Mr Holt's instrument through the stricture. Having a series of tubes graduated in size, he passed the smallest size first down the groove in Holt's instrument, until it became fully dilated thereby. He then passed the next, and afterwards a still larger size. The passage of these tubes causes considerable pain by the dilatation of the stricture they effect. Mr Fergusson desisted upon the passage of the third-sized tube, in consequence of the great disturbance it caused. He said the modes of curing stricture are various. The old, slow dilatation by bougies gives a healthy action to, and induces absorption of, parts thickened in the passage of the urethra, and thus effects a radical cure. Mr Simpson's (of Edinburgh) is another method, by division: and this method of Mr Holt's, by quick dilatation, he said he highly approved. It sometimes brings on fever, and cannot be persisted in; but it is a good plan, and the instrument is an excellent invention.

LITHOTRITY.

The patient, a man between fifty and sixty years of age, applied at the hospital about two years since, on which occasion, upon sounding, the stone could not be found. He came again about a year and a half since, when the stone was found, and Mr Fergusson broke it, and brought it away, and the patient seemed to be cured. He came again last week. Upon sounding, the stone was easily found. Mr Fergusson used a new instrument, which he described as a scope, made of two blades. He further said, the construction of the blades is just opposite to that of the lithotrite. It is made with a channel, and expands at the end like a scope, so that when it opens, it receives bits of stone, crushes, breaks them between the blades, and brings them away in the scope, as was done on the present occasion.

MARINE SANITARIUM AT CULPEE.—Mr Kirwan, of the Army Medical Staff, has published a proposal for establishing a marine sanitarium at Culpee, composed of a fleet of first-class troopships. Culpee is on the left bank of the Hooghly, at the point where it widens out into an estuary. He is of opinion that invalid soldiers, if sent there, and allowed to enjoy sea-trips in the bay, would not require to be sent to England to the same extent as now. He suggests the fitting up of the Government pilot-brigs as floating sea-barracks. This would prevent the great mortality amongst invalids while waiting for an order for removal to England. Now that the comfort and efficiency of the European soldier is really a political question with the Indian Government, Mr Kirwan's intelligent suggestions on this subsystem on troop-ships generally, have a chance that some at least considered.—'Friend of India,' it is evid.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Mr T. B. CURLING, F.R.S., was read, being an

INQUIRY INTO THE TREATMENT OF CONGENITAL IMPERFECTIONS OF THE RECTUM BY OPERATION,

Founded on an analysis of 100 cases, 9 of which occurred in the practice of the Author. With the view of ascertaining and estimating the results of the operations which have been resorted to in the different forms of congenital imperfections of the rectum, either for the preservation of life or its future comfort, and of assisting to establish the best modes of proceeding in these cases, the Author has collected and tabulated 100 cases in which operations have been performed by himself and other Surgeons. Of these cases, 68 were males and 32 females. He classes the congenital malformations of the rectum as follows: 1. Imperforate anus, the rectum being partially or wholly deficient. Of this form the table furnishes 26 instances, 21 male, and 5 females. 2. Anus opening into a *cul-de-sac*, the rectum being partially or wholly deficient. Of this the table includes 31 cases, 17 males and 14 females. 3. Imperforate anus in the male, the rectum being partially or wholly deficient, and communicating with the urethra or neck of the bladder. Of this the table contains 26 cases. 4. Imperforate anus in the female, the rectum being partially deficient, and communicating with the vagina. Of this the table furnishes 11 cases. 5. Imperforate anus, the rectum being partially deficient, and opening externally, in an abnormal situation, by a narrow outlet. Of this form the table contains 6 cases. A few other congenital deviations have been observed, but they are of a very rare occurrence, and the five forms enumerated above are alone included in the table. The Author briefly relates a case of fæcal fistula, passing from the back of the sacrum to the rectum, which fell under his own observation. After briefly reviewing the causes of these malformations, and showing that though in most instances consequent on an arrest of development, they sometimes result from a pathological change due probably to inflammation occurring during intra-uterine life, the Author notices the relations of the peritoeneum to the bowel in the different forms of atresia, as having an important bearing on the operations performed in the perineal region, and states that in several instances in the table the fatal result was due to the opening made in the serous sac. He also calls attention to an imperfect development of the pelvis in those cases in which the rectum is wholly deficient. 1. The 26 cases in the table of the first form furnish the following results:—In 14 cases the gut was opened in the anal region, and in 12 the operator failed to reach it. Of the former, 9 ended fatally and 5 proved successful. Of the 12 cases in which the gut was not reached, 2 ended fatally without anything further being done. In 7, colotomy was performed in the groin; 1 only proved fatal. In 3, the colon was opened in the lumbar region; 1 recovered and 2 died. The Author gives some particulars of the 5 successful cases, and notices that there is only 1 of complete success in which the rectum was wholly wanting. In 3 of the cases in which the bowel was simply incised, more or less difficulty was experienced afterwards in maintaining a free passage for the fæces, but in 2 of the cases subsequent contraction was prevented by drawing the bowel down to the anal region. 2. In 16 of the 31 cases of the second form the gut was reached and opened. In 11 the operator failed in finding it. Of the former, 6 were fatal and 10 recovered. Of the 11 cases in which the gut was not reached, 6 ended fatally without any further operation. In 2, colotomy was performed in the groin with a fatal result. In 3 instances the colon was opened in the loin; 2 were fatal, and 1 recovered. In 4 cases colotomy was performed without any previous subpubic operation; three times in the groin with successful results, and once in the loin with a fatal termination. In analysing the 10 cases of success after a subpubic operation, the Author shows that in several cases in which the septum was slight the passage was readily established; that in others, where a space of some extent intervened between the two ends of the bowel, great difficulty was experienced in preventing contraction, unless the bowel was drawn down and attached to the skin; and he gives the particulars of a case treated by himself in this way with complete success. 3. The Author adduces some cases of the third form, in which, the communication between the rectum and urethra being more free than usual, life has been preserved for many months, the fæces escaping entirely by the urethra, until the passage becoming at length blocked up, death has ensued. Of the 26 cases in the table, the gut was reached in 15; in 9, the operator failed to find it. Of the former, 9 recovered and 6 proved fatal. Of the 9 cases in which the gut was not reached, 7 ended fatally without any further operation. In 1, colotomy was performed in the groin; in the other, in the loin: both ended fatally. In 2 cases no attempt was made to reach the bowel from the perinæum, but the colon was opened in the loin. One did well, the other died. In 7 of the successful cases treated by incision, more or less difficulty was experienced afterwards in maintaining the passage. In the only case in which the bowel was drawn down and secured to the skin, no contraction took place, and the boy was well and thriving at five years of age. After the establishment of a passage at the anus, the escape of fæces by the urethra did not always cease, and several instances are given in which serious inconveniences resulted from non-closure of the abnormal communication. 4. The Author, after alluding to instances of persons born with imperforate anus, the rectum opening into the vagina, who have passed through life submitting to the annoyances consequent upon it, states that the recto-vaginal communication is not always sufficient, and that obstinate constipation sometimes ensues. As the rectum descends low in the pelvis in this form, the operator cannot well fail to reach the bowel. In all the 11 instances in the table, the gut was opened, and only 1 ended fatally, from over-distension of the rectum, consequent on the operation having been delayed too long; 8 of the 10 remaining cases are reported as successful, and 2 as unsuccessful, owing to the tendency to contraction and neglect by the parents of the means recommended to maintain the passage. In one of the successful cases the bowel was drawn down and secured to the skin. The Author gives the particulars of two cases, which came under his notice, one successful, the other unsuccessful. In this malformation the establishment of a new passage at the natural site is not all that is required. We have also to obtain the closure of the abnormal communication of the vagina. A case in which this opening is reported to have closed spontaneously is the only one of complete success in the table. The Author is unacquainted with a single case in which, after the formation of an artificial anus, a successful operation has been performed for the closure of the recto-vaginal aperture. 5. Of the fifth form there are 6 cases in the table—4 males and 2 females. In the males the abnormal outlet was in the perinæum, just behind the scrotum, in 2; in 1 in the scrotal raphe, and in 1 anterior to the scrotum. In the females the opening was in the perinæum, close to the vagina, or at the posterior commissure of the vulva. In all the cases the vent was insufficient, and defecation more or less difficult. In this form, as in the last, the rectum can be easily reached, and it was opened in all six cases. Two different operations have been practised to remedy this imperfection:—1, the enlargement of the original outlet, which was done in two instances; and 2, the establishment of a new anus at the natural site, which was performed in the four other cases. The Author, after giving a detailed account of one of the cases in which he had recourse to the latter operation, contrasts the advantages of the two methods. In cases of imperforate anus, in which a passage is successfully established, the retentive functions of the bowel generally exist in sufficient force. Satisfactory evidence on this point is furnished by several of the cases in the table, and the existence of an external sphincter has been frequently recognised in dissection. The Author, after noticing that in cases of imperforation unremedied by operation, death is sometimes caused by extreme distension and rupture of the colon or the terminal pouch, remarks,

that the most common causes of death after operation are peritonitis and diffuse inflammation of the areolar tissue. The former is generally produced by a wound of the serous membrane, the latter by the passage of fæcal matter through the tissues of the pelvis, both being chiefly due to faulty methods of operating. He condemns the use of a trocar as a most unsafe instrument, and advocates the plan of drawing down the bowel and attaching it by sutures to the margins of the wound in the skin, an operation first performed by Amussat in 1835, and since described and recommended by Dieffenbach. The important advantage obtained by it is the securing a lining of mucous membrane for the passage traversed by the fæces. By this means we guard, not only against the tendency to contraction, with its consequent miseries and dangers, but also avoid the early risks of inflammation and fæcal absorption. In some instances troubles in defecation have continued after a sufficient passage for the fæces has been fully established, owing to an organic change in the bowel, consequent upon an obstruction of long continuance, subsisting after removal of the cause. The Author gives an account of some dissections in which the muscular coat of the rectum was found remarkably hypertrophied and its mucous follicles enlarged, and states that when the vent for the fæces has long remained insufficient, and the bowel has undergone these changes, its expulsive functions become seriously impaired and weakened, and the infant consequently suffers in the same way as adults labouring under stricture of the rectum. Having investigated the results of the operations performed in the perinæum, the Author proceeds to inquire into the degree of success which has followed the operations for opening the colon in the groin and in the loin, to ascertain the inconveniences consequent upon an anus in these regions, and to estimate the comparative value of the two operations. Colotomy was performed in twenty-one of the cases in the table—in fourteen by the inguinal operation, and in seven by the lumbar. In nine of the former an unsuccessful attempt had been made to reach the gut from the perinæum—four proved fatal, and five recovered. Of five cases in which no previous operation had been performed, one only proved fatal, and four recovered. Of the nine recoveries after inguinal colotomy, one survived only a month, two died of cholera within fourteen months, and a fourth was doing well at seventeen months; a fifth survived three years, and a sixth was doing well at thirteen years of age. M. Rochard has recently given an authentic report of the remaining three. One died at the age of forty-three; the two others are alive and well—one at forty-six years of age, the other at forty-three. Of the seven cases in which colotomy was performed in the left loin, attempts had previously been made to open the bowel from the perinæum in five, of which three were fatal. In another fatal case an attempt was made after the lumbar operation. The Author relates the particulars of a case operated on by himself, in which death was caused by injuries inflicted in the perineal operation before the infant came under his care. Of the two recoveries after lumbar colotomy, one infant lived to the age of seven years, and of the other there was no report more recent than seven weeks, and the child is supposed not to have long survived. The Author considers the two operations in reference chiefly to three questions—the difficulties of the operation, its dangers, and the condition and convenience of the artificial anus. The operation is admitted to be one of greater difficulty in the loin than in the groin; and after remarking on some of the causes of this, the Author notices the irregularities in the disposition of the colon, which render it impossible to open the bowel in the left loin without wounding the peritoneum, and which prevent the operator finding the colon in the left groin. The Author practised both operations on the bodies of twenty infants, and in two he was unable to open the colon in the left groin, in consequence of the colon making a sharp curve and passing over to the right side before reaching the pelvis. In six subjects lumbar colotomy was impossible without opening the peritoneum, owing to the colon being attached by a distinct mesentery and being loose in the abdomen. This serious impediment once occurred to the Author in performing lumbar colotomy in a case of imperforate anus. In respect to the dangers of the two operations, the results of the cases in the table are much in favour of colotomy in the groin. The Author quotes the description given by Rochard of the condition of the anus in the groin in two patients who had been operated on many years previously. Both were in good health, and suffered very little inconvenience. One had married and borne children. In all the patients observed by Rochard, prolapsus had taken place from the lower part of the bowel, but it was easily restrained. The Author also gives a particular description of a case, which has recently come under his own notice, of an artificial anus in the loin in a boy eight years of age, born with an imperforate anus, the rectum opening into the urethra. The anus was sufficient, but fæces escaped occasionally into the lower part of the bowel and caused difficulty in micturition. To obviate this difficulty, he had suggested the lodgment of a sponge-plug in the lower opening. The Author sees very little to justify a preference for either operation on the ground of the position of the anus; but the greater difficulties and dangers of lumbar colotomy would induce him in future to select the inguinal operation. The Author controverts the views recently advanced by Nuguier in favour of the performance of colotomy in the right groin in preference to the left, and shows by several examinations of infant subjects that the passage of the colon from the left iliac fossa to the right fossa is not so constant as he states. The Author, in conclusion, gives particular directions for conducting the operative treatment of imperfections of the rectum based on the results of this inquiry.

QUESTIONS FOR CANDIDATES FOR ASSISTANT-SURGEON IN THE ARMY.

AUGUST 13TH AND 14TH.

ANATOMY AND PHYSIOLOGY.

MR BUSK.

1. Describe the general characters of the ribs, and the peculiarities by which certain ribs are distinguished. Enumerate the muscles engaged in their elevation and depression.

2. Give a description of the cæcum and the ileo-colic valve; and state the difference in point of structure between the large and small intestines.

3. Describe, in the order in which they occur, the parts brought into view in exposing the anterior surface of the anterior scalenus muscle.

4. Describe the several parts brought into view in dissecting and removing the short muscles of the thumb and abductor indicis.

5. Give the physical and chemical characters of yellow elastic tissue, and notice the principal situations in which it exists in the human body.

6. Mention the circumstances which increase or diminish the amount of carbonic acid exhaled by animals.

SURGERY.

MR PAGET.

1. Enumerate not less than five kinds of wounds which you would *not* attempt to heal by the first intention; and state how you would treat each of them.

2. Describe the most frequent appearances, after death, of enlargement of the middle lobe of the prostate gland; and the symptoms by which that condition may be known, or suspected, during life.

3. Describe fully the proper treatment of a perinæum recently and completely ruptured during parturition.

4. What are the conditions on which secondary hæmorrhages after amputation depend, and what are the best modes of treating them?

5. Write Latin prescriptions for the following medicines for hospital use—namely, colocynth and calomel pills; jalap and calomel pills; compound senna draught; zinc lotion; hydrochloric acid gargle.

6. Describe the several forms of hydrocele connected with the testicle and spermatic cord, including those that occur in infancy, and mentioning particularly the characters of the fluids contained in them.

7. Describe the usual symptoms and progress of an ordinary case of cancer of the rectum. Under what circumstances, in the course of such a case, would you think it proper to open the colon?

MEDICINE.

DR PARKES.

1. What are the causes of anasarca? How is the effusion produced in each case, and how would you treat the principal forms?

2. Describe the appearances seen after death in the abdomen in the following diseases:—Typhoid fever; phthisis, with intestinal complications; dysentery.

3. What are the physical signs of the following diseases?—1. Pleurisy on the right side, with great effusion. 2. Obsolete pleurisy on the left side, with great contraction. 3. Cancer, commencing in the mediastinum, and infiltrating the whole of the upper lobe of the right lung. 4. Extensive tuberculosis and cavities throughout the left lung. 5. Great enlargement of the bronchial glands in a child.

4. Describe the symptoms produced by the passage of a renal calculus. What is the composition of the principal calculi? How would you treat a case of presumed calculous pyelitis?

5. What are the chief diseases to be watched for in the first week after delivery? Give their symptoms and treatment.

6. What are the preparations of mercury in the Pharmacopœia? How would you test for mercury in a complex fluid? What are the chief symptoms and the measures to be adopted in chronic poisoning from mercury?

NATURAL HISTORY, &c.

DR HOOKER.

Answer five or more of the following questions:—

1. What is meant by the respiration of plants, and how is it effected?

2. Give the botanical characters of the natural orders Labiatæ, Valerianeæ, and Solaneæ, and mention the medical plants they contain.

3. Contrast the reproductive systems in phanerogamous and cryptogamous plants.

4. By what characters are the orders of Dicotyledons grouped into four divisions, and of Monocotyledons into three?

5. What are the kinds of aloes used in medicine, how are they distinguished, and where do they come from?

6. To what constituents are the nutritious properties of wheaten bread due? Give their chemical composition, and explain the changes they respectively undergo during the operation of mastication and digestion.

7. Describe the nature and products of acetous and vinous fermentations.

8. Give the dental formula and peculiarities of the alimentary canal in ruminants.

9. Describe the structure and mode of development of a bird's feather.

10. Indicate the parts of the alimentary canal in which the different intestinal entozoa are chiefly met with.

11. Give the chemical composition of sea-water, and contrast hard and soft waters.

12. Define tersely the terms—etiolate, diluent, demulcent, viscid, plastic, elastic, dense, transparent, and translucent.

QUEEN'S MEDICAL COLLEGE, BIRMINGHAM.—At a Meeting of the Council of the Queen's College, it was resolved to complete the arrangements for the final conduct of the establishment. The following arrangements were made for the Medical Department:—The resident medical tutor to receive out of the warden's endowment 40*l.*; fees from twenty students, estimated at 80*l.*; and residence free. The west wing to be devoted entirely to the Medical Department. The resident professors to find their own board, and the resident students to be boarded by their respective professors. The non-resident professors to have the free use of the lecture-rooms, chemical laboratory, anatomical room, library, museums, &c. &c., and to receive, without deduction, the fees from the students whom their talents and industry may draw around them, but to be answerable for the coal and gas consumed in their department, also the wages of the porter employed by them, and all expenses incidental to the lectures—namely, prospectuses, advertisements, &c.

OUR NOTE BOOK.

ACCUMULATED MENSTRUAL FLUID.—IMPERFORATE UTERUS, WITH DEFECTIVE VAGINA.

Martha Smith, æt. twenty-three years, admitted into the Aylesbury Infirmary, May 2nd, 1859, under the care of Mr Hooper. Light hair, fair, and healthy complexion. With the exception of fever three years ago, her general health had been good. When she had attained her seventeenth year, she states she observed a slight appearance of menstruation; but since then there has not been any recurrence of it, though at irregular intervals she has had pain in the lower part of her back and hips.

About six months prior to admission, she observed that the left and lower part of her abdomen had become enlarged; the pains also, to which allusion has been made, were much aggravated, and she occasionally experienced difficulty in micturition.

The abdomen, as high as the umbilicus, is found enlarged and hard, the enlargement extending higher on the left side; it is not tender upon pressure.

Upon separating the vulva, a tumour is visible a short distance within its lips; it is elastic, adherent throughout its whole circumference, so that scarcely any trace of vagina is discernible, nor can any os uteri be detected.

Rotation of tumour in hypogastric region influences the tumour just within the vulva, clearly indicating its uterine character.

On May 8th a puncture was made into the elastic tumour with a trochar, and a dark fluid of a chocolate colour, inodorous, slightly coagulable, and of the consistence of treacle, amounting to 40 oz., was evacuated. Upon introducing the finger into the aperture, after the expulsion of that fluid, it passed directly into the dilated cavity of the uterus, the fundus of which could not be felt; its interior was smooth anteriorly, posteriorly corrugated, and it was evidently contracting.

The distance from the orifice to the fundus measured 6½ inches.

After the operation no hypogastric tumour could be felt.

14th.—There has been a considerable quantity of discharge since the operation, at first florid, subsequently assuming a pale colour; the cavity of the uterus has become contracted into a narrow passage measuring 4½ inches in length, and the aperture scarcely admits the point of the fingers.

Microscopical Examination.—The microscopical examination of this fluid afforded interesting results. It contained a vast number of the large compound cell-like bodies, which are so common in the blood of the spleen, called "blood corpuscle-holding cells." Such bodies are not unfrequently detected in blood which has remained for some time in contact with living tissues, as in cerebral hæmorrhage, extravasations of blood into cavities or into cysts, &c. The bodies in question are not in fact cells, but mere collections of blood corpuscles which assume more or less a spherical form. There is no cell-wall on the exterior of the mass, but the viscid material which causes them to cohere fills up the intervals between them, and thus the outline of the mass appears smooth, and even an outline like that of a cell-wall is produced. In this specimen of retained menstrual fluid, were observed masses of every size and form; and amongst them were numerous altered and partially disintegrated blood-discs, and much dark-brown granular matter, consisting, no doubt, of altered colouring matter of the blood.

The chemical composition of the fluid is shown in the following analysis:

Water		792·00
Solid matter		208·00
Soluble in water	Insoluble in alcohol	3·18
	Soluble in alchhol	3·78
Albumen and blood corpuscles		182·44
Fatty matter		2·80
Alkaline salts		6·24
Earthy salts		9·56

—'Archives of Medicine.'

CONSOLATION FOR DRUNKARDS.

Dr Smirnoff states that he has become convinced by repeated trials that the *Asarum Europæum* well deserves the reputation it has obtained in Russia of being an excellent remedy for the effects of drinking. The influence of a continuous abuse of alcoholic drinks is first exerted locally, but afterwards dyspepsia is produced; and the nutrition and functions of the entire economy, especially of the central portions of the nervous system, becoming interfered with, the blood itself being loaded with an injurious foreign material, the *dyscrasia potatorum* is at last completely established. The asarum fulfils various indications, acting beneficially on the alimentary canal in those cases in which the digestive powers are so much at fault. Its aromatic principle confers upon it a stomachic power, and regulates the condition of the intestinal disharges, producing vomiting and purging when given in large doses. Its most beneficial action, however, is manifested on the defective appetite, and by its counteracting the invincible longing for alcohol. The horrible sensations with which the drinker awakes in the morning, and which impel him to seek temporary and delusive relief from renewed libations, are much blunted and mitigated by means of a glass of strong infusion of asarum and some other nervine—*e.g.* valerian. Its immediate effect is often to produce vomiting, and sometimes purging; but the painful sensations at the epigastrium undergo relief, and the appetite becomes invigorated. Persons who have been long habituated to alcoholic drinks cannot, however, have these suddenly suppressed with impunity; and in such cases the Author gives the asarum in brandy, applying at the same time a blister or an issue to the pit of the stomach. By this means the normal activity of the stomach becomes excited, and the longing for alcohol diminished. The Author, however, cannot agree with those who would still allow a small quantity of spirits to habitual drinkers, even when the morbid desire for it has become appeased. The continuous use of a decoction of asarum, even when it does not succeed in extinguishing the desire for alcohol, always supports the powers of the patient; and it is remarkable in some cases, in which the individuals have been long accustomed to periodical intervals of drunkenness, ending in delirium tremens, how much longer those intervals will become, and how much less likely delirium tremens is to recur. The patients themselves are sometimes surprised at the comparative impunity with which they can continue their drinking. The Author prescribes three or four glasses a day of an infusion made with ℥iij. of asarum root, ℥j. of valerian root, and 3¼ of orange peel; but he does not state the quantity of water employed. In cases of drunkenness, another formula is composed of decoction of asarum (made by boiling from ℥ß to ℥j. of the root) ℥vj., tinct. of valerian ℥ij. to ℥iij., Sydenham's laudanum gtt xij., syrup of orange peel ℥ß. A tablespoonful of this is taken every two hours. He finds from two to five grains of bismuth taken four times a day a valuable adjunct. He has also found the following popular Russian remedy of service in cases of drunkenness:—R. Ammon. carb., 3½; aceti vini, lbj.; oxymel scill., 3½. Two tablespoonfuls every two hours.—'Med. Zeit. Russland' and 'Med. Times.'

ON THE RESORPTION OF PLEURITIC EXUDATIONS.

Professor Skoda says: The resorption of pleuritic exudations frequently takes place very slowly, because the capillary vessels in the sub-pleural connective tissue are obliterated. This may be the result of shrivelling and disappearance of the connective tissue newly formed from the exudation, as then, in consequence of the arrest of the metamorphosis of tissue between the blood and the exudation, endosmoes and exosmose cannot duly take place. It is not until after the lapse of months or years, when the fluid portion of the exudation has penetrated through the false membranes investing the pleura, that its resorption occurs. In the first case, internal medicines can, of course, avail nothing, as in them we possess no means of exciting the reformation of vessels. What has been said explains the action of iodine injected in exudations, inasmuch as, by exciting inflamnation, it causes the development of new vessels, and so induces the resorption of the effusion. But this view does not, perhaps, encourage us to the frequent employment of thoracentesis and subsequent injection of iodine; for this proceeding is by no means so safe as the corresponding operation for hydrocele. But, apart from that consideration, the injection of iodine or nitrate of silver into the pleural sac can answer no useful purpose; as, on the one hand, in consequence of the presence of the albuminous exudation, the caustic influence of these agents cannot reach the pleural sac, particularly as by the chemical combination which these substances form with the effusion, their power is altered and exhausted, so that the fluid must in the first instance be pumped out, which violent and sudden evacuation may be attended with evil consequences. But, on the other hand, in effusions of long standing, which have already attained to partial organization and shrivelling of the product of inflammation, the injection will be inefficacious, because the lung can now no longer fill the space previously occupied by the fluid exudation, especially as the investing false membranes must first be broken up by the lungs, which is not conceivable. But even if this should take place, a sudden evacuation could be followed by no favourable result, because necessarily there must be ruptures of the pleuritic adhesions and bursting of the compressed pulmonary parenchyme. Therefore, in a pleuritic effusion of long standing, it is only exceptionally that puncture is admissible, when the exudation is so considerable as to depress the diaphragm, to displace the mediastinum, and so to compress the lung that danger of suffocation supervenes. But how can the resorption of pleuritic exudations be induced? Experience shows that all those means which lower the pressure of the blood or augment the secretions, and therefore promote the separation of water from the blood, effect a diminution of the fluid effusion. Accordingly, venesections and diuretics may be indicated in cases of effusion; but these effects also occur spontaneously. In chronic exudations, which are already organized, such means will even be rather injurious, and the indication will be to employ remedies capable of dissolving solid exudations. Such remedies are iodine and mercury. The cautious employment of these means may therefore be adopted, and they are particularly suitable for external application. Professor Skoda has for some years employed these means experimentally, and has often seen pleuritic exudations rapidly diminish after the use of mercurial ointment, iodina ointments, iodide of glycerin, and black oxide of copper in the form of ointment. It is self-evident that in all chronic pleuritic effusions the diet must be good, in order as much as possible to counteract their injurious effects upon the system at large.—'Vierteljahrschrift für die praktische Heilkunde,' 1860, Band lxv. Analekten, p. 53.

ANCHYLOSIS OF THE INFERIOR MAXILLA CURED BY THE METHOD OF PROFESSOR RIZZOLI.

(From 'L'Sperimentale et Racoglitore Medico de Fano.')

The patient, who was named Louise Vaiola, and was about twenty-three years of age, appeared to be of a lymphatico-venous temperament, and had menstruated regularly for nearly eight years. A short time after the appearance of this function, she perceived that the left commissure of the lips was visibly drawn away from the same side, without, however, any cause being discoverable for the change. About the same time a slight but continuous pain made itself evident at the left posterior angle of the lower jaw, and went on increasing, assuming the lancinating character, and accompanied by tumefaction about the bone; the surrounding soft parts became red, swollen, and painful; and, in a word, all the symptoms of the formation of an abscess showed themselves. Without consulting any surgeon, the patient herself applied local fomentations, which probably hastened the formation of the pus, and which eventuated in the bursting of the abscess internally near the last molar tooth but one; immediately the pain, redness, and swelling disappeared as if by enchantment, and the only symptom which remained was a certain stiffness of the jaw, the movements of which became gradually more difficult, painful, and finally altogether impossible, and for eight years she remained in this miserable state.

On the 4th of December, 1858, the patient was admitted into an hospital. At this time the left cheek was more depressed than that of the opposite side, and an exploration being made along the horizontal ramus of the jaw, the fact was established of a loss of osseous substance near the posterior angle of the jaw. The finger when introduced inside the cheek was also stopped by strong adhesions of cicatricial tissue, and the teeth were to be found in their alveoli, all except the two upper incisors, the absence of which allowed of the introduction of some liquid nutriment.

It is not our intention to enter into the question of the cause of the disease, as that would lead us too far from our subject. It remains for us to describe the actual operation, as performed by the Author on the 12th of December.

The patient being seated, and her head supported against the breast of one assistant, while another drew down the lower jaw, the operator made an incision in the *cul-de-sac* which united the lip and gum of that side, exactly at the space which corresponds to the second and third molars: this incision divided not only the mucous membrane, but also the subjacent soft parts, so as to lay bare the lower bor-

der of the jaw; by this wound was then introduced the straight and blunt branch of the bone forceps, which embraced the internal border of the jaw, so that the cutting edge of the instrument was easily placed on the outside. A slight force only was necessary to completely divide the maxilla at one stroke, and thus restore to the jaw the motion which it had lost for eight years. The operation was not interrupted by any complication, either during or after its performance.

The following is a short report of the consequences of the operation :—

December 14th.—The girl is quiet; a slight hæmorrhage which broke out in the wound was quickly stopped by the insertion of a piece of lint steeped in Pagliari water. In the evening, fever and headache.

15th.—Wound painful; pulse nearly normal. In the evening, pulse febrile.

16th and 17th.—Improvement.

18th, 19th, and 20th.—Pain less severe. Tepid fomentations to the seat of the disease. To have a scammony purgative.

21st.—Pain more intense; deglutition difficult.

22nd.—Slight improvement; the separation of the jaws accomplished with some ease, and without much pain.

25th, 26th, and 27th.—Steady improvement; a piece of cork was introduced into the angle of the jaw, in order to keep the two parts separate.

28th.—A small abscess appeared at the left side of the chin, which was opened on the 8th of January. This was caused by the presence of some small fragments of bone which were necrosed and detached. The formation of the false joint, however, which was to render permanent the movements of the jaw, was somewhat delayed, and it was not till after the extraction of the two teeth next the fracture that the false joint was completely established, while during the greater part of the time hospital gangrene was present in the neighbouring wards.

The girl who was the subject of this proceeding is now quite cured: she is able to separate her jaws widely; to chew her food—to eat, drink, laugh, speak, as in the normal state, and will soon return to her family, among whom she is at present an object of wonder and delight.—'Presse Medicale Belge, and 'Dublin Medical Press.'

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

FRIDAY, AUGUST 17TH.

CASE OF MR GEORGE BULL.

The Earl of HARRINGTON moved for reports of the Coroner's inquest and Crown trial at Lewes, of George Bull, a surgeon, tried for the manslaughter of Sarah Anne Bull, his own mother, by an overdose of prussic acid administered by him when in a state of excitement and intoxication, and found guilty at the inquest, though above suspicion of bad intention, and acquitted by the Assize Court. The noble Earl read extracts from the evidence given before the Coroner and the Judge at the trial, with a view of showing that portions of it taken at the inquiry before the Coroner were not given at the Crown trial, and that the verdict of acquittal was therefore not to be justified.

The LORD CHANCELLOR said he knew nothing of the case himself; but the speech as well as the motion of the noble Earl was, in his opinion, greatly to be deprecated. A British subject had been properly tried and acquitted by a jury of his countrymen; and the noble Earl notwithstanding thought it consistent with his duty to call in question that verdict, and to impute guilt to the party charged. The man was tried before a judge and jury in the face of a number of persons, and was entitled to the verdict given in his favour. There never was a judge more devoted to his duty than Sir Alexander Cockburn, and inasmuch as this man had had a fair trial, and obtained an honourable acquittal, he thought it would not be well that the papers asked for should be produced, as the production might tend to the idea that there had not been a fair trial. It was quite clear that their lordships had no right to compel the production of the notes made by the judge at the trial for his own guidance.

Lord GRANVILLE, on the part of the Government, declined to accede to the motion.

The motion was negatived without a division.

TUESDAY, AUGUST 21ST.

COUNTY CORONERS BILL.

The Lords resolved not to insist on their amendments, with which the Commons had disagreed.

HOUSE OF COMMONS.

FRIDAY, AUGUST 17TH.

IRISH MILITIA SURGEONS.

In reply to Colonel Dunne and Mr O'Connell, Mr S. HERBERT stated that he had not yet been able to make any change in the position of militia surgeons. In Ireland their case seemed harder than it was in this country. Here the head-quarters were generally at some large town, where there was a good private practice to be got; but in Ireland the head-quarters were often in some insignificant place, which did not afford the militia surgeons the same advantages. If in another year he could do anything to improve their condition, he should be glad to do so.

SATURDAY, AUGUST 18TH.

On the vote of 2,500*l.* for the expenses of the inspection of burial-grounds, &c.,

Sir G. C. LEWIS explained that, under certain Acts of Parliament, the Government were directed to close burial-grounds, and also to interdict interments within churches; and in order to carry out the provisions of these Acts two inspectors were appointed, and their expenses constituted the sums mentioned in the vote before the committee.

Mr E. JAMES asked when these two gentlemen were appointed to perform these melancholy duties, as no other statement in reference to the vote had been made to the committee than that which they had just heard.

Sir G. C. LEWIS said that the inspectors were appointed in 1855.

The vote was agreed to.

It was proposed that a sum of 6,010*l.* should be voted for salaries and expenses of the office in London under the Local Government Act, in connection with the late Board of Health.

Mr WILLIAMS considered the establishment was perfectly useless.

Sir G. C. LEWIS defended the vote, and promised, if possible, to avoid the necessity of filling up an existing vacancy in this department.

The vote was agreed to.

The following votes were also agreed to :—2,721*l.* to defray the salaries and other expenses of the office of Inspectors of Lunatic Asylums in Ireland; 6,160*l.* to pay contingent expenses of the office of the Commissioners in Lunacy in England, and the salaries and expenses of the Board of Lunacy in Scotland; 36,400*l.* to pay salaries, contingent and other expenses, in the department of the General Register-office, England and Wales; 3,831*l.* to pay salaries, contingent and other expenses, in the department of the General Register-office, Dublin; 5,812*l.* to pay salaries, contingent and other expenses, in the department of the Registrar-General of Births, Deaths, &c., Scotland.

MONDAY, AUGUST 20TH.

MORTALITY OF THE 'TASMANIA.'

Mr WARRE wished to be informed by the Secretary for India of the result of the inquiry into the equipment and victualling of the ship *Tasmania*, which brought troops home from India some months ago.

Sir C. WOOD said, as the ship arrived in this country in a most melancholy state, he wrote by the mail to Calcutta, desiring that some inquiry should be made into the state in which it left Calcutta. The only answer he had received from Calcutta was that the inquiry had been instituted. He had not received the result of the inquiry.

Births, Marriages, and Deaths.

BIRTHS.

BIDDLE.—June 7, on board the troop ship 'Sevilla,' on her homeward passage from Calcutta, the wife of Assistant-Surgeon T. J. Biddle, 8th (the King's) Regiment, of a daughter.

GODFREY.—August 18, at Carlton House, Enfield, N., the wife of a Dr Benj. Godfrey, F.R.A.S., of a son.

HICKS.—August 18, at Old-street road, the wife of George Borlase Hicks, M.D., of a son.

JONES.—August 20, at Trebandy House, near Ross, Herefordshire, the wife of Edmund Jones, M.D., of a son.

LOE.—August 7, at Leeds, the wife of J. S. Loe, Esq., M.R.C.S., of a daughter.

MILLAR.—August 17, at Oak House, Enfield, the wife of Samuel Millar, M.D., of a son.

PLOWMAN.—August 13, at St Austell, Cornwall, the wife of W. Taunton Plowman, M.D., of a son.

TIBBITS.—August 17, at Warwick, the wife of John Tibbits, M.D., of a son.

MARRIAGES.

DAVIS.—LEWIS.—August 15, at St Mary's, West Brompton, Cresswell Davis, Esq., M.R.C.S., of Brompton, to Louisa Jane, fourth daughter of the late Richard Lewis, Esq., of Dawley, Salop.

ENGLISH.—MANDER.—August 16, at St John's, Hackney, Thomas English, M.D., to Jane, the only surviving daughter of J. G. Mander, Esq., of Albion square.

GRAHAM.—ELLIOTT.—August 16, at St Mary's, Islington, Thomas Hore Graham, Esq., M.R.C.S., of Lamberhurst, Kent, to Charlotte, eldest daughter of Robert William Elliott, Esq., of H.M.'s Inland Revenue Office, Somerset House.

KING.—GLYNES.—August 16, at St John's, South Hackney, Wm. Talbot King, Esq., M.R.C.S., of Thurloe place, Hackney road, to Lily, only child of the late George Glynes, Esq.

LAING.—GLENNIE.—August 9, in the Trinity Presbyterian Church, Church road West, Islington, John Laing, M.D., to Susanna, daughter of the late John Glennie, Esq., of Kingsland.

RAYNER.—LEA.—August 16, at St Michael's Church, Highgate, Thomas Rayner, Esq., M.R.C.S., of Birstal, Yorkshire, to Anne, eldest daughter of Thomas Lea, Esq., of Fitzroy park, Highgate.

DEATHS.

BUSH.—August 2, at his residence, 57 North Moore street, New York, Dr Ralph J. Bush, in his 80th year.

CLERE.—July 30, at Brooklyn, New York, Dr Edward Clere, aged 64.

COOLEY.—August 25, in Devonshire, Matilda Jane, second and beloved daughter of Mr Arnold J. Cooley, of Pimlico, in her 20th year.

DUMERIL.—Professor Duméril, the eminent French naturalist, has just died at the advanced age of 86

FOX.—August 10, at Wood lane, Falmouth, Samuel Tregelles Fox, M.R.C.S. Eng., L.S.A. Lond., aged 30.

GUTHRIE.—August 11, at Dunblane, James Guthrie, Surgeon R.N., L.R.C.S. Edin.

HAWKESWORTH.—August 16, of fatty degeneration of the heart, Charles Adolphus Hawkesworth of Burton-on-Trent, M.R.C.S. Eng., L.S.A. Lond., aged 48.

HAY.—August 18, at his residence, 2 Newgate street, City, James Hay, M.R.C.S. Eng., aged 70.

HEGEMAN.—August 2, at Orange, New Jersey, United States, America, Frederick Augustus Hegeman, Associate of the College of Pharmacy, New York, aged 39.

KENNEDY.—August 15, at Apledale Hall, Staffordshire, Anna Maria Kennedy, daughter of the late Hugh Alexander Kennedy, M.D., and sister of the late Sir Robert Hugh Kennedy, Commissary-General-in-Chief under the Duke of Wellington in the Peninsula.

MOLLOY.—July 16, of paralysis, at Malone, New York, Dr P. E. Molloy, aged 60.

TOONE.—July 11, at Salisbury, John Toone, M.R.C.S.E., aged 70. He was for forty-six years a resident in that city. He had formerly served as an Assistant-Surgeon in the Royal Navy.

WEBB.—July 31, at Brooklyn, Long Island, Dr Edwin Webb, jun., aged 21.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed the examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 16 :—John Erskine Chalmers, Hull; William Foster Giles, Cheltenham; T. Miles Hill, Clifton, Bristol; Emuel Downes Moult, Marple, near Stockport; Henry Williams, Framlingham; Charles J. Workman, Reading.—The following gentlemen also on the same day passed their first examination :—John Cooke, University College; William Soper, Guy's Hospital.

University of London.—The following is a list of candidates who passed the recent First M.B. examination :—

First Division—John Bayldon, University of Edinburgh ; John William Bell, Hull School of Medicine ; Palemon Best, University College ; Thomas Wemyss Bogg, University College ; Alexander Crum Brown, M.A. Edin., University of Edinburgh ; Arthur Wellesley Edis, Westminster Hospital ; Henry Stanley Gale, King's College ; Thomas Griffiths, University College ; John Harwood Hooper, St Thomas's Hospital ; John Talfourd Jones, University College ; Edmund Cornish King, University College ; Henry Thomas Lanchester, St Bartholomew's Hospital ; John Langton, St Bartholomew's Hospital ; Frederick Fawson Lee, St George's Hospital ; Henry Colley March, St Thomas's Hospital ; Frederic Marsdin, King's College ; Frederic Meggy, Guy's Hospital ; John Thomas Mercer, Guy's Hospital ; Richard May Miller, B.A., University College ; Thomas Morton, King's College ; Richard Orton, Royal College of Surgeons, Ireland ; Edward Parson, King's College ; William Powell, London Hospital ; Frederick Thomas Roberts, University College ; Thomas Starkey Smith, University College ; Edward Thomas Tibbits, University College ; Joseph Todd, Queen's College, Birmingham ; Forbes Watson, St Thomas's Hospital ; Thomas James Woodhouse, St Thomas's Hospital.

Second Division.—John Penning Baker, John Cooke, Richard Dawson, Athenodore de Nigri, Edward Mahoney, Wilmot Horton Trevor Power, B.A., all of University College.

Appointments.—M. Morel-Lavallée has been appointed to the Surgeonship made vacant at the Necker Hospital, Paris, by the death of M. Lenoir ; and M. Desormeaux, of the Lourcine, is appointed to the Cochin Hospital, in place of M. Morel-Lavallée.

Army Medical Service.—Names of successful candidates at the Competitive Examination for Commissions in the Army Medical Service, August 20 :—C. H. Y. Godwin, St Bartholomew's Hospital ; John Walters, M.B., King's College ; F. Gillespie, M.D., Cork ; A. A. Gore, M.D., Dublin ; T. Maunsell, Dublin ; G. F. White, University College ; F. R. Wilson, M.B., Dublin ; W. H. Jones, M.D., Cork ; N. Alcock, Dublin ; D. McG. Davidson, M.D., Glasgow ; R. E. Heath, M.D., Dublin and Belfast ; Robert Adams, M.D., Glasgow and Dublin ; R. C. Lever, London ; B. I. Jazdowski, M.B., Aberdeen ; James Thompson, Dublin ; C. S. Wills, Dublin ; R. B. Riordan, Dublin ; Samuel Hope, St Mary's Hospital ; Thomas Y. Baker, St Bartholomew's Hospital ; J. H. N. Bracken, Dublin ; P. Quinlan, Dublin ; Frank Pout, King's College ; C. P. Baxter, M.D., Dublin ; S. G. White, M.D., Edinburgh and Belfast ; Henry Lamb, Dublin ; H. O. Harvey, St George's Hospital ; E. B. Grant, M.B., Aberdeen ; W. R. Wall, Dublin ; T. P. Flynn, Dublin.

Sir Benjamin Brodie and the Irideotomists.—The Medical newsmonger of the 'Times,' who now and then comes to the rescue of ambitious Medical aëronauts, thus breaks the fall of one of them, we know not which :—"A paragraph having appeared in some newspapers on the state of Sir Benjamin Brodie's health, we are authorised to state that he has lately undergone an operation for the improvement of his sight, and that a satisfactory result is anticipated." The "operation," it appears, was the process called "Iridectomy," to which the Nestor of English Surgery was submitted on the 12th July last, and the "anticipated satisfactory result" is blindness of one eye and a *status quo* of the other. The disease, we learn, "had been regarded as *senile cataract ;*" then "the defective vision was ascribed to *glaucoma*," and now "the eye is *not* glaucomatous, and may be restored by extracting the cataract." We are sorry for all this for Sir Benjamin's sake, and somewhat abashed on account of Anglo-German ophthalmology ; but it is an ill wind that blows nobody good, and so London Eye Surgeons may be the better of the mishap.—'Dublin Medical Press.'

Circulation of the Blood.—The Academy of Medicine of Madrid has two questions for its prizes for 1860. One is the following :—"What share have Spanish Authors had in the Discovery of the Circulation of the blood ?"

Thomas Cotterill, Esq., a Birmingham *millionaire*, has left the following legacies to different local Medical charities :—the General Hospital, 1000*l.* ; Queen's Hospital, 1000*l.* ; Dispensary, 1000*l.* ; Deaf and Dumb Institution, 1000*l.* ; the Blind Asylum, 500*l.*

Criminal Lunatics.—In addition to the Act mentioned in 'The Lancet' last week respecting the Queen's prison, there was one passed on the 6th inst., under which her Majesty may appoint an Asylum in England for the custody and care of criminal lunatics. The Secretary of State is empowered to appoint a Council of Supervision and officers for such asylums, with rules for the treatment of the inmates. There is a provision in the Act by which the Secretary of State may permit a lunatic confined "to be absent upon trial for such period as he may think fit, or to permit any such person to be absent upon such conditions in all respects as to the Secretary of State shall seem fit." In the event of a person not returning, then he is to be retaken, as in case of an escape. The Commissioners in Lunacy are to visit the asylums provided or to be appropriated under this Act (23rd and 24th Victoria, cap. 75), and to report to the Secretary of State. Any superintendent, officer, servant, nurse, or other person employed in an asylum, who strikes, wounds, or ill-treats, or wilfully neglects any person confined therein, is to be guilty of a misdemeanour, and, on conviction, liable to fine and imprisonment, or to forfeit for every such offence, on a summary conviction, a sum not exceeding 20*l.*, nor less than 2*l.*

Lord Byron's Foot.—Models of the feet of Lord Byron have been this week deposited in the Museum of the Nottingham Naturalists' Society. They are described as about nine inches long, narrow, high at the instep, and generally of symmetrical shape. In an accompanying affirmation, it is stated that the deformed foot (the left) was not, as has been generally stated, a "nub" foot, but that it was formed symmetrically as the other, being, however, exactly an inch and a half shorter. The ankle was weak, and the foot turned outwards. To remedy this, it states that Lord Byron wore a very thin boot, tightly laced, under his stocking ; and in early life employed an iron, with a joint at the ankle, passing down the outside of the leg, and fastened to the sole of the shoe. The muscles of the calf were atrophied.

Distinguished Medical Men.—In the ranks of general literature and science, British Medicine is rich at the present time in representative men—Sir Benjamin Brodie, President of the Royal Society ; Livingstone, the pioneer of civilization in Central Africa ; Owen, the British Cuvier ; Darwin, the far-seeing, fact-compelling, naturalist ; Lever, the Irish novelist ; Sir James Kay Shuttleworth, the public educationist ; Sir Charles Nicholson, founder of the University of Sydney, and the first inhabitant of the great colony of Australia honoured with rank and title by the mother-country. May the possessors of these names long survive to reflect credit on us, do honour to themselves and good in their generation ! Nor can we omit our meed of admiration for our French *confrère*—Lescarbault, who, amidst the distractions and fatigues of a country practice, last year could yet manage to discover a new planet in the heavens, and so inscribe his own name imperishably on the scroll of astronomic fame.—Dr Radclyffe Hall.

Smoking and its Effects.—The pupils of the Polytechnic School in Paris have recently furnished some curious statistics bearing on tobacco. Dividing the young gentlemen of that college into groups, the smokers and the non-smokers, it is shown that the smokers have proved themselves in the various competitive examinations far inferior to the others. Not only in the examinations on entering the school are the smokers in a lower rank, but in the various ordeals they have to pass through in a year, the average rank of the smokers had constantly fallen, and not inconsiderably, while the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind. It would be interesting to pursue this plan of statistical inquiry in our public schools and universities. Perhaps smoking is in many instances not the cause, but the effect or indication of intellectual mediocrity. Is there any connection between smoke and German metaphysics ?

The Adulteration of Food and Drink.—The new Act for preventing the adulteration of articles of food and drink has been printed, but, before it can be of public service, "Analysts" must be appointed. In the city of London the Commissioners of Sewers, and in all other parts of the metropolis, the vestries and district boards acting in execution of the Local Government Act, and the court of sessions and borough councils in other parts, may appoint one or more persons possessing competent medical, chemical, and microscopical knowledge, as analysts of all articles of food and drink purchased within such places. Any person selling articles of food and drink, knowing the same to be injurious to health, may be fined 5*l.*, with costs ; and on a second conviction, the justice may cause the offender's name to be published in a newspaper, or in such other manner, "at the expense of such offender," as to them seems desirable. There is a provision giving protection against articles being tampered with by the purchaser. A purchaser in a district "where there is an analyst appointed under this Act" may have an article of food or drink analysed for a sum not less than 2s. 6d. nor more than 10s. 6d. and to receive a certificate admissible in evidence. The justices, on complaint, may order an article to be analysed by a skilled person. An appeal is given to the quarter sessions. Persons convicted of selling adulterated patented articles may have a case stated for the opinion of the superior courts. The expenses of the Act are to be borne by the city of London, out of the Metropolis Local Management rate, and elsewhere by the county and borough rates.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 29.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 30.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic Hospital, 1 p.m. ; London Hospital, 1½ p.m. ; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, August 31.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 1.

Operations at St Thomas's Hospital, 1 p.m. ; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing Cross Hospital, 2 p.m.

Monday, September 3.

Operations at the Royal Free Hospital, 2 p.m.

Metropolitan Free Hospital, 2 p.m.

Tuesday, September 4.

Operations at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** Dr Kidd having ceased to report for this Journal, it is requested that all communications intended for the "Hospital" Department be forwarded direct to the Editor, at the Office, 20 King William street, Strand.

H. J. B.—The indenture is still equally necessary for the Hall ; but we apprehend that the Society would relax their regulations in the case stated.

Beta.—The Marshall-Hall treatment for asphyxia in new-born children consists chiefly in rolling the body from a semi-recumbent to a semi-prone position. We are of opinion that the alternate compression of the chest and elevation of the shoulders is equally as useful a plan, and is more closely imitative of natural breathing. It is difficult to form an opinion of the real importance of the extraordinary cases reported. We must take some of these *cum grano salis*.

Dr Martin is thanked.

Dr M. (Paris).—Capt. Styles is not now in London. Dr Ross will see to the matter.

Mr W.—At the present moment there are no arrangements for sending Surgeons to the Garibaldian army. Mr W. would, no doubt, be gladly received if he could find the means of getting out. Funds will, no doubt, be soon raised.

Chirurgus.—The Grape-cure is almost as rife in some parts of France as Homœopathy in England. We know nothing of its virtues, except in the form of good Bordeaux. Dr Todd's Grape-cure is the legitimate form ; the other is quackery.

Tristis.—We cannot comply with your request.

A Three-years' Student.—1st. No.—2nd. We strongly dissuade you from such a piece of folly.

A Subscriber.—The original medical attendant certainly did not show due courtesy ; but allow-

ance must be made for some irritation of feeling under the circumstances. Your conduct was very proper.

P. P., on the Liverpool case, received.

PHILO-CIRCULAR.—An examination would be required.

Mr JAMES H.—Most certainly.

SCALPEL.—The "cutting" has been received. The subject shall have our attention.

A SURGEON'S SON.—Yes'; by canvass of subscribers.

Mr ANDERSON.—We are unable to say.

Mr J. BROWNE.—It is unnecessary.

To the Editor of the Medical Circular.

SIR,—I have read with much pleasure your able review of Dr Salter's work on 'Asthma,' and perceive that, although you sum up in its favour, you are greatly puzzled by many of his arguments.

I enclose you a pamphlet which I also published as many as twenty years ago, having first sent it in manuscript to the 'Lancet,' but without obtaining its insertion. Nor has my position in the Profession enabled me to obtain for it that publicity I think it deserves.

Some years since, I fancy, I enclosed a copy to you. If so little notice was taken of it, I do now beg of you a fair perusal and an impartial judgment. Every day convinces me that I have discovered the true pathology, and that all other theories, from Cullen to Salter, are fallacious. I have never yet met with an asthmatic man who did not endorse my opinions, and should much like Dr Salter's opinion upon my views.

I will enter into no argument here; and were I to publish a new edition of my pamphlet, I might perhaps be able to improve its style, but I do not believe I should alter a single sentence, except for that purpose. I do think I deserve to have my theory published, in common with "Bree, Bean, Todd, Budd, and Walshe," even though Dr Salter should reject it as he does theirs.—Yours, &c.,

Harpenden Hall, Herts, J. Q. RUMBALL.
August 20, 1860.

SPES.—It is probable that the examination for the degree at St Andrew's would be modfied, as regards preliminary knowledge, in favour of Licentiates, by Examination, of the Edinburgh College of Physicians who had a certain standing in the Profession; but this is merely conjecture. All examining bodies, without exception, deal more leniently with gentlemen who have been some years in practice, than with young men fresh from the schools; and it would be most unjust if they did not. The University of St Andrew's will, no doubt, act in this spirit; you can but try, at any rate.

Mr W. H.—We have no doubt of it.

AN ADMIRER.—Pax vobiscum.

A SUBSCRIBER (Co. Cork).—1st. We are unacquainted with the salaries in the Oriental Steam Company's Service. 2nd. We think that a situation as Assistant might be easily obtained.

Letters received (with enclosures) from Dr Livingston, M. F. Blundell, P. M. Keltey, and J. Denne.

Grosvenor-place School of

MEDICINE, No. 1, Grosvenor place, adjoining St George's Hospital.

The WINTER SESSION will commence on Monday, OCTOBER the 1st.

General Anatomy and Physiology, Dr Richardson.
Descriptive and Surgical Anatomy, Dr Halford.
Practical Anatomy, Dr Arlidge.
Chemistry, Dr Thudichum.
The Principles and Practice of Medicine, Dr Cockle and Dr Leared.
The Principles and Practice of Surgery, Mr Spencer Wells, and Mr Wm. Adams
Military Surgery, Mr Blenkins.

The following Prizes and Honorary Certificates will be awarded at the termination of the Session:

Gold Medal for General Proficiency.

A Prize of Ten Guineas, to be given by T. SCOTT, Esq., M.R.C.P.Ed., of the Indian Army (late a Pupil of the School), for an Essay, the subject of which is to be chosen by the Faculty, and announced in October This Prize is open for competition to all unpassed Students of the School.

The Lecturers' Prize of Ten Guineas, for competition by Students of first year only.

Certificates of Honour, for distinguished position in the individual Classes.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their studies are superintended by the Lecturers on Anatomy.

The Lecturer on Chemistry has a private Laboratory, where Students are instructed in Analytical and Physiological Chemistry.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

FEES.—General Fee to all the Lectures required by the Universities of London and St Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, 35 Guineas.

Further information may be obtained at the Theatre, 1 Grosvenor place; of Dr RICHARDSON, 12 Hinde street, Manchester square, W.; or at the Residences of the different Lecturers.

Sydenham College Medical

SCHOOL, SUMMER LANE, BIRMINGHAM (opposite the General Hospital). The SESSION of 1860-61 will commence on Tuesday, the 2nd of OCTOBER next.

Anatomy and Physiology—John White Keyworth, M.D., and Robert C. R. Jordan, M.D.

Practical Anatomy and Demonstration—Messrs George Elkington, Frowd Jones, and D. Johnson.

Principles and Practice of Medicine—Bell Fletcher, M.D., F.R.C.P.L., and James Russell, M.D., L.R.C.P.L., Physicians to the General Hospital.

Principles and Practice of Surgery — Alfred Baker, F.R.C.S., and David Bolton, F.R.C.S., Surgeons to the General Hospital.

Surgical Pathology—Oliver Pemberton, M.R.C.S., Surgeon to the General Hospital.

Dental Physiology and Surgery — Thomas Howkins, M.R.C.S.E.

Chemistry—Francis Wrightson, Ph.D.

SUMMER SESSION.

Midwifery and the Diseases of Women and Children—Francis Elkington, M.D., Consulting Accoucheur to the Lying-in Hospital; and V. W. Blake, F.R.C.S., Medical Officer to the Lying-in Hospital.

Materia Medica and Therapeutics—J. Bassett, M.R.C.S.E.

Practical Chemistry and Toxicology—Alfred Hill, M.D., F.C.S.

Botany—Frederick Westcott, Assoc. L.S.

Forensic Medicine—W. C. Orford, Medical Officer to the Lying-in Hospital.

Medical Tutor—C. J. Bracey, M.R.C.S.E.

Classics and Mathematics—The Rev. George Voigt, B.A.

French—F. Irlande.

This College was established for the purpose of affording a complete Medical Education. It is presided over by a Council composed of more than sixty of the most eminent Medical Practitioners of the midland counties. It is situated opposite to the General Hospital, and the hours of Lectures are so arranged as not to interfere with the attendance upon Hospital Practice. Attendance upon the Lectures will qualify for examination at all the Royal Colleges, the Army, Navy, and India Boards. Clinical Courses will be given by those Lecturers who are attached to Public Institutions in the town. The Laboratory is fitted up with every convenience, so as to enable Students to obtain a practical knowledge of Chemistry. Care will be taken to instruct Students in Practical Midwifery, and, under suitable regulations, they will be allowed to avail themselves of the Museum of the Lying-in Hospital. Prizes will be awarded in each class, and one will be given by the Council for general proficiency.

Further particulars may be obtained on application to the Principal, Dr Bell Fletcher, Waterloo street; to the Treasurer, Dr Russell, Newhall street, who is authorised to receive Students; or to the Secretaries, Mr F. Jones, 42 Newhall street; and Mr Bassett, 1 St Paul's square, Birmingham.

Middlesex Hospital Medical

COLLEGE.—WINTER SESSION.—A Course of CLINICAL LECTURES on the DISEASES of WOMEN and CHILDREN will be delivered by Dr PRIESTLEY to the Students in this College.

The Middlesex Hospital

MEDICAL COLLEGE. — The INTRODUCTORY LECTURE will be delivered by Dr CHARLES COOTE, late Fellow of Pembroke College, Oxford, at Eight o'clock on Monday Evening, OCTOBER 1.

The Middlesex Hospital contains 305 Beds, and has Special Wards for Cancer, for Venereal and Uterine Diseases.

STAFF:—Dr A. P. Stewart, Dr Goodfellow, Dr H. Thompson, Physicians; Dr R. T. Prere, Physician-Accoucheur; Dr F. Weber, Dr C. Coote, Assistant-Physicians; Mr Shaw, Mr De Morgan, Mr Moore, Mr Henry, Surgeons; Mr Nunn, Mr Flower, Assistant-Surgeons; Mr Temes, Dental Surgeon.

LECTURES IN THE MEDICAL COLLEGE:—Dr A. P Stewart and Dr Goodfellow, on Medicine; Mr Shaw, on Surgery; Mr De Morgan, on Physiology; Mr Moore, on Anatomy; Mr Nunn and Mr Flower, on Practical Anatomy; Mr Taylor and Mr Heisch, on Chemistry; Mr Sibley and Dr Murchison, on Pathological Anatomy; Dr Priestley, on Midwifery; Dr H. Thompson, on Materia Medica; Dr Woodham Webb, on Minute Anatomy; Mr Henry and Dr C. Coote, on Forensic Medicine: Dr Lawrence, on Botany; Mr Taylor and Mr Heisch, on Practical Chemistry; Dr T. Spencer Cobbold, on Comparative Anatomy. Instruction in Modern Languages by Dr Buchheim, Ph.D. Vienna.

The opportunities for gaining practical knowledge have been recently increased. There are now FIVE APPOINTMENTS, with residence within the Hospital, and free commons, for which Students who have completed their education in the College are, under certain conditions, eligible.

In addition to Prizes for General Proficiency, the Governors' Prize of Twenty Guineas is given for excellence in Clinical Reports.

For the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, the fee is £83 4s., payable by yearly instalments, of which the two first are £35 each. A full prospectus forwarded on application.

T. W. NUNN, Dean.
C. DE MORGAN, Treasurer.

WATER BEDS AND CUSHIONS.

A Preventive against Bed

Sores, &c. Bed Sheets, Air Cushions, and all necessary Utensils for Invalids.

BENHAM and Co.,
Practical India-rubber Workers, 118 Oxford Street, W.

Manchester Royal School

OF MEDICINE AND SURGERY, Grosvenor street, Piccadilly.

SESSION 1860-61.

The WINTER TERM will commence on Monday, OCTOBER 1st, when the INTRODUCTORY ADDRESS will be delivered by Mr LUND, at Twelve o'clock.

WINTER LECTURES.

Physiology, by Mr Turner and Mr Smith.
Descriptive Anatomy and Dissections, by Mr Lund and Mr F. A. Heath.
Chemistry, by Mr Stone.
Principles and Practice of Medicine, by Dr Browne.
Principles and Practice of Surgery, by Mr Dunnville and Mr Southam.
Anatomy, Physiology, and Pathology of the Eye, by Mr Hunt and Mr Lund.

SUMMER LECTURES.

Obstetric Medicine, by Mr Heath.
Pathology, by Mr Roberts.
Materia Medica, by Mr Somers.
Forensic Medicine, by Mr Greaves and Mr Morley Harrison.
Botany, by Mr Grindon.
Practical Chemistry, by Mr Stone.

Hospital Practice at the Royal Infirmary, where Clinical Lectures on Medicine and Surgery are regularly delivered by the Physicians and Surgeons of the Institution.

SCHOLARSHIPS.—In addition to Prizes for General Proficiency and Certificates of Honour, Three Scholarships for perpetual Students will be offered for competition; one of £20, for third-year's Students; one of £15, for second-year's students; one of £10, for second-year's Students.

Further particulars may be obtained from Mr SOUTHAM, 21 Lever street.

August, 1860.

For Family

ARMS—Send Name and County to the ROYAL HERALDIC STUDIO and LIBRARY; in a few days you will receive a Correct Copy of your Armorial Bearings. Plain Sketch, 3s.; in Heraldic Colours, with Written Description, 6s.; Large Size, 12s. Family Pedigrees, with original grant of Arms, to whom and when granted, the origin of the name, all traced from authentic records, fee Two Guineas. An Index containing the Names of nearly all Persons entitled to use Arms, as extracted from the British Museum, Tower of London, Heralds' College, &c. &c. The Manual of Heraldry, 400 Engravings, 3s. 6d., post free.—By T. CULLETON, Genealogist, Lecturer on Heraldry at the Mechanics' Institute, 25 Cranbourn street, corner of St Martin's lane, London, W.C. The Heraldic Colours for Servants' Liveries, 5s.

Arms, Crests, &c., Engraved

in the Best Style. Crest on Seals or Rings, 7s. On Steel Die, 6s. Initials, 1s. 6d. per Letter. Book Plate, Engraved with Arms, 10s.; or Crest, 5s. Postage and Registered Letter, 1s. extra. T. CULLETON, Heraldic Engraver, by Appointment to the Queen, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Solid Gold Ring (18 Caret,

Hall Marked), Engraved with Crest, 42s.; Large Size, for Arms, 75s. On receipt of P.-O. order the sizes will be sent to select from. T. CULLETON, Seal Engraver, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Stamp your own Paper—

with Arms, Crests, Initials, or Name and Address, by means of CULLETON'S PATENT EMBOSSING PRESS, 15s.; Best Make, 21s. Any person can use them. T. CULLETON, Die Sinker to the Board of Trade, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Family Arms, &c.

Emblazoned for Painting on Carriages or Needlework, 6s.; Best Style, 12s., Gothic and Modern Monograms Designed, 5s. Arms Quartered, Impaled, and Painted on Vellum, according to the Laws of Heraldry. By T. CULLETON, Seal Engraver and Die Sinker, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Wedding Cards—For Lady

and GENTLEMAN — 50 each. 50 Embossed Envelopes, with Maiden Name, Printed Inside, 13s. Visiting Cards—A Copper Plate Engraved in any Style, with Name and 50 Cards, Printed for 2s., post free.—N.B. All Orders executed by return of post, for Stamps or Cash.—T. CULLETON, Seal Engraver and Die Sinker, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

The Pen Superseded.—Mark

your Linen. The best and only method of Marking Linen, Silk, Stockings, Coarse Towels, or Books, so as to prevent the Ink washing out, is with CULLETON'S PATENT ELECTRO-SILVER PLATES. By means of this novel invention a thousand pieces of Linen can be Marked in a few hours. Initials, 1s. each; Name, 2s. 6d.; Set of Moveable Numbers, 2s. 6d.; Crest Plate, 5s., with the necessary Directions for Use. Post free.—Certificate from the eminent Dr Sheridan Muspratt, F.R.S., Professor of Chemistry, &c.

All Orders to be sent to the Patentee and Sole Maker, T. CULLETON, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Chlorodyne. — R. Freeman,

Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s.6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Allen's Portmanteaus

and TRAVELLING BAGS with square openings. LADIES' DRESS TRUNKS, DRESSING BAGS with silver fittings.

DESPATCH BOXES, WRITING and DRESSING CASES, and 500 other articles for home or continental travelling, illustrated in the New Catalogue for 1860. By post for two stamps.

J. W. ALLEN, late J. W. and T. Allen, Manufacturers of Officers' Barrack Furniture, and Military Outfitters See separate Catalogue), 18 and 22 Strand, London.

Diphtheria, Clerical Sore-

Throat, Loss of Voice, and other diseases of the mucous passages of the throat, successfully treated with Solution of Caustic by Tompson's Patent Hydro-Pneumatic Inhaler (easy of self-use), without pain or inconvenience. To be seen at the Museum of Patents, South Kensington, and the Agents', Milliken and Lawley, Surgical Instrument Makers, 161, Strand, adjoining King's College, London.

Mr Maurice, Dentist,

316 Regent street (opposite the Polytechnic), by adopting every IMPROVEMENT in ARTIFICIAL TEETH and GUMS, is enabled to meet the requirements of the most difficult cases at very economical prices, no charge being made unless satisfaction be given.

Flour — (Essex) — War-

ranted free from adulteration, to any part of London (not less than 14lbs.) carriage free. Whites, for pastry, per bushel (56lbs), 10s. 4d.; Households (recommended for bread-making), 9s. 8d.; Seconds, 9s.; Wheat Meal for brown bread, 9s. Best fine and coarse Scotch Oatmeal. Address HORSNAILL and CATCHPOOL, Bullford Mill, Witham, Essex, or 97 Goswell road, City road, E.C. Directions for bread-making gratis. Terms Cash. A half sack delivered free to any rail station 200 miles. German Yeast.

Child's Patent Galvanic

ELECTRO HAIR and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin.

To be had at the Manufactory, 21 Providence row, Finsbury square.

Galvanic Institute,

52 Euston road.

These rooms have been opened under the superintendence of registered qualified Medical Men, for the legitimate application of Galvanism in the treatment of Nervous Diseases, Paralysis, Rheumatism, Asthma, Indigestion It will also assist in affording the means of taking this branch of practice out of the hands of the unqualified. Hours of attendance twelve to five (Sundays excepted).

Ordinary Medical Attendant, Mr J. Smellie, Surgeon.

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 16 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished) of a Weekly Periodical.

Mr Mapleson, Dentist,

(Cupper to the Queen), has REMOVED to 71 Wimpole street, Cavendish square.

Mr Mapleson's Pamphlet on the Mechanical Treatment of Cleft Palate may be had on application at his residence.

ÆGLE MARMELOS, OR INDIAN BAEL.

Liquor Belæ, prepared from

the unripe fruit, so much esteemed in cases of Diarrhœa, Dysentery, &c.; also the Wine, Extract, Powder, and Preserve.

Descriptive accounts may be had on application to the Importer.

J. C. GOULD (late POUND), Pharmaceutical Chemist, 198 Oxford street, London: West-end Agent for PALMER'S CHALYBEATE WATER, and the celebrated OSWEGO CORN FLOUR for Invalids, &c.

PULVIS JACOBI *VER.*, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D.*, Physician to the Hardwicke Fever Hospital, Dublin, *in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* I. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi* Ver., *Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.

Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.

Wood and Watson's South

African Port, Sherry, &c., 20s. per dozen. Pint Samples or 12 stamps each. Excellent Brandy, 16s. per gallon.

Pale India Ale and Stout, 4s. 6d. per dozen quarts, 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts, 2s. 9d. per dozen pints.

Address, 16 Clement's lane, City, E.C.

Newton Wilson and Co.'s

World-famed PATENT.—THE NEW PATENT NURSING CHAIR, in which the child nurses, amuses, exercises, and weighs itself, is a marvel of ingenuity and utility, unanimously recommended by the Press and the Faculty. No family should be without one. Price 12s. 6d. upwards. Prospectus free.

WILSON'S PATENT CARPET SWEEPER, which cleans a carpet thoroughly without labour, without injury, and without raising a grain of dust. Price 15s.

Newton Wilson and Co., 144 High Holborn, London.

For Correct Family Arms,

CREST, or PEDIGREE, send name and country, and 7s. 6d., to J. LOCK'S City Heraldic Office, No. 2 Old Jewry, E.C., London, and in a few days you will receive a neat drawing of your Arms, &c., in Heraldic Colours, to be engraved on Seal, Ring, or Family Plate. On y parle Français, Italien, Allemand, et Hollandais. Wedding orders executed.

Aërated Lithia Water.—

Messrs BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr Garrod's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists, 47 Piccadilly.

Neuralgia, Nervous Headaches, Rheumatism, and Stiff Joints Cured, and

Grey Hair Restored to its Natural Colour, by

F. M. HERRING'S PATENT

Magnetic Brushes,

10s. and 15s.; Combs, 2s. 6d. to 20s.

N.B. — The Electro-Galvanic Brushes were formerly made and sold by F. M. H., but the dirt and trouble inseparable from a galvanic apparatus were insurmountable obstacles to their use.

Offices, 32 Basinghall street.

The Cheapest House in the

Kingdom for DEMYS and GENERAL STATIONERY.

A. W. DIGBY and CO.'s, 90 Chancery lane, London, W.C.—White Demys, 7s. 6d., 8s., 8s. 6d., 9s. 6d., 10s. 6d., 11s. 6d., 12s., 12s. 6d., 13s. 6d., and 15s per ream: Blue ditto, 6s. 6d., 7s. 6d., 10s., 12s. 6d., 15s.: Fast Blue, 11s. 6d. and 13s. 6d. Capping and Filtering equally cheap. Note Paper, 2s. 4d., 3s., 3s. 9d., 4s. 6d., 5s., 6s. 3d., 7s., 8s. 6d. Crests made and stamped. Envelopes from 3s. per 1000: Day Books, Ledgers, and Prescription Books to order. Cards, Circulars for Professional Attendance, and every description of Printing.

A. W. D. and Co. have purchased the major part of the stock of Demys of the late Firm of Hoe and Ham advertised as "Patent Demys."

Great Reduction in the Prices

of new MEDICAL GLASS BOTTLES and PHIALS at the Islington Glass Bottle Works, Islington place, Park road. London Warehouses, 19 Bread-st. hill, Up. Thames st., City, E.C., and 2 Upper Copenhagen st., Barnsbury road, Islington. E. and H. HARRIS and Co., Proprietors.

		Per gross.
6 and 8 oz., any shape, plain or graduated, clear blue tinted		8s. 0d.
3 and 4 oz., ditto, ditto ditto		7 6
½ oz. White Moulded Phials		4 6
1 oz. ditto ditto ..	Of a very superior quality	5 6
1½ oz. ditto ditto ..		6 0
2 oz. ditto ditto ..		7 0

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either establishments will meet with prompt attention.

CLOGGY BLACK INK.—WHY USE IT?

Frank Bailey, 20 years'

Practical Ink Manufacturer, can warrant his

IMPROVED FILTERED WRITING FLUID

to flow freely; never thickens, and turns intensely Black

Sold by all Stationers and Chemists.

DEPOT,

10 Cursitor street, Chancery lane, E.C., London.

Moore's Portable Surgery.

—Every Medical Man emigrating should have one. They are equally suitable for private and country practice

"The portable surgery introduced by Mr Moore is, for convenience, comprehensiveness, portability, and economy, worthy of commendation."—'Lancet.'

Surgeons appointed to ships to all parts of the world Surgical instruments for Surgeons to ships.

F. G. MOORE, M.R.C.S.,

34 Terrace, Tower hill, London, E.C.

Microscopic Glass. — Thin

Glass for Mounting Objects, in squares or circles. Slides 3 in. by one in., and Cells of every kind, supplied Wholesale and Retail, by

CLAUDET and HOUGHTON,

89 High Holborn, London.

CLINICAL LECTURES.

ON THE TREATMENT OF FRACTURES IN CHILDREN.

DELIVERED AT THE HÔPITAL DES ENFANTS,

By M. GUERSANT.

In the treatment of fractures in children, we are met by the same questions that occur to us in the treatment of fractures in adults; and we have still to consider whether mechanical appliances are always necessary in the fractures of the former, or whether in some cases position alone would not suffice, as had recourse to by some surgeons in the case of adults. We shall at once reply, that such means seem to us useful in almost every instance; and for many reasons. In fact, as children pay little or no regard to what they are told, but move themselves constantly in spite of the pain they occasion themselves, they thus, beside other mischief they do, tear asunder the adhesions that would still have maintained in contact the fractured surfaces. Moreover, as it is not unusual in these young subjects to see convulsions occur as a consequence of fracture, and, though more rarely, tetanus itself, when fractures are complicated with wounds, it will be always well to produce immobility of the fractured portions, with a view to prevent such possible complications. Such appliances, then, would in every instance be advantageous, were you thereby only to prevent the occurrence of such symptoms, and quiet the solicitude of your patient's friends. The question of their necessity being thus answered, ought mechanical means, as recommended by Dupuytren, to be at once applied; or should we temporise, as recommended by the example of Lisfranc? Except in particular cases,—those, for example, where there is great mutilation,—we deem it at least prudent in young subjects to have the fractured limb as soon as possible rendered immobile.

We shall now consider how we should proceed in reducing, and keeping reduced, fractures in children. I need not here insist on the manner of practising extension, counter-extension, and coaptation. When, as in adults, you have ascertained that displacement exists, the fragments are next to be drawn by assistants in opposite directions, and their hold should be at points as distant as possible from the seat of the lesion. The Surgeon in the mean time endeavours to reduce the fractured surfaces to their proper relation by using pressure over the fractured extremities. Fractures in persons of this early age present one peculiarity, which is, that but little force is required to overcome and rectify their displacement. Even in patients of thirteen or fourteen years, moderate extension will suffice to accomplish the reduction; and, for the rest, we have already seen that when young children are the subjects, there is but little tendency in the fragments to become displaced. The fracture being reduced, or requiring no reduction, should we make use of appliances that may be removed at pleasure, or such as do not admit of such removal? In order to decide, I would in every case refer you to the indications. You have seen us prefer, before every other, an apparatus that can be easily removed whenever it has been desirable to inspect the seat of fracture. Now this is the case whenever the soft parts have been divided, or when there is reason to fear that displacement may be again occasioned. On account of the smallness of the limb, immobility is more easily attained than in grown persons; and thus you can without inconvenience remove and replace an apparatus, so as to lay bare and inspect the seat of the evil.

There is still another reason that frequently makes us prefer a removable apparatus where children are the patients. When the fracture occurs in one of the lower extremities, and the patient's habits are not cleanly, it often happens that the bandages get soiled with urine. If in such cases you apply an apparatus covered with dextrine, or even plaster, it gradually becomes softened, and ceases to fulfil the end for which it was designed. On the contrary, in every case where there is no wound, and you neither have reason to fear displacement, nor contact with a liquid that would soften or prevent the induration of the apparatus, the preference is to be given to non-removable appliances. We have recourse also to such when these inconveniences are no longer to be feared. Hence it is that in the same patient you sometimes see the treatment begun with the former kind of apparatus, and finished with the latter. On the whole, it may be said that generally the indications that point out the use of a removable apparatus are more frequently seen than those that would lead us directly to employ one of a contrary kind. As you have so often seen at the bedside our mode of procedure, I shall not now insist on the manner in which the appliances are to be kept immovably in their place, since long verbal descriptions are not comparable to such practical demonstrations. I cannot, however, refrain from recapitulating what you have seen in our wards, and pointing out to you, in a very succinct way, the manner of applying the various sorts of apparatus in various fractures, beginning with those of the superior extremities.

Fractures of the cranium, those of the ribs and of the scapulæ, do not in children offer, as in adults, any special point for practical consideration. In such cases I am satisfied with applying a simple body-bandage round the chest. But in fractures of the clavicle it is different, and these are far from being rare in children. No month possess that we have not occasion to see several cases of this kind, either in our wards or consultations. These fractures in young subjects are usually incomplete, for the periosteum, and even sometimes the osseous fibres, resist the traumatic action. Having usually no displacement to contend with, it suffices, in order to obtain regular consolidation and avoid secondary displacement, to maintain the arm resting against the trunk, and the forearm across the breast, by several turns of a bandage passing obliquely from the shoulder of the sound side under the elbow of the injured side. Care must be taken to raise the shoulder firmly, and then to fix the turns of the first bandage by a circular bandage embracing the thorax. You can very well attain the same end with Mayor's bandage, which is sometimes employed in place of roller bandages. When the fractured ends do not override, there is no occasion for the wedge-like cushion recommended by Desault. This cushion, which is designed to be a fulcrum to the humerus, so that it may act as a lever on the scapula and bring outwards the outer fragment of the clavicle, would in such cases be useless.

In fractures of the middle part of the arm, we employ the common roller bandage with three splints, but no graduated compresses. Nor do we apply any splint on the internal part of the arm, by which we avoid pressure on the vessels and nerves. The round limbs of children have neither ridges nor depressions; consequently, graduated compresses are not only not required, but would rather be hurtful by producing unequal pressure on the injured parts. We begin by enveloping the membrane in a circular bandage, taking care to defend the flexure with carded cotton. When the fracture is at one or other extremity of the humerus, we rest satisfied with applying a roller bandage, so as to maintain the member motionless. Splints here would serve no purpose, since they would not bear on both fragments. For fractures in the middle of the forearm, it is sufficient, as in the case of adults, to produce compression, in the direction of the interosseous space, by two splints maintained in position by a bandage, or by strips of adhesive plaster. Here graduated compresses are useful. In fractures of the lower extremity of the radius, we make use of the same apparatus, observing the precaution of placing the hand obliquely on the side of the ulna. Fractures at the elbow are often seen at this early age, and deserve the greatest attention from the surgeon.

An attentive examination will prevent your mistaking fracture from dislocation of the elbow. The fracture being ascertained, what should be your procedure? If the joint is painful and much swollen, the first thing to be done is the application of leeches; and nothing should be omitted that may prevent, or moderate as much as possible, the effects of traumatic inflammation of the joint—always serious in children. The inflammatory symptoms once subdued, your attention may next be given to the fracture, if it yet be time. Now, the indications are different according to the seat of the fracture. When it is the olecranum that is separated from the ulna, the forearm is to be maintained in a state of perfect extension by a cushion and splint placed on the arm. The triceps is thus relaxed, and the fragments better approximated than by any other position. But should you ascertain that the coronoid apophysis has been broken off, it will, on the contrary, be necessary to keep the forearm bent by a figure-of-eight bandage passed from the arm to the forearm, with sufficient wadding interposed to protect the cutaneous surfaces that would otherwise be placed in contact. When the injury done to the articular surfaces is so great as to compromise at a later period the motions of the joint, the precaution should be taken of keeping the forearm bent at a right angle with the arm, so as to avoid, in case of anchylosis, a more unseemly position. Fractures of the hand and fingers occur under the same circumstances as in the adult, and are to be treated in the same way; that is, the hand is, every part, to be secured against a suitable splint.

(To be continued.)

ON THE TREATMENT OF GONORRHŒA WITHOUT SPECIFICS.

By J. L. MILTON, Esq., M.R.C.S.

(Continued from page 138.)

First Class. — Gonorrhœa of long duration simply owing to neglect.—The discharge is generally not great in quantity, and is not accompanied by much chordee or scalding on or after making water. Such cases generally yield to a mild aperient, as the infusion of rhubarb with soda, and an injection two or three times a day.

But if, at the end of thirty days, no improvement has been effected by these or any other means, the bougie may at once be passed; for every variety of discharge may be accompanied by more or less stricture, and the only sure proof of no contraction being present is that a bougie will pass.

Should this exist, it is needless to say that it requires its special treatment; a subject into which I cannot go here.

But if no stricture be detected, I would advise that the penis should be blistered without delay, and whatever form of counter-irritant the surgeon may choose observation will soon show him that there should be complete vesication; so soon as the soreness has passed off, mild injections can be employed. In most of these cases a single

blister effects a cure; in few does a second fail; if it should, the use of the bougie, and touching the posterior part of the urethra gently with the nitrate of silver, will, assisted by a mild aperient and tonic, generally effect a cure.

As what I said on the subject of blistering has drawn forth some very erroneous remarks, I take the opportunity of placing the subject in its true light. I never thought of claiming the credit of having *discovered* that blisters cure gleet. I knew that blisters to the perinæum had been recommended long before I was born; nay, even in Hunter's time they were used for this purpose; but I believe, that if other surgeons had ever resorted to blistering *the penis*, the remedy had at the time I broached the subject fallen into very undeserved desuetude; so much so, that I found no trace of the practice in all the works I have read. Of course, it is easy in all such cases to rake up some claim to priority.

A blister is one of the most powerful remedies that can be employed. It will cure almost any case that is not complicated with stricture. So far as my experience goes, it is, when properly employed, the most efficacious remedy we possess in many cases.

I have heard it condemned as a violent remedy. I deny it, and appeal to the fact that many patients cured by it of gonorrhœa and gleet have, on being a second time infected, blistered themselves of their own accord.

And why should surgeons hesitate to blister in gleet? They are not so scrupulous about using such a remedy in the vicinity of the eye, the most delicate organ in the frame. Why should the penis be the only part of the frame which we cannot vesicate? If patients complain of such trifling discomfort, it only shows how inconsistent and ungrateful man is. They must, then, really expect to be cured of these disorders without any sacrifice of trouble or convenience. If they had lived a century ago, they would have been only too glad to avail themselves of what we are now said to look upon as a "nuisance." (*a*) In order that a blister may be properly applied, there are some points which, however trivial they may seem, require as much attention as the leading features of the case. Where these are neglected, blistering is apt to produce such a filthy, excoriated mess, that the patient will not submit to it a second time; whereas, if carefully laid on and dressed, it is, from its being out of the reach of friction in the ordinary movements of the body, even less troublesome than if on a limb or the trunk.

Before putting it on, a little of the hair at the root of the penis is cut off; and if the foreskin be naturally retracted, it must be drawn forwards over the glands. A piece of paper is then to be fitted on the penis, and cut till it exactly covers it from the root to within half an inch of the mouth of the urethra. This is then laid down on the blister, which is cut out by it, wrapped round the penis, and fastened with threads behind the glans and near the root.

The patient should remain perfectly quiet during the time it is on, lest any motion should bring the blister against the scrotum, and vesicate it: but he must not apply it on going to bed, or he will most likely fall asleep, and not awaken till the penis is one mass of vesications, a state productive of an unnecessary amount of suffering.

In the milder cases, or where the skin is tender, an hour or an hour and a half will be sufficient. The blister is then removed: if there are any vesicated spots, they are covered with pieces of linen spread with zinc ointment, and then a layer of cotton is bound over these, and covered with a piece of linen, kept on by a thread, or, what is better, two very thin rings of vulcanised Indian rubber.

Where a severer case renders a more energetic employment of the remedy necessary, it must be kept on three or four hours until free vesication is produced; zinc ointment is then applied. To protect the penis from friction, a T bandage, with a linen bag sown into the part which receives the penis, or a handkerchief carried round the waist and dipping in front so as to receive the penis and keep it up against the abdomen, is necessary.

The first effect of this application is to increase the discharge considerably, which then terminates either by altering its character, becoming ropy and mucous, and finally disappearing in a few days, or by remaining somewhat more persistent, and requiring a few injections, when the penis is so far advanced towards healing that it can be handled without pain. It may, however, demand even a second blister. One of the most cleanly and convenient, and least painful forms of blister, is Brown's cantharadine tissue; it causes much less irritation, and heals much more quickly than the emplastrum lyttæ.

The blistering fluids, if strong enough to vesicate, caused such pain that I soon renounced the employment of them, though they are very useful applied to the perinæum.

For three or four days after the application of the blister in question, the patient is better. So soon, however, as the blistered surface begins to heal up, a few mild injections may be given. The bowels should be kept gently open.

Now and then it will happen that the patient is mortified and surprised to find the discharge reappearing at the very moment he thought all gone. Thus, on the third day there may be no discharge, and on the fourth there is a good deal; but this generally subsides as rapidly as it appeared, if the patient will only abstain from tampering with it.

How does this remedy act? By counter-irritation, will perhaps be the answer. But, if this were the case, why should there be increased action in the urethra for a few days, and why should the discharge from the urethra begin to disappear when the counter-irritant surface is healing up? It would seem as if the organised constituents of the urethra are capable of keeping up a certain amount of over-action for an indefinite time; but that, when hurried beyond this by a healthy stimulant, *a rebound* takes place, which leaves them less capable than before of furnishing a secretion, morbid in amount or in quality, or in both.

Second Class.—Intractable Gonorrhœa.—If the case, however, be more severe, accompanied by a good deal of scalding and pain, often most marked opposite the junction of the under side of the penis and scrotum, it will, if recent, often be found connected with stricture; but if of some standing, as eighteen months to two years, there is usually none. For if stricture does come on in these bad subjects, it soon becomes so marked as to make the diagnosis quite certain; if at the end of six months the canal remains quite free, my experience is that it will be equally free at the end of a year.

In every case of this kind, whatever may have been the previous duration of the disease, I can see no objection to its being treated at once as acute gonorrhœa, and perhaps a small number of these cases may be cured; certainly many of them are somewhat relieved. Here, also, if at the end of thirty days no improvement is effected, the disease will in most cases not yield to ordinary treatment. Hence, at the end of this time I at once blister the penis and order a smart purgative, treating the case subsequently as in the preceding class.

Many surgeons have thought that a tendency in discharge from the urethra to relapse, whenever the patient indulged in wine or connection, should make the surgeon suspect stricture. Sir E. Home seems to have leaned to this opinion. Others, Jesse Foot among the number, considered that gonorrhœa could hardly endure very long without inducing structural change in the urethra. Neither rule holds always good. I have treated numerous cases of bad stricture in which nothing of the kind occurred; and I have cured old cases of gonorrhœa, and long afterwards found the urethra quite free. Thus, in a patient cured in 1849 of a gonorrhœa of six years' duration, there were, three years ago, no symptoms of stricture; yet more than one surgeon, when informed by this gentleman that his gonorrhœa had on four occasions become virulent after connection, had declared that the case could only be treated by the bougie.

Third Class.— Muco-purulent Gleet. — When there is but a small quantity of muco-purulent discharge, with little or no swelling, accompanied by pricking pains in the urethra—when the history of the case is, that the patient has given his surgeon fair play, and the orifice of the urethra looks narrow—the bougie may at once be passed, however confidently the patient may assert that the opening never was any larger, and that he makes water as well as ever he did. In all these cases I have found stricture, with one exception, in which the patient had a small fistulous opening behind the frænum, and so habitually placed his finger there to stop the urine that he never thought of telling me.

To this class of cases may be added those when the discharge is thin, or seems broken up, as if some portions of it were more consistent than others, or slightly coloured with brown. Here I have sometimes succeeded in arresting the discharge, and the patient has come back months after with stricture. Hence I now always resort at once to the bougie.

If there be much muco-purulent discharge, a mild injection may also be used; but where there is only sufficient to glue the lips of the urethra together, the necessary relief will be derived from injections of pure water.

In many of these patients the health is a little out of order, principally, I think, from their having taken so much medicine. Small doses of quinine, a mild aperient pill once or twice a week, and, when there is pain in making water, an ointment containing twenty grains of Morson's veratrine to ℥j of lard rubbed below the urethra, will generally effect a good cure.

A free discharge of mucus from the urethra unaccompanied by pus is not very common, at least I have only seen few cases of it. But for the anxiety it causes the patient, I should say the best treatment was to let it alone. I have tried various astringent injections, among others that of green tea, without much result.

Occasionally the resins, such as Chian turpentine, in doses of ten grains, or the inspissated essence of spruce, fir, or pine, in the same dose, twice a day, are of some avail, particularly if the bladder be involved.

It may be asked, how is it that gonorrhœa affects some persons so differently? Is it owing to the prevalence of a rheumatic, gouty, or scrofulous diathesis? Such an explanation has been suggested, or rather invented. (*a*)

In October, 1854, I read before the Medical Society of London an analysis of thirty-three cases of the most obstinate gleet treated in this way. The reader will find the paper reported in the journals of that date; and he will likewise find that one speaker objected, that the paper had been compiled in a hurry—which was true, as it had only taken the Author about five years to collect the materials, and which will hardly apply now.

Rejecting all the complicated cases, there were twenty-three of those which were uncomplicated; and in them a complete cure was effected, twenty by blistering alone, though the disorder had in some of them lasted six or seven years.

Subsequent experience has amply justified the conclusion long ago arrived at: I have now cured above a hundred cases of this tiresome complaint by the means I have sought to enforce.

There were also two cases in which blistering failed. In one the discharge had lasted twelve years, and when first cured by blistering, was brought on again by an abscess of the perinæum. In the second and third there was also this com-

(*a*) Langston Parker, 'Modern Treatment of Syphilis,' third edition.

(*a*) "Gleet may arise from rheumatism, scrofula, venereal poison"—(Wallace)—for it seems to be purely gratuitous; a sort of mystification which melts away when we put it to the test. As a rule, I never could trace anything of the kind. In one patient who had suffered from abscess in the perinæum, there were rheumatic pains; and another, who was also the subject of abscess, had in early life been afflicted with scrofulous ophthalmia of the eyelids. All the rest appeared quite as healthy as the average of men, and presented every variety of temperament.

We see men of a particularly delicate, unhealthy appearance throw off gonorrhœa with the greatest ease, while in others, blessed to all appearances with the best of health, the first attack brings on stricture and abscess. We find that in men of a like temperament, the disorder often runs a course so different, that no experience will enable us to predict its duration or the results it will entail. The coarse formulæ of temperaments form no guide for prognosis in diseases of the generative organs, where alone inflammation can go on for years without injury to the health or marked change of structure; and I have equally failed in tracing the peculiarity to faulty development of the generative organs, to any influence of the weather, or to irregular habits: in short, the only inference I can draw is, that it results from an inborn infirmity in the secreting apparatus of the urethra, and that imperfect evolution of cell and fibre has more to do with it than bodily features.

plication: the one left almost cured, the other neglected it and got stricture. Three more had stricture, which was only revealed by the failure of the blister inducing the patients to allow the bougie to be passed. One was pure mucous gleet, over which all remedies seem powerless. Of the three uncomplicated cases in which it failed, one was cured by caustic; the remaining two patients left dissatisfied.

The reasons for this disparity of results and the rules for attaining greater success have already been given. If the means spoken of do not avail in a few solitary cases to remove the discharge entirely, they will yet cure every symptom of the slightest moment.

VALE!

THE PHYSIOLOGY OF THE SYMPATHETIC SYSTEM OF NERVES.

By JAMES RORIE, M.D., &c.

Having in a former number of this Journal considered the action of the sympathetic system on the Heart, we will now proceed to discuss its influence on the Blood-vessels.

It is to the experiments of Bernard and Brown-Séquard that we are chiefly indebted for our knowledge as to the influence of sympathetic nerves on the movements of the blood-vessels. Claude Bernard first discovered that section of these nerves was followed by increased redness of the head and neck; and subsequently, both he and Brown-Séquard found that galvanism applied to the cut end of the nerve produced an opposite effect. Other writers, however, have also pointed out the importance of the sympathetic nerves on the vascular circulation. Thus, "The experiments of Walther on the frog," says Drummond, in his paper in the 'Cyclopædia of Anatomy and Physiology,' "would also indicate that the circulation is more or less influenced by the sympathetic nerves." When the fibres which are sent by the sympathetic to the nerves of the lumbar plexus were divided, he found, on examining the circulation in the web of the foot, that "although at first undisturbed, it very soon afterwards increased in rapidity. The capillaries appeared to be dilated, and contained fewer corpuscles than corresponded to their calibre: the increase in their diameter equalled from one-sixth to one-eighth of the calibre of the vessel. After a time the rapidity of the circulation again diminished, and in some parts it became stagnant." Again, "in the frog also, when the lumbar plexus was divided, the animal continued for two or three months without any disturbance being observed in the nutrition of the limb; but when several of the lumbar ganglia were removed, dropsical effusion into the abdominal cavity, and inflammation of the peritoneum ending in the death of the animal, ensued in the course of two weeks."

This condition of the vessels, however, cannot long continue without serious and important changes taking place in the functions of the organs to which they are distributed. We thus have induced

Changes in Nutrition.—The experiments made with reference to this subject are by no means numerous, but what have been observed are very illustrative of the influence of the sympathetic system on nutrition. Thus, it has been observed by Valentine "that removal of the upper cervical ganglion was followed by injected conjunctiva, increased secretions of the eye, and inflammation of the cornea; conditions which continued for many months after the operation;" and by Krimer, "that division of the renal nerves gives rise to changes in the constitution of the urine, this secretion in such cases containing albumen and colouring matter of the blood, with a corresponding decrease of its normal elements.

The above results are sufficient to show the influence possessed by the sympathetic nerves over the functions of secretion and nutrition, and the serious effects which must result from their injury; but this part of our subject will be treated of at length when we come to consider their pathology.

III.—*Influence of the Sympathetic Nerves over the Movements of the Genito-Urinary System.*—Is the contraction of the uterus due to cerebro-spinal action? is a question which has often been asked by physiologists, but very vaguely answered. That the pains of labour can be stopped by a voluntary effort, is the reason held by some authors for answering in the affirmative; while the facts shown by Professor Simpson, that labour can be completed while the spinal cord has been in a great measure destroyed, and that paralytic women experience no difficulty in parturition, are equally valid reasons for replying in the negative.

The solution of this question, I have little doubt, lies in the principle formerly enunciated while treating of the digestive movements, and which, modified to answer this system, is as follows:—The contractions of the uterus are due to the sympathetic nerves alone; but the regularity of the contractions (namely, commencing at the Fallopian tubes and terminating at the os uteri, characteristic of true labour-pains) is due to the regulating action of the cerebro-spinal fibres.

Indeed, viewing the subject in this light, we have a ready explanation of the nature of "false pains;" namely, that they are the result of the action of the sympathetic system alone, without the consent, so to speak, of the cerebro-spinal system; an explanation strengthened by the fact that these irregular contractions occur generally in those women in whom the cerebro-spinal system is in a state of derangement.

The influence of the sympathetic system on the movements of the bladder, ureters, and vesiculæ seminales, are so similar to its action on the intestines as only to require mention.

In conclusion, we may recapitulate the results at which we have arrived. These are—1. That the sympathetic system proper is an independent system of nerves. 2. That they do not possess sensory properties, but derive sensibility from the communicating branches of the cerebro-spinal nerves. 3. That the sympathetic centres are capable of originating motion, independent of the brain and spinal cord. 4. That the so-called "inhibitory action" resides in the cerebro-spinal fibres, but, instead of an inhibition, should be regarded as a power of converting the irregular movements, originated by the sympathetic system, into a precise and definite vermicular or peristaltic action; in short, "a regulative action." And finally, that as to its relation with secreting structures, the sympathetic system exercises a peculiar power in connection with the cerebro-spinal nerves over the chemical composition of the secretion, chiefly through its influence on the condition of the blood-vessels.

Dundee Royal Asylum, August 27, 1860.

THE SPIRIT OF THE PERIODICALS.

Mr HILTON'S Lectures are continued in the 'Lancet,' and are followed by a continuation of Dr P. FRASER'S articles on *Stimulation versus Depletion*. The Author gives some important statistics to show the effect of the two methods of treatment:

"In the following summary of the tables, we give, for the convenience of comparison, three decennial periods.

"In the year 1835, there were treated as in-patients in the London Hospital, 2,735 persons, of whom 277 died, being at the rate of 10 per cent. During that year there was expended for these 2,735 patients, the sum of 615*l.* for beer; 346*l.* for wine; making a total of 961*l.* To counterbalance the effect of these stimulants, blood was drawn by 33,950 leeches, to say nothing of bleeding and cupping, then largely practised.

"In the year 1845, there were treated as in-patients 3,625 persons, of whom 228 died, being at the rate of 6¼ per cent. These patients consumed, in the course of their treatment, wine and spirits to the amount of 848*l.*; or, to be more minute, they drank 10 gallons of brandy, 236 gallons of wine, 10 gallons of gin, and 96 gallons of spirits of wine besides were exhausted. To meet this alcoholic accumulation, blood was drawn by 33,800 leeches, to say nothing of venesections, cuppings, &c.

"But what transpired in 1855? In that year 3,947 patients were treated in the hospital, of which number 294 died, being at the rate of 7¼ per cent. This number of patients consumed during the year, 143 gallons of brandy, 1,153 gallons of wine, 60 gallons of gin, and 144 gallons of spirits of wine were exhausted, at a cost of 1,796*l.* as against 848*l.* and 961*l.* for the two previous decennial periods. But now appears the strange fact, that during the year 1855, the effects of this accumulation of alcohol were diminished by the quantity of blood drawn by 4,400 leeches only, with, perhaps, not a single venesection, and at an average of not more than two cuppings per week, as against 33,800 and 33,950 leeches, frequent venesections and cuppings, for the two previous decennial periods.

"Pursuing this inquiry, it is found that in the year 1837 there were used in the London Hospital only 29 oz. of quinine, and 101 lbs. of bark. Whereas in the year 1857 the consumption of these and analogous drugs was as follows: 54 oz. of quinine, 478 lbs. of bark, 600 oz. of the disulphate of bark, and 47 oz. of the quinine with the citrate of iron. The number of patients in 1837 being 2,961; in 1857, 3,935: and the per-centage of deaths being respectively—for 1837, 14 per cent.; for 1857, 8 per cent.

"The two years above noted are sufficiently proximate to allow the same line of argument as for 1835 and 1855.

"Attention should be drawn to the fact that in the year 1844 there was expended for stimulants only 321*l.*, being the *smallest* amount during a period of 22 years; and that the mortality in that year was 6 per cent., the *smallest* per-centage of mortality during the said period of 22 years. We are not quite satisfied but that, if a rigid inquiry were made, the largest mortality would be found where the largest quantity of stimulants was given. It is to be observed that in the year 1851, when the number of patients—viz., 4,051—was larger than in 1857—viz., 3,935,—the mortality was nevertheless greater during the latter year, as 8 per cent. to 6·50 per cent.; although the increase of expenditure for articles of luxury, &c., during 1857, exceeded that of 1851 by the large sum of 962*l.*

"Another puzzle is presented on looking upon the results of the year 1858. We have in this year a less consumption of wine and spirits (namely, 573*l.* 3s. 3d.) than during the preceding 23 years, the average for the 24 years being 1,055*l.*; but the quantity of tonics remains nearly the same as in 1855:—Ammonia sesqui., 140 lbs.; quinine, 50 oz.; quinine and citrate of iron, 5 lbs.; bark, 511 lbs.; disulphate of bark, 660 oz.; leeches, 3,900.

The table from which the following additional summary is compiled brings into view rather startling and puzzling facts. It extends over a period of ten years, and therefore is a perfect average, and we have divided it, for our present purpose, into two quinquennial periods. It shows a direct rising increase annually in the expenditure of wine in the treatment of their patients by the physicians and surgeons of the hospital; and it so happens that from changes in the Staff this decennial period embraces the practice of six physicians, rendering the alterations in, at all events, the medical practice less likely to have arisen from any peculiar or personal views.

"To economise space, we have not given the quantities employed by each individual physician or surgeon, but the aggregate.

"From the year 1849 to 1853 inclusive, the annual average quantity of wine employed by each physician was 4,928 ounces. During the same period the annual average number of patients under the treatment of each physician was 390; the annual average mortality being 9·68 per cent.

"From the year 1854 to 1858 inclusive, the annual average quantity of wine employed by each physician was 12,803 ounces. During the same period, the annual average number of patients under the treatment of each physician was 391; the annual average mortality being 11·87 per cent.

"In the surgical wards a similar unexpected result is observed.

"From the year 1849 to 1853 inclusive, the annual average quantity of wine employed by each of the surgeons was 17,533 ounces. During the same period, the annual average number of patients under the treatment of each surgeon was 1,075; the annual average mortality being 4·48 per cent.

"From the year 1854 to 1858 inclusive, the annual average quantity of wine employed by

each of the three surgeons was 38,016 ounces. During the same period, the annual average number of patients under the treatment of each surgeon was 1,036; the annual average mortality being 5·06 per cent.

"It may be supposed that, as regards the medical cases, this unexpected result proceeded from a difference in the kind and severity of diseases which were fatal during the periods included in the calculations. Information on this point in these cases is not available; but as regards the surgical cases the record is complete and correct, and from it we learn that this cause does not operate, as the remarkablo fact is demonstrated by another table that the annual average number of each kind of accident during a period of ten years is very nearly alike; thus adding one more illustration of the unexpected fact elicited by statistics—namely, that the mechanical causes producing accidents in a fixed population are pretty permanent; for we cannot assume that there has been an unusual severity in the character of the accidents. The table gives a more extended basis, as regards surgical cases, to this inquiry, as it includes the out-patients as well as the in-patients; and we see at once that the same regularity continues in the kind of accidents with the larger number of patients. We repeat that we should be very sorry even to attempt to generalise on the limited data now presented to the reader; nevertheless we do consider that the facts brought out in these tables are of sufficient weight and importance to warrant us in asserting that the Profession ought to pause in an indiscriminate employment of stimulants and tonics, especially the former, in the treatment of disease even of apparently an asthenic character. Many excellent men—Mr Higginbottom, for example—have denounced the stimulant treatment *in toto*. We are not yet prepared to go so far; for where there is so much doubt, it behoves all of us to entertain tolerant views."

Mr Weeden Cooke contributes to the same journal some observations on *Rare Surgical Accidents*. We quote the case reported of suppuration of the knee-joint subsequent to fracture of the patella:

"A transverse fracture of the patella is so seldom followed by any evil result, or the records of such cases are so scanty, that I have been unablo to find more than two or three at all resembling the very remarkable case I propose briefly to report. Sir Astley Cooper mentions the case of a woman who had ulcers on various parts of the body, and one of these formed on the integuments immediately over the ligament which united a previously fractured patella. The ulcer became sloughy, and extended through the ligament into the joint; violent constitutional irritation ensued, suppuration was set up, and no opportunity was given of amputating the limb, owing to the swollen and inflamed state of the thigh: as a consequence, the woman died. Sir Charles Bell also relates the sad sequel of a case of simple fracture of this bone. He says: 'I have seen a very terrible accident follow the imperfect cure of a fractured patella. The bone had united by ligament, and this ligament had incorporated with the skin in such a manner that it lost much of its pliancy. The poor man was carrying a burden, and fell backward. The knee sank under him, and the whole fore part of the joint was laid open by laceration. The case terminated in amputation of the limb.' Mr Fergusson and others have put on record cases showing the result of compound fracture of this bone, but it is of the sequelæ of simple fracture alone that I would speak in this short paper.

"As a rule, we find that the ligament uniting the fractured portions of a patella goes on for two or three years diminishing in length and obtaining a firmer consistence, so that in many instances the patients declare that there is scarcely any loss of power in the limb, and that they can walk, and even jump, almost as well as before the injury. No doubt the constitutional powers of the patient have much to do with this consolidation of the uniting medium, as was shown in the case of a weakly man who came under my care about a twelvemonth ago. It was a case of transverse fracture, and did very well, the distance between the fractured portions not being more than an inch when he was discharged from the hospital. Two months after, he met with another fall, and was readmitted with the uniting ligament quite torn away from the inferior portion of the bone. A figure of 8 starch bandage was reapplied, and union was again very soon obtained, since which I have seen nothing of him. In the case I am about to relate, the man was also a spare, badly-nourished person, accustomed to very hard labour.

"T. S——, aged thirty-five, a carman, was admitted to the Royal Free Hospital on September 24th, 1859, under my care. Eighteen months previously he had fractured the patella transversely, and was then in the hospital under my care. The treatment was cold affusion, the V-bed, and, after five days, the starch bandage, by which means he was enabled to go out of the hospital in three weeks. The starch bandage was continued for three weeks longer, and then the union was so complete that the upper portion of the bone could scarcely be moved upon the lower. He has since that continued his work without any inconvenience, until September 2nd, when, without any assignable cause, he was seized with great pain in the knee during the night; much inflammation subsequently set in, and he remained at his own home under treatment until the date of his admission. It was then found that suppuration had ensued, and the uniting ligament was absorbed. The two portions of the patella were separated some four inches; there were three small openings above and around the knee, communicating with the interior of the joint, and discharging freely unhealthy purulent matter. The pulse was small and rapid; tongue dry and very red. He had cold perspirations, and suffered great pain. Fortunately the poor fellow was able to take his food tolerably well, and I therefore allowed him full diet, with port wine and stout, the medication being tincture of bark and hydrochloric acid, with linseed poultices to the knee. In a few days the inflammation subsided at the knee, and the purulent discharge became less; but on October 3rd an abscess pointed at the inner side of the calf, from which by incision I drew off two ounces of laudable pus. From the same opening on the 5th nearly half a pint of pus was obtained by passing a probe to clear the passage. On the 8th another large quantity of pus came away in the same manner, mixed with clots of black blood. Tents were now kept in this wound and in the openings below the knee, and much sanguineo-purulent matter continued to be discharged.

"For three weeks there was scarcely any change in the condition of the limb, but the powers of life did not fail, and all the time he took his food and stimulants freely. At the beginning of November, the discharge began to diminish and the wounds to heal. In the middle of this month he had an attack of subacute inflammation of the wrist and shoulder joints, but his general health was not much affected by it. On the 3rd of December, these joints were well again, the wounds were nearly healed, and the discharge trifling.

"Dec. 12th.—Wounds all healed; no pain in the leg, which is of course quite stiff; and he is getting about with crutches. The left hand and wrist are now swollen and painful.

"19th.—Able to stand on the injured leg; some swelling of the right wrist.

"28th.—Discharged quite well; no pain of joints; able to get about with one cruteh.

"Chlorate of potash was added to the bark and acid when the joint affections came on, and it seemed to act very beneficially. The healing of the wounds was also much hastened, when the active disease had subsided, by encasing the knee and leg in strips of lint spread with soap cerate. No bone came away during the progress of the case, and the upper portion of the patella remained separated from the lower portion by a space of between three and four inches.

"The obvious moral to be derived from this case is, never to despair of the curative powers of Nature, so long as the wear and tear can be supplied by sufficient nourishment. Here was a case of suppurative inflammation of the most important joint in the body, followed by pyæmia, in which life and limb were both saved by a little surgical management, and a good deal of constitutional support; perfect rest to the limb, and immediate evacuation of pus whenever and wherever it presented itself being all the surgical interference that was called for; whilst the few medicines employed may fairly be looked upon as dietetics, or, at any rate, as condiments provocative of appetite for the food which was to effect the cure. In days now happily passing away,—let us hope for ever,—the alarm created by the formation of pus in the knee-joint after an injury would have induced the surgeon to advise amputation of the limb in order to save the life of the patient. Even in this case had the *cacoethes detruncandi* been strong upon me, there was a time when that resource seemed to be justified; but having a firm trust in the healing powers of Nature, and a patient with a cheerful disposition, we were fortunately enabled to weather the storm without throwing overboard any part of our valuable cargo."

Mr Henry Lobb reports the following case of *Rheumatic Ophthalmia* of long standing treated with the continuous galvanic current:

"R. J—— had suffered for more than fifteen years from repeated attacks of rheumatic ophthalmia, through which the pupil of one eye had become permanently contracted, and the sight of the other much injured. Being warned that a repetition of these attacks would be followed by total loss of sight, he was led to consider whether some means of prevention hitherto untried might not exist. He had found by experience that galvanism applied to th limbs removed rheumatic pains; he therefore thought that a modified current applied to the eye at the commencement of an attack might prevent its occurrence, and if applied for a sufficient length of time the cure might be permanent.

"On the approach of the next attack, he accordingly applied an excited thirty-six link Pulvermacher chain, the positive pole upon the spine, the negative upon the closed eyelid, upon retiring to rest. This was allowed to remain on during the night. In the morning, every trace of the disorder had vanished.

"Other attacks followed at gradually-increasing intervals of time, but they were invariably arrested by the same means, the consequence being, that during the last five years R. J—— has found that his eyes have been gaining strength, enjoying the uninterrupted use of his sight during the whole time.

"The above case, communicated by the patient himself, requires no comment from me, as it is related in so plain and straightforward a manner. At the same time, I may corroborate it by stating, that in all cases of ophthalmia for which I have used the continuous galvanic current a rapid cure has been effected."

The 'Medical Times and Gazette' opens with a continuation of Dr J. Y. Simpson's Lectures on the Diseases of Women. The present lecture treats of *Puerperal Mania*. We extract it:

"Gentlemen,—We had, a short time ago, in the hospital, a recent case of vesico-vaginal fistula. The patient died, but not in consequence of any operation attempted for the relief of that disorder, but of an acute attack of puerperal mania. In taking advantage of this unfortunate case to make some observations on the nature, the causes, and the treatment of this disease, let me first of all briefly acquaint you with the patient's sad history.

"Case.—Christina S., admitted into the hospital on March 20, 1860, was a factory girl of twenty-five years of age, and of feeble mental constitution. Eight weeks before admission she was confined, in the country, for the first time, of an illegitimate child; and was in labour for three days. The pains, according to her own account, were so severe that she was constrained to keep her bed throughout the entire period. The child was still-born; although she stated that she was sensible of its movements not long before its delivery. There was no Medical man in attendance, and no instrumental or other artificial aid was afforded her, the whole process having been conducted by a midwife. From the date of her confinement she made no water through the urethra, but it kept escaping through the vagina. On examination per vaginam, a large fistula was found opening into the bladder, of an oval form, and reaching from below the os uteri more than half-way down the anterior vaginal wall. When she entered the hospital, the edges of the fistulous aperture were already thickened and indurated, and there was a strong cicatricial band

stretching across the back wall of the vagina, and greatly narrowing its diameter. The patient was slovenly and dirty in her habits—as is frequently the case with partially idiotic individuals,—and in consequence the pudenda and inner surfaces of the thighs and hips were in a very filthy, irritable, and inflamed condition. For the first day or two after her admission Carron oil and zinc ointment were applied externally, while bismuth pessaries were introduced into the vagina. On the 24th, the excoriation having been greatly relieved, and the patient's general health somewhat improved, the band across the back wall of the vagina was divided by a slight incision, in order to gain sufficient subsequent space for the operation of the closure of the large fistula. The simple division of the vaginal constricting band was attended with almost no hæmorrhage and but little pain; and for two days the patient seemed to be quite well, although she still showed herself, as she had from the first been, singularly stubborn, and very averse to talk or answer any questions that were addressed to her. On the morning of the 27th the other patients in the ward complained of her being very noisy and troublesome during the preceding night, and of having been deprived of their rest in consequence. But there was no great indication yet of any mental or bodily excitement: the pulse was quiet and rather weak. On the following night, however, she became so noisy and violent that she had to be removed to the ward appropriated to the insane, where she lay for three days with the mental faculties completely in abeyance, being sometimes slightly excited, but usually quiet and unimpressible, speaking incoherently when addressed, and immediately relapsing into stupor. The pulse was weak, irregular, and rapid; and on April 1 she sank and died. On making a post-mortem examination, the large vesico-vaginal fistula was found stretching from the lower half of the vagina close up to the os uteri. The slight wound in the band crossing the posterior wall was granulating and healthy, and presented no trace of over-action. The kidneys were slightly fatty; the other abdominal and pelvic organs normal. No lesion could be discovered in the brain itself; but the meninges were thickened and vascular, and the skull was deformed and very irregular in shape.

"The disease, which you have had an opportunity of seeing and following to its rapid termination in this unfortunate patient, is by no means very frequent among puerperal patients. Yet the statistics of insanity appear to show that about ten per cent. of all the females found in lunatic asylums have become the inmates of these institutions in consequence of puerperal mania. Insanity may supervene at various periods in connection with the process of reproduction. (1.) It occasionally occurs during the progress of pregnancy. In such cases it has been observed, that although the disease may be prolonged to the puerperal period, and even on to a more distant date, yet that most frequently it disappears on the termination of labour. Let me remark, in contrast with this fact, that some curious cases have been recorded where women, previously of unsound mind, have become sane, and remained so, during the whole term of their pregnancy. (2.) Again, while labour is progressing, a patient may be the subject of an attack of mania. Usually this form of mania or delirium is brief and evanescent. It was specially described and illustrated by my late friend Dr Montgomery. This temporary variety of insanity during labour seems to be excited by the mere intensity of the pains, and is most marked, or most frequently seen, towards the close of the second stage. Usually it manifests itself in wild, incoherent, or improper utterances on the part of the patient, and passes off as the labour is brought to its termination. I have known it, in one instance, assume the form of impulsive suicide; the patient, in the case I advert to, having sprung out of bed and seized a razor in the agony of her sufferings when the os uteri was on the full stretch at the end of the first stage of labour. After the head passed down into the vagina this state of delirium vanished, and the patient was then as horrified as her attendants had previously been at the maddening impulse which had previously seized her. But puerperal mania—properly so called—rarely occurs till after delivery. Its most general date of appearance is (3) during the first two months after delivery, but especially during the first two weeks of that period; and (4) in some patients it only comes on during lactation, and occasionally, indeed, it does not appear till the end of that process. It is of puerperal mania—as seen after delivery—that I intend to speak to you at present. The special date at which it may come on after parturition can be seen from this table constructed by Esquirol:—

"*Date of the Attack of Puerperal Mania in Ninety-two Cases.*—16 were attacked from the 1st to the 4th day after delivery; 21 from the 5th to the 15th day; 17 from the 16th to the 60th day; 19 from the 60th to the 12th month of lactation. 19 were attacked after forced or voluntary weaning.

"Ætiology and Pathology of the Disease.

"The causes and pathological nature of puerperal mania have not yet been clearly elucidated; and of the various theories that have been advanced regarding this always distressing malady, there is none that can be held as applicable to more than a certain group of cases. It is, however, a subject of great interest, and one in regard to which renewed investigations and original observation may yet yield important results. One well-established fact in connection with it is, that in a large number of persons puerperal mania is found associated with a

"1. *Hereditary Predisposition to Insanity.*—I know, for instance, of one case where a lady was attacked five times with puerperal mania after as many successive confinements, and in whom the proclivity to these diseases seemed dependent on some hereditary and constitutional condition, for several of the other members of the family to which she belonged were at different times under treatment for some form of mental disorder. In none of her first confinements had the lady I speak of used chloroform; but on the occasion of her sixth delivery she insisted on being anæsthetised, and for the first time after so many labours she recovered without once manifesting any tendency to insanity. Dr Montgomery has related the history of a case where a lady belonging to a family hereditarily predisposed to insanity became the mother of eight children; and on the occasion of the birth of each of her infants she passed through an attack of puerperal mania. Cases such as these come under observation from time to time; and although assuredly it does not often happen that a person who is hereditarily predisposed to mental disorders becomes the subject of puerperal mania when she gives birth to a child, yet when a person so predisposed has once had an attack of the disease, her future labours must ever be looked forward to with much anxiety by her Medical attendant, and her progress marked with the greatest care. It is calculated that in about forty or fifty per cent. of all cases of puerperal mania, some hereditary predisposition to insanity can be traced. In nearly one-half, therefore, of all the instances of the disease which may appear in practice, you will fail in establishing any such hereditary tendency. But, whether traceable or not in the history of the patient or her relatives, mere hereditary predisposition affords in itself no adequate explanation of the actual occurrence of an attack of puerperal, or indeed of any other form of insanity. Can we trace in the puerperal female any special exciting causes or conditions capable of exciting this special disease? Pathologists and obstetricians have attempted to refer the excitement of puerperal mania to different morbid states more or less frequently found in connection with delivery and lactation; as,

"2. *Anæmia and Exhaustion.* — Puerperal mania has been known to come on in females in regard to whom no other cause was discovered for its appearance than the fact that they have lost a large quantity of blood during some stage of labour; and the anæmia which is sometimes seen to such a marked degree in patients who are the subjects of puerperal mania, has been recognised by some authors as a characteristic cause and feature of the disease, more particularly in its chronic forms. Dr Marshall Hall, indeed, has, as a general principle, attributed the occurrence of mania in puerperal females principally to the exhaustion so common to their condition, combined with some degree of intestinal irritation. But mere, simple anæmia and exhaustion, either by hæmorrhage or even lactation, is not of itself sufficient to produce mania. At all events, the alleged cause is very, very often present in practice without the alleged effect following. The theory at best, if applicable at all, is applicable only to a very limited number of cases, and affords no more satisfactory explanation of the origin of the disease than does the more general statement that puerperal mania results from

"3. *The Peculiar State of the Sexual System which occurs after Delivery.*—This theory was that pronounced by Dr Gooch, in his original essay on Puerperal Insanity. He explained and illustrated his hypothesis by calling to mind the intimate sympathy that exists between all parts of the body and the sexual system in its periodic actions, and by insisting on the high degree of nervous susceptibility induced in lying-in women as a result of the organic changes that succeed delivery. But even when thus explained, the theory hardly helps us to a clearer comprehension of the real origin of the disease. Bearing in mind the peculiar nervous excitability of a puerperal patient, we can understand why she should be more readily acted on by any agent capable of producing a morbid action of the brain or mind at such a time, rather than under other circumstances; but the nature of the morbific agent still remains to be determined. Nervous susceptibility, in a greater or less degree, is confessedly common, to a greater or less extent, to all puerperal women; and yet only a limited number of them are attacked with puerperal mania. Perhaps this fact can only be explained, as it seems to me, by supposing that in those so attacked there is present some specific morbid alteration which acts on the enfeebled and excitable nervous system so as to call forth the peculiar phenomena that characterise the disease. The scalpel and microscope have hitherto so entirely failed in establishing, in the brain itself or its envelopes, any determinate pathological changes in connection with puerperal insanity, in its more acute forms at least, and earlier stages, that we are perhaps so far justified in laying it down as a high probability, that 'the specific morbid alteration' in the economy which constitutes the pathological cause and essence of puerperal insanity does not exist in the solids of the body, or rather, let me say, of the encephalon. Various circumstances, on the other hand, appear to show that the specific morbid alteration in question exists, in the first instance at least, in the presence of a morbid change or morbid agent in the blood; or, in other words, that the disease originates in a state of blood-poisoning, or

"4. *Toxæmia.*—The absolute want of any determinate pathological changes in the brain or its membranes in recent fatal cases of puerperal mania—the rapidity with which the disease sometimes comes on, as well as the rapidity also with which it occasionally disappears, and the phenomena themselves of the malady, so similar as they are in character, at their first supervention, to the toxicological phenomena of blood-poisoning by alcoholic and narcotic poisons,—are all circumstances pointing to the probable toxæmic origin of puerperal insanity. But if you ask further, What is the special morbid change, or what is the special morbid agent in the blood, which, when accumulated there in sufficient quantity, produces puerperal mania? then I can only answer, We know not yet, and will not know till pathological chemistry—which is still in its first infancy—has grown and advanced to an extent and certainty infinitely beyond its present very limited bounds. Some men have already ventured to name the probable poison which produces puerperal mania. Thus I have seen it referred to the use of various narcotic vegetable poisons, of alcohol, and latterly of chloroform. The gentleman who has taken up this last notion,—forgetting that puerperal mania was as well known and as prevalent before the discovery of chloroform as it is now,—reasons exactly as that Medical logician did, who, when denouncing the introduction of vaccination, ascribed to it all the evils which had occurred in the world from the decline and fall of the Roman Empire down to the breaking out of the French Revolution. Let me here merely state that I have seen puerperal insanity occur after the use of chloroform in labour, but certainly not more frequently than I have seen it occur without the use of chloroform during parturition. Some years ago, when this objection to chloroform was first brought out, I went out to the Morningside Lunatic Asylums and there found, with Dr Skae, that eleven case,

of puerperal mania had been admitted from Edinburgh into that institution during the preceding year; but, by an extraordinary series of chances, none of these eleven patients happened to take chloroform during their labours. And I have no doubt that the obstetric use of anæsthetics sometimes prevents, rather than produces, the supervention of puerperal insanity. I have already alluded to an illustrative case. After her first five labours, a patient, as I stated to you, was each time attacked with puerperal insanity, and was each time sent to a lunatic asylum for recovery. During her sixth labour she insisted on getting chloroform, averring that her mind had always previously become upset, in consequence of the extreme intensity of the sufferings which she endured. After this, her sixth labour, and the first in which she used chloroform, no symptoms of insanity appeared. She attributed, and perhaps quite correctly, her escape on this occasion from her dreaded malady, and from the horrors of a lunatic asylum, to the use of chloroform during her labour.

"But, recurring again to the question of the toxæmic origin of puerperal insanity, I would beg further to observe that we have an additional argument in favour of this view, in the fact that in a large proportion of cases of the disease we have present at its commencement a marked state of *Albuminuria.*

Dr John Conolly continues his *Recollections of the Varieties of Insanity,* in the same periodical. Dr Edward Smith communicates some *Remarks on Sun-stroke,* which we will reproduce next week.

The subject of *Glaucoma and Iridectomy* being now in controversy, Mr Hulke has contributed to the 'Medical Times and Gazette' a paper on the subject. He says:

"The treatment of glaucoma by iridectomy, so vehemently attacked by the writer of the article on 'Medical Epidemics—Glaucoma and Iridectomy,' in the 'Dublin Quarterly Journal of Medical Science,' must stand or fall by its results; its success or its failure can be established by experiment only. The experience of the last three years has so completely demonstrated the immense value of Von Graefe's brilliant discovery, that I cannot help regretting the Reviewer's attempts to damage, in the eyes of the Profession, what I have already, in your pages and elsewhere, maintained to be the only known successful treatment of this previously incurable disease. Having, on a former occasion, discussed its relative value in the different forms of glaucoma, and in cognate diseases, I shall not now reopen this part of the subject, but simply state that I have seen no reason to alter the opinions I then expressed. I deny that there has been any suppression of facts, which the Reviewer insinuates; the practice of the Royal London Ophthalmic Hospital is, and has been, before the Profession; and I have reason to believe that the Reviewer, whose style betrays him, was invited, when in London a few months ago, to visit our hospital, that he might see and judge for himself. The desire to thoroughly test the permanency of cures by a considerable period of time, has hitherto prevented me from publishing cases; but, under the present circumstances, I have selected from my case-book a couple, which are good types of acute and subacute glaucoma, and capital examples of what iridectomy can accomplish. The previous loss of one eye by each patient gives these cases an additional interest. I shall abstain from further comments, and let them speak for themselves.

"Case 1.—*Subacute Glaucoma in the Right Eye—Great Contraction of the Visual Field—Dim Perception of large Objects only—Inability to read No.* 20 (*8-line Roman*) *Test-type—Iridectomy—Complete Relief, Patient Reading No.* 1 (*Brilliant*), *and working with her Needle.*

"Esther S., aged 30, was admitted into the Royal London Ophthalmic Hospital, Jan. 17, 1860, with great dimness of the right (her only) eye; this began as an occasional obscuration two years before, but soon became constant. I found she could not read No. 20 test-type, and that there was great contraction of the field of vision, chiefly of its lower part. The pupil was dilated, and nearly motionless. The globe was very hard, much congested, and painful. A haziness of the humours prevented an accurate exploration of the fundus. I could only see that the retinal veins were turgid, and I thought that the optic nerve-entrance was very slightly excavated.

"20th.—I excised the upper and outer one-seventh of the whole iris in its complete breadth.

"24th.—The congestion was much less; the tension of the globe was natural, and she could read the smallest type on her ticket (nearly equal to No. 10 test-type).

"31st.—She was made an out-patient. The redness of the globe had disappeared. Vision continued to improve.

February 10th.—The tension of the globe continues natural. She reads No. 2 test-type.

17th.—Read No 1.

May 11th.—Ditto.

August 25th.—When I last saw her was about a month ago; she read No. 1 with ease, and did needlework. Her left eye-ball was sunken. She said it had been pricked in an operation for squint fourteen years ago; and this statement was borne out by a puckered in-drawn scar in the sclerotic, at the nasal side of the globe, and a great retraction of the caruncle.

"This patient's mother has lost both eyes from glaucoma.

"Case 2.—*Sub-acute Glaucoma in the Left Eye—Complete Blindness—Iridectomy on account of Intolerable Pain—Great Relief—Acute Glaucoma in the Right Eye—No Perception of Objects and a minimun quantitative Perception of Light—Iridectomy—Complete Relief of the Pain, and the Patient able to read average Type and do Needlework.*

"Mary B., aged 64, sought relief at the Royal London Ophthalmic Hospital on account of intolerable pain in her left eye, which had been quite blind for several months. She was a pale, feeble, nervous woman, mother of ten children, supported herself by her needle, and often stitched from nine o'clock in the morning till ten o'clock at night. Early in 1859 she was an inmate of St Thomas's Hospital with erysipelas in the leg, and while there had fever. At this time what seems to have been sub-acute glaucoma commenced in the left eye; it became exceedingly painful; its sight failed, and in four months was quite lost. When she came under my care in 1859, the cornea of this eye was dull and vesicated; the pupil widely dilated and fixed; there was great ciliary congestion, and the subconjunctival veins were particularly swollen and varicose. The eyeball was very hard, and excessively painful. The right eye was occasionally painful and dim, and the flame of a candle appeared to it as if surrounded by a halo. I made an iridectomy in the left eye with the object of relieving the extreme pain, but without any idea of regaining vision, because the ocular tissues were too spoiled to hope for this.

"The operation was successful, and when I saw her on Tuesday, July 26, the congestion had subsided; she had none of the former severe pain, but occasionally a slight ache only, and expressed herself greatly relieved. She was now anxious about her right eye, which was painful and soon tired; ita pupil was sluggish, its anterior chamber small, and the subconjunctival veins varicose. The field of vision at 1′ distance had an area scarcely as large as the palm of my hand, and she could with difficulty pick out the letters of No. 16 test-typo (Jaëger). The globe was a little hard; there was commencing excavation of the optic nerve entrance; and very slight pressure caused pulsation of the vena and arteria centralis retinæ. Foreseeing that acute symptoms were impending, I strongly urged her to come into the hospital on the Friday following, and to let me make an iridectomy in this (her only) eye. When the time came, she got frightened and stayed away. On the Saturday night an outbreak of acute glaucoma took place. She was seized with violent pain in the eyeball, severe headache, rapid and complete blindness, vomiting, and great prostration. On Sunday there was a slight remission, she could just distinguish light and shade. On Tuesday (August 2), when she was brought to the hospital, the great hardness of the globe indicated excessive intra-ocular tension. The cornea was dull, the pupil dilated and motionless; the ciliary region had a dull red colour; the radicles of the efferent ciliary veins encircled the cornea with arches, and their trunks were greatly swollen and highly tortuous. She was suffering agonizing pain, and had not the faintest perception of objects, and quantitative perception of light was reduced to a minimum. I at once put her under the influence of chloroform, and made an iridectomy upwards. In consequence of her moving, owing to anæsthesia being incomplete, the conjunctiva, which was very friable, tore away from the forceps with which I fixed the globe, and the incision into the anterior chamber was smaller than I intended. I enlarged it to the necessary extent with scissors, and then drew out and excised, up to its extreme periphery, a large segment of the iris, in its whole breadth.

"August 5.—Greatly relieved; had a little pain last night, but has none now; she can see my fingers, but cannot count them. From this time she made steady progress. On the 23rd she could count my fingers at three feet distance, and could tell the back from the palm of my hand.

"September 23.—She found her way to the hospital alone.

"November 1.—With a + 16″ lens she easily read No. 10 test-type (pica), and was again at needlework."

Mr H. H. Raymond reports a case of *Rheumatic Fever with Endocarditis,* treated without depletion or mercury. We reproduce the Author's remarks upon the case:

"In this case I could get from the patient no history of previous disease; but the sudden and violent onset of the heart affection made me suspect it; and the suspicion in a great degree directed the treatment. It subsequently turned out that, when a child, she had had an acute attack of rheumatic fever. The treatment, consisting in the total absence of depleting agents, and in the use of sedatives and nourishment, was pursued solely on the merits of the case as it stood. Although the rheumatic affection was most acute, there was that about the patient which gave plain warning against bleeding and mercury, and indicated an opposite course. If the heart mischief could be checked and life supported, she would probably get well. The blisters, both over the heart and the joints, were followed by marked relief; and in each case I adopted the plan of using a number of small ones, instead of a large one, for they are just as efficacious, and less irritating. Opium produced no effect whatever, while the henbane was of great service from the very first dose. I was careful not to check the diarrhœa that came on on the 26th, for, taken in conjunction with the absence of perspiration throughout the case, it looked much more like a benefit than an injury. It was coincident with the improvement of the patient, and stopped in forty-eight hours of its own accord.

"My object in publishing this case is not to point to it as one treated on any system, for I cannot but believe that systematic treatment of diseases is the ruin of Medicine. The stimulants were by no means urgently given, but solely with the view of keeping up the action of a heart that was labouring under the difficulties of disease, which, as I rightly conjectured, were partly recent, and partly of old standing. The only sound inference from this, and similar cases, is, not that the stimulating plan is always the right one for rheumatic fever, but that there are instances in which it is the only method of saving life."

Dr Sweeting communicates some observations on the *Leprosy of the West Indies.*

'The Dublin Medical Press' contains a report of *Two Cases of Ranula* by Dr T. G. Geoghegan. We reproduce the cases.

"*True Ranula, with Dilatation of the Submaxillary Duct.*

"A stout, dark-complexioned young woman, previously healthy, presented herself at the City of Dublin Hospital, having a tumour of about the size of a large Spanish nut in the floor of the mouth. It was lodged beneath the free portion of the tongue, at the left side of the frænum. The swelling was rather prominent and uniformly convex, presented a bluish translucent appearance at its most prominent point, and fluctuated distinctly. Although destitute of pain and tenderness, it was inconvenient in consequence of its creating the sensation of a foreign body in the mouth. Its walls were moderately thin. No

satisfactory cause could be assigned for its development, nor was there any sign of ulceration or abrasion of the adjoining mucous surface.

"The general condition of the swelling led me to determine on attempting the cure by excision of a portion of the sac. Having transfixed the latter, therefore, with a tenaculum, and drawn it well upwards, I removed a tolerably large elliptical piece of the anterior wall of the tumour by a stroke of the scissors. The sac immediately collapsed, and about half an ounce of a glairy, transparent, inodorous fluid escaped. A plug of lint was now introduced into the cavity. There was hardly any bleeding, and the trivial operation was scarcely attended with pain. The excised portion was found to consist of three layers; in the centre, a thin but firm one of condensed fibro-cellular structure; whilst, on the outer surface of this, was the mucous membrane of the floor of the mouth, and, within, what appeared to be the mucous lining of the submaxillary duct, expanded internally on the swelling. A few days subsequently, the probe discovered a track leading from the deepest part of the cavity, backwards and downwards for half an inch. This, from its character and relations, I did not doubt was the submaxillary duct. On the day but one afterwards, the cavity of the swelling was found quite exposed, its inner surface smeared with puriform matter, and the edges of the artificial opening red and healthy. On the subsequent day, the cavity had contracted, and was beginning to granulate. Its interior was now touched with a solution of nitrate of silver. On the seventh day, the track above noted was shorter, and the cure nearly complete. Two months subsequently, there was a slight tumescence at the original seat of the tumour, which yielded a glairy fluid as before on puncture with a grooved needle. Slight occasional twinges of pain were also experienced in that situation. There was also more redness than at the corresponding point of the opposite side. After the lapse of four months no further increase was observable. At the end of eight months the patient again presented herself for the relief of another complaint. The original disease was now found to have been cured, without the employment of any ulterior measures. After a year the part remained quite exempt from recurrence of the swelling. Occasional pain, of which she was still sensible, I referred to the circumstance, that, from other causes, her general health had declined.

"2nd. *Congenital Ranula, with partial Suppuration of the Sac.*

"In 1850, I visited the child of Mr C., in consultation with Dr Bagot. This was a puny infant, eight months old, having premonitory indications of water on the brain. The mother informed us, that the swelling was visible at birth, and had since increased gradually. It had now attained the size of a small apple, and occupied nearly the entire breadth of the floor of the mouth, from its anterior part to about the junction of the middle and posterior thirds of the tongue, to the under surface of which it was rather closely attached for nearly the above extent, commencing a little behind the point of the organ. The tongue rode on its upper surface as a sort of flattened cake. The frænum linguæ was obliterated. The front aspect of the swelling was uniform, convex, of a red colour, fluctuated distinctly, and presented numerous vascular twigs ramifying beneath the mucous membrane. At the lower and anterior part of the tumour, there was an irregular prominence corresponding to the seat of the sublingual glands, and also an abrupt projection externally beneath the chin. There was no pain on pressure, but the tongue was thrust towards the roof of the mouth, thus preventing the child from feeding except when the end of the bottle was passed towards the base of the organ.

"Under the circumstances of this case, it was considered expedient by Dr Bagot and myself to resort, in the first instance, to palliative measures, until the other more serious accompaniments had been, if possible, surmounted. To remove the impediments to respiration and nutrition created by the tumour, seemed the only pressing indication. This was accordingly effected by puncturing it with a grooved needle, about an inch external to the median line, when a considerable quantity of a thin, turbid fluid, of a dirty yellowish brown colour, exuded. The opening was then moderately enlarged. A similar opening was made at a corresponding point of the opposite side of the tumour, the least vascular point of the surface having been selected. The oozing of blood was trivial. The swelling had now collapsed, but was not entirely empty. The enlargement under the chin had, however, disappeared. On the next day there was a slight increase of the tumour beneath the tongue. Further treatment of the ranula was now arrested by more pressing cerebral and pulmonary disturbances, under which the little patient not long afterwards succumbed. No opportunity was allowed of examining the parts.

"In neither of these cases was any calculous or sabulous matter discovered in the interior of the tumour, or in the contents.

"In the first of the above examples of ranula, sufficient evidence seems afforded that the disease really consisted in dilatation of the excretory duct of the submaxillary gland. This appears established by the constitution of the walls of the sac, which, like the above canal, consisted of a mucous membrane supported by an envelope of dense cellular structure; by the narrow track leading backwards in the direction of the gland; and, lastly, by the nature of the contents of the tumour. Dupuytren states that pathological examination has not established that the disease is seated in the Whartonian duct. The appearances, however, in the present case, go some way at least to solve the doubt. That distinguished surgeon also hints (although he has not supported his view by any very definite facts) that tumours in this situation may occasionally consist merely of a serous sac, or possess a more complex nature.

"In the second example above recorded, the seat of the disease, considered as in the salivary duct, although matter of inference merely, is supported by the structure of the sac (as far as was indicated by the edge of the incision), and by the gradual growth, configuration, and painlessness of the swelling on pressure. The semi-purulent character of its contents renders it probable that the lining membrane had been at some time the seat of inflammatory action. This case further distinctly refutes the notion of Dupuytren that such tumours are never congenital, and sustains the views of earlier observers to the opposite effect. The assumed closure of the openings of the submaxillary (and more rarely of the sublingual) ducts has not been verified by clinical observation, and seems merely an assumption; although, of course, inflammatory action, or perhaps superficial or aphthous ulceration of the adjoining mucous membrane, appears to be adequate to the production of such a result. Indeed, the translucent swelling described by me in my observations on glossitis, as noticed in the direction of the duct beneath the tongue, may possibly be the result of temporary occlusion of the apertures just alluded to; whilst such occlusion, when the accompanying inflammation is unrelieved by prompt and suitable treatment, may possibly hasten the occurrence of sublingual abscess. The occasional formation of calculus by the deposition of the carbonate and phosphate of lime of the retained secretion, is obviously to be viewed, not as the cause, but rather as a consequence of the disease, and is but an exceptional occurrence.

"As respects the methods in vogue for combating the disease, the various procedures from time to time recommended sufficiently attest that success has, perhaps, not been very usual. Mere incisions appear on all hands to have been viewed as palliative only, and justly so. Excision of the whole swelling is probably reserved for some ultra-adherent of the school of 'conservative surgery.' Injection seems based on a misapprehension of the nature of the complaint, and accordingly has yielded negative results. The maintenance of an opening for the continuous discharge of the secretion, with a view to the final contraction of the cavity, appears to have found most favour with practitioners. The methods, however, employed for this end, apart from their occasional failure, I venture to consider as unnecessarily operose in their character, and tedious and inconvenient in their action. Of this nature are the tents and metallic setons, under which latter head may be ranked the silver *bouton à deux têtes* of Dupuytren. Indeed, this instrument does not seem to present any practical advantage over the setons of the earlier surgeons. Under its use the cure also has been often tedious. Thus, in one instance, the instrument was worn for several months, whilst the shortest period was fifteen days: in one, there appears to have been a relapse. The figure of Dupuytren's instrument—its presence also as an inconveniently-shaped foreign substance in the mouth, and the fœtor attendant on the accumulation of particles of food in the cavity of its stem, are obvious objections to its use. Excision of a sufficient portion of the outer wall of the sac appears adequate to prevent closure of the opening by cicatrization, and consequent recurrence of the disease, and thus fulfils all the indications requisite for the cure, provided due attention be paid to the after-treatment, which should include, when necessary, moderate stimulation of the remainin portion of the edges and lining membrane of the sac. In the first of the cases now presented, the disease was cured in seven days, and with scarcely any annoyance or pain to the patient. There does not appear any valid reason for adopting the advice of restricting the method of partial excision of the sac-wall to those ranulæ which are of considerable size, or whose parietes are thick and resisting—conditions which, indeed, seem of an unusual kind. The translucent and semi-globular swellings occasionally met with in the mucous membrane of the interior of the cheeks, or (more rarely) on the gums, are probably pathologically analogous to the ranula, and formed by occlusion of the ducts of the buccal glands. To the eye, they rather strikingly resemble the small serous cysts so often found embedded in the exterior of the kidney."

PARISIAN CORRESPONDENCE.

In going round the wards of the Charite with M. Beau, a novice will be not a little puzzled at seeing him scrutinize closely the finger-nails of each newly-admitted patient, telling him occasionally, after a few moments' examination of his cuticular appendage, "My friend, you had a bad illness so many months ago, a very severe illness, that pulled you down a good deal; and then you had a relapse," and so on. This sort of inverted palmistry puzzled me sorely at first, and I confess that even the explanation, when given, left me very sceptical as to the infallibility of this retrospective fortune-telling. Nevertheless, although I do not believe in Hume the spirit-medium, any more than in Hahnemann and his microdosic followers, I do believe in this sign of the past as indicated by the nails. If you look at the fingers of a man who had typhus fever three months ago, let us say, you will find on the nails, towards their centre (at that interval of time), a transverse furrow, deep and well marked, coinciding with the moment when the check in their nutrition occurred—the depth of the depression being in proportion to the severity of the illness, its breadth with the duration; and the several consecutive relapses if such occurred) being each notched on the ungual appendices as on so many tally-sticks. Few men know that they have the past history of their own cases so thoroughly at their fingers' ends.

Professor Mantegazza, of Milan, has lately made some curious researches on the vitality of the zoosperms of the frog; these he has frozen on the one hand, and parboiled on the other, without being able to extinguish their generative powers. As regards the former case, he has found that the zoosperm will stand four separate and consecutive freezings before its vitality is put an end to; but the fifth repetition of this cool treatment proves a little too much for the minute entity, which in this particular is only half as fortunate as the cat with her nine lives. Another and a very droll discovery made by the same Professor (who, by the way, should be called to order by some member of the Society for the Prevention of Cruelty to Animals) is, that the testicle of one frog may be engrafted into the body of another animal of the same species, so that one "froggy" may "go a-wooing" with the testicles of another froggy, and not at all *à ses propres frais:* this seems a "leetle" too much. His last experiment is far more intelligible than the preceding—in part, at least. He says, "If you transplant into the abdomen (under the skin) of a female frog, a few days before the laying of her eggs, a frog's testicle, such is the attraction between this body and the eggs, that ulceration of the abdominal muscles taken place, the male and female elements coming in contact, and so violently that the frog dies." This last result is, I confess, the only portion of the whole paper which I can conveniently credit. (For further particulars, see Reports of the Academy of Sciences.)

They now make here empty gelatine capsules, which for humanity's sake, ought to be generalized in the, practice of those gentlemen addicted to the giving of nasty medicines. They are in make like the old-fashioned needle-cases—a larger tube (shaped as is the test-tube) fiting over a smaller one, this latter being the reservoir, and varying in width and length according to dose. For the administration of creasote, turpentine, *et hoc genus omne* of unpalatable liquids, they are very convenient. They are not of novel invention, but their general use would be.—'Lancet.'

MEDICAL REGISTRAR, IRELAND.—At a meeting of of the Branch Council for Ireland, held, pursuant to advertisment, on Friday, the 24th August, Dr. Apjohn in the chair, William Edward Steele, M.D., Registrar to the King and Queen's College of Physicians, was elected Registrar and Secretary to the Branch Council, in the room of Dr. Maunsell.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2l.	2s.	0d.
A Page or Three Columns	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 5, 1860.

THE PROROGATION OF PARLIAMENT.

Parliament is up; the Members are gone to shoot partridges, and Ministers to prepare their plans for another campaign. What has the last Parliament done for our Profession? Big with promise, what has it achieved? There was a Bill introduced for the redress of Poor-law Medical grievances, and notwithstanding the energy with which it was pressed by Mr Griffin, and the hopeful spirit of its proposer, Mr Paget, M.P., it was so unsatisfactory to a considerable number of the Profession, and so coldly received by the House, that it was speedily withdrawn from criticism. It was understood that another Bill would be introduced during the Session, to give the Poor-law Surgeons an opportunity to consider it during the recess; but this expectation has not been realised. It is not probable, however, that this important subject will be allowed to drop; the evils are too wide-spread and too generally confessed to suffer the question to repose in the pigeon-holes of an amateur Member of Parliament. Mr Griffin has exhibited uncommon energy in the advocacy of this question, and would, no doubt, like to see such a conclusion of it as would be a reward of his persevering efforts. He will, therefore, continue to agitate. The Union Surgeons, however, must be more united than they have been, before there can be any serious probability of satisfactory legislation upon the question. Every Union in the country should send a delegate to London, to consider the principles of a new measure: these delegates should be prepared to yield on extreme points, with the view of agreeing upon some general terms of arrangement, and they should not attempt to limit too rigorously the powers of Local Boards. It must be borne in mind that nearly all the most influential Members of the House of Commons are Guardians in their several districts, and they do not desire to see too much centralisation in parochial matters. A *minimum* rate of remuneration should be fixed as a *sine quâ non*; and for the rest, let any new measure be reduced to as simple and intelligible a form as is consistent with the correction of the chief grievances. No private Member will be suffered by the Government to pass an elaborate measure comprehending a variety of purposes and interfering with numerous interests, so that it will be mere loss of time to exercise ingenuity in concocting such a scheme.

During the Session there has been a Bill passed to amend the Medical Act. This measure was brought forward at the instance of the Royal College of Physicians, with the concealed purpose of interdicting the admission of Edinburgh Licentiates into the London College, as now prescribed by the provisions of the Act. This attempt was defeated by the Licentiates. It could hardly be expected that either the Government or the House of Commons would reverse previous legislation upon the exceptional grounds which alone could be urged on behalf of the change. There is not, among the public, sufficient sympathy with the exclusiveness of the Colleges to warrant an expectation of such retrograde legislation. The Colleges may rely upon it, that any step taken by the House of Commons in favour of liberality in Medical government will not be retraced. We may remark upon this subject, that the Government should decisively reject any proposal for altering the Medical Act that is not brought forward, or, at least, has not been considered, by the Medical Council. This is the great representative body of the Profession—imperfectly constructed though it be—and nothing should be done by the Colleges to alter the relations of the several Universities and Colleges to the great mass of the Profession except through its instrumentality. If the Government do not support the Council to this extent, it would be better that it should abolish that body at once, as it would become a screen behind which any amount of selfish and pernicious legislation might be clandestinely attempted.

Some important alterations have been made in the law respecting the payment of Coroners, and much, we hope, to the satisfaction of those officers. Coroners' law is still, however, in a chaotic state, and requires to be dealt with in a larger spirit. Various other matters, such as adulterations and local sanitary requirements, have received the attention of the past Parliament.

With reference to sanitary subjects, we may advert to the passing of an Act providing for the construction of a grand Central Meat Market in the Metropolis. In a recent *résumé* of the important public works executed by the Emperor Napoleon, the formation of a Central Market in Paris occupies a place among the four or five grandest operations of that remarkable genius for government: in England, however, such an achievement seems to be of so little importance, that the public press has scarcely noticed it, except in the way of disparagement; and even the pages of the 'Times' have been vigilantly closed against the advocacy of the design. Surely that which is considered by the Press of England and France a work of the greatest honour to an Emperor, should not be deemed either trivial or censurable in the case of private citizens of our own country. It is about six years ago that a few private traders in the neighbourhood of Smithfield wished, in behalf of their own interests, to see various large vacant spaces in Smithfield and its neighbourhood beneficially appropriated, and appealed to Dr Ross to take up the public duty of promoting that object. For the site of Smithfield itself, a great Central Provision Market, in lieu of that huge opprobrium of civilisation Newgate Market, was suggested: the neighbouring sites had been already included in a design for a Railway Terminus, which had been vigorously promoted during twenty years by the indefatigable advocate of public improvements, Mr Charles Pearson. So soon as Dr Ross proposed the design of a Market, opposition started from all quarters; the 'Times' leading the attack. That influential organ of public opinion had refused to insert any statement to explain the objects of the promoters, and continued to alarm the public with exaggerated pictures of the mischief that a great Central Meat Market would, in its sovereign opinion, be sure to cause. In order to counteract this opposition, Dr Ross, assisted by some friends, called a Public Meeting in the City of London; and from that time, it is but due to the good sense and fairness of the 'Times' to say that it ceased its antagonism. St Bartholomew's Hospital, the Charterhouse, and other local institutions, however, continued their hostility, and, at length, the Government appointed a Commission, which was presided over by Mr Cowper, M.P., to take evidence upon the subject. At this time the Corporation of London professed their disinclination to incur the vast expense of erecting any new Market, and certainly not, at any rate, unless possession could be confirmed to them of the entire area of Smithfield up to the walls of the Hospital. In the evidence which Dr Ross gave before the Government Commission, however, he proposed a site for the Market which obviated the objections of St Bartholomew's, but which did not in the same degree meet with the concurrence of the Corporation. Having become a member of the Corporation for the express purpose of carrying out his designs, he was in a condition to make the best of his opportunities to induce the influential members of that body to adopt his views. In the course of time, the only opponents left were the officials of the Charterhouse, and the overwise young gentlemen who indite leaders for our contemporary the 'Lancet.' This sort of opposition was, however, too puerile to be feared. We have now the satisfaction of recording that an Act has been pro-

cured, authorising the establishment of a Provision Market on the site indicated by Dr Ross; that this Market will have a Railway Terminus in the basement, by which means goods from every part of England and Scotland will be brought immediately into the Market, and, with the aid of hydraulic lifts, raised to the level of the Market-floor. Everything that experience or art can suggest will be done to make this the most convenient and perfect market that modern times have seen; and it is estimated that it will cost the Corporation of London about half a million of money. Large and commodious Railway Stations will be made in the immediate neighbourhood; and thus, taken in the aggregate, one of the grandest improvements of a public nature that the Metropolis has ever seen will, within the next two or three years, be consummated. The Corporation of London deserves infinite credit for its liberality and devotedness to the public interests in resolving to carry out these great works.

In a sanitary point of view, these works will be of the greatest importance. About two thousand poor persons—paupers, in short—living in the most abject state in dark and comfortless houses, and forming a nidus for the nursing and propagation of epidemic disease, will be removed. Layers and slaughter-houses where four or five thousand animals are killed weekly will be abolished, and the character of the entire neighbourhood will undergo a great improvement. Anything that facilitates the distribution of food must tend to diminish its cost; and we have no doubt, therefore, that the new Market, which we hope to see superior even to the boasted establishment at Paris, and a noble ornament of London, will exercise a powerful influence in promoting the health and well-being of the three millions of people who now inhabit this Metropolis.

SUMMARY OF THE WEEK.

JOHN HUNTER'S TOMB.

Every man who honours the memory of John Hunter, and who can conveniently visit his resting-place in Westminster Abbey, should do so on an early opportunity, to inspect the beautiful tablet which has been sunk, by order of the Council of the College of Surgeons, in the floor of the Cathedral over the site of his grave. It is really one of the most unique and tasteful things in the Abbey, and, so far as it goes, very creditable to the Council. There may still be an opinion among many, that a statue in the Abbey would have been the most honourable way of commemorating the labours of so great a man; but, short of that, the Council have manifested much elegance of taste in the design which they have selected for a memorial tablet. The slab is of polished red granite, inlaid with a Gothic design in brass, which encloses an inscription in Old English letters, descriptive of the character and labours of the man whose revered dust it enshrines. This inscription has already appeared in the CIRCULAR; it characterises John Hunter very appropriately as the "Founder of Scientific Surgery." This slab has been placed about a week, and is at present guarded from the tread of careless sight-seers. While yet bright and untarnished, it should be seen to be admired; by-and-by all its shining brass and beautiful lettering will have been trodden under foot and despoiled of their attractiveness. It is a pity that this tablet is placed where it must necessarily be defaced.

THE OPERATION ON SIR BENJAMIN BRODIE.

The notoriety given to the surgical proceeding for the cure of the malady under which our great Surgeon is labouring has brought the question of Iridectomy to the surface of discussion. The friends of Mr Bowman are following the lead of that gentleman, and express themselves with considerable warmth against the opponents of the operation. On the other hand, there are Surgeons in this Metropolis, as well as in Dublin, who think the operation sometimes mischievous, and frequently hazardous. Mr Dixon, in his recent work, has condemned it; and we know that there are other eminent Ophthalmic Surgeons who regard it as a sort of chirurgical heresy, although Mr Bowman has given to it his faith or his credulity. Graefe's theory is considered rather fanciful, or, at any rate, a doubtful basis for such an operation. Then, again, a mistake was made in the diagnosis in Sir Benjamin's case; and Messrs Hodgson and White Cooper are exceedingly anxious that it should be known that they diagnosed the disease to be cataract, and not glaucoma; and that, not they, but Mr Bowman performed the operation. We think that Mr Bowman would be wise to curb his propensity for disputation and self-justification; for he certainly will not improve either his position or reputation by it in the present instance.

CARELESS SIGNING OF LUNACY CERTIFICATES.

The daily papers have contained an account of a neglect of duty on the part of Mr Jefferys, one of the Parochial Surgeons of St Pancras, who most imprudently signed a certificate to the effect that a person was a dangerous lunatic, without having previously visited the patient. This is one of those instances of irregularity in the discharge of duty, which not even the warmest friends of the Union Surgeons can overlook. The tenderest interests of humanity are confided to the Union Surgeon in relation to the proper care and protection of the lunatics who are committed to his charge. We should, therefore, regard with extreme jealousy any omission of duty by which the interests of this unfortunate and helpless class might be imperilled. We hope that the perfunctory and routine way of signing certificates of lunacy practised in this instance by Mr Jefferys is quite exceptional, and that it will meet with the general condemnation it deserves.

SMOKE!

Sir Benjamin's star is certainly in the ascendant, for his name nearly fills the hemisphere of Medical Journalism. It is shining with peculiar brilliancy this week through a cloud of tobacco-smoke. What powerful motive has induced Sir Benjamin to address the public on the manifold evils of tobacco, it is not easy to say, unless it be lack of occupation, or that love of meditation on speculative topics into which practical men frequently fall when shut out from a participation in the active duties of life—that introspective tendency, perhaps, which made Milton a poet, or that proneness to exercise the mind upon curious crotchet, which made Newton a writer on chronology. However it may be, Sir Benjamin's observations upon the mischievous consequences of smoking are calculated to produce beneficial results. We are fully persuaded of the injury to the system arising from the abuse of this practice, and have witnessed it so often that we have learned to deplore this monster folly of our times. Sir Benjamin adverts to the impairment of vision, and to other affections of the nervous system, induced by this practice: his experience can be corroborated by any individual of ordinary perception. It is difficult to estimate with exactness the dire consequences of this most injurious practice, owing to its being generally associated with another, that of dram-drinking, which is still more pernicious. Snuffing is another dirty and unwholesome habit which Sir Benjamin might have noticed with advantage. Can anything be conceived more absurd than that of a man feeding his nose with a brown powder by the aid of a spoon? Is there any figure so ludicrous as that of a man who, whilst gravely discoursing in a large company, is reduced to the necessity of keeping guard over his nose with a brown pocket-handkerchief? The powers of digestion are always impaired when this practice is carried to excess. Then look at the heavy-eyed, somnolent, incurious smoker, who, in the very thick of the most exciting conversation, wraps himself in his cloud like another Jupiter, utterly indifferent to all the concerns of this world. That lethargic mind is robbed of half its powers. The solace of the pipe is purchased at so high a price, that we can hardly believe that any rational man who foresaw the ultimate cost would consent to the sacrifice. It is time, indeed, that a protest was raised against this practice, and we thank Sir Benjamin for making it. This is far better than denouncing Special Hospitals.

REPORT ON MEDICAL EDUCATION.

(We annex a very important Report by the General Committee of Education of the Medical Council. We are unable at present to comment on the several recommendations of the Council; but we cannot withhold our praise from the suggestions for establishing a Preliminary Examination in Arts in connection with a code of Medical Examination.)

Report of the General Committee on Education, adopted by the General Council of Medical Education and Registration of the United Kingdom, June 23, 1860.

"The Committee on Education, composed of the whole Council, have held several Meetings during this Session of Council, the Minutes of which are herewith presented.

"The Committee recommend the Council to defer for the present the consideration of the subject of the 'Visitation of Examinations,' regarding which the Minutes contain a full Report from a Sub-Committee.

"The Resolutions agreed to by the Committee, which they recommend the General Council to adopt, are as follows:

"I.—GENERAL EDUCATION AND EXAMINATION.

"The Medical Council are of opinion that it is desirable—

"1. That all Students pass an Examination in General Education before they commence their professional studies.

"2. That, as far as may be practicable, Testimonials of Proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make:

- A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
- Oxford Responsions or Moderations.
- Cambridge Previous Examinations.
- Matriculation Examination of the University of London.
- Oxford Middle Class Examinations, Senior and Junior.
- Cambridge Middle Class Examinations, Senior and Junior.
- Durham Middle Class Examinations, Senior and Junior.
- Durham Examinations for Students in Arts in their second and first years.
- Dublin University Entrance Examination.
- Queen's University, Ireland, two years Arts' Course for the Diploma of Licentiate in Arts.
  - Preliminary Examinations at the end of the A.B. course.
  - Middle Class Examinations.
  - Matriculation Examinations.
- An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

"3. That the Examination on General Education be eventually left entirely to the Examining Boards of the National Educational Bodies recognised by the Medical Council.

"4. That Students who cannot produce any of the Testimonials referred to in the Second Resolution, be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such Examination shall be, in every case, conducted by a Special Board of Examiners in Arts.

"5. That, without professing to lay down any complete scheme of General Education for persons intending to become Members of the Medical Profession, the Committee recommend that the scheme of Examination in Arts of the Licensing Bodies be, as nearly as practicable, similar to that of any one of the National Educational Bodies above specified.

"6. That after October 1st, 1861, all Medical Students be required to be registered.

"7. That the lists of Students registered be closed within fifteen days after the commencement of each Session or Term.

"8. That no Student beginning Professional Study after September, 1861, be registered who has not passed an Arts Examination, in conformity with Resolutions 2 or 4.

"9. That the several Bodies in Schedule (A) of the Medical Act, either jointly or severally, open a Register for Students commencing their Studies in Medicine, in the form annexed.

SCHEDULE.

REGISTER OF MEDICAL STUDENTS.

No.	Name.	Date of Birth.	Place of Birth.	Present Residence.	Date of Registration.	Place of Registration.	Registering Body.	When and by what Body the Examination in Arts was conducted, and its Date.
1	A B	—	—	London	—	University College, London	University of London	Matriculation Examination of University of London; May, 1861
2	C D	—	—	Birmingham	—	Birmingham General Hospital	Royal College of Surgeons of England	Oxford Middle Class Examination; Aug 1861

"10. That the said Register be opened on the first day of each Session or Term, and remain open for fifteen days; and that within seven days after its close, the Officer in charge be required to transmit a duly-authenticated copy thereof to the Registrar of the Branch Council of that Division of the United Kingdom to which the Body or Bodies belong.

"11. That the Registrar of the Branch Council lay the list before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it thereafter be transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

"12. That the Executive Committee shall arrange these Returns, and publish annually an Alphabetical List of the names contained in them.

"13. That the Licensing Bodies shall have power to admit exceptions as to the time of Registration, if satisfactory to them, and shall transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions have been granted, with the grounds stated.

"14. That the various Educational and Licensing Bodies be requested to transmit to the Registrar of the General Council, Returns, embodying any alterations which they may from time to time introduce into their courses of General Study and Examinations, which qualify for the Registration of Medical Students.

"II.—PROFESSIONAL EDUCATION.

"15. That the age of twenty-one be the earliest age at which any Professional Licence shall be obtained.

"16. That four years of Professional Study be required after the Examination in General Education."

"III.—PROFESSIONAL EXAMINATIONS.

"17. That the Professional Examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of Study, and the final Examination not until after the termination of four years of Study.

"18. That the first Professional Examination be conducted partly in writing and partly *viva voce*; and that such parts as admit of it be made as practical and demonstrative as possible.

"19. That the second Examination be conducted partly in writing, partly *viva voce*, and practically as far as may be convenient and attainable.

"20. That the Professional Examinations be held by the several Licensing Bodies (except in Special cases) at stated periods, to be publicly notified.

"21. That Returns from the Licensing Bodies under Schedule (A) be made annually, on the 1st of January, to the General Medical Council, stating the number and names of the Candidates who have passed their respective final Examinations, and the number of those who have been rejected."

"The General Medical Council having, in the course of last year, expressed their opinion on the manner in which the General Education of Medical Students ought to be obtained, and stated the principles which appeared to them proper for the regulation of Professional Examinations, consider it undesirable, during the present Session, to enter upon any details of the requirements for the so-called higher Degrees and qualifications.

"But, at the same time, they would record their opinion, that it is not desirable that any University of the United Kingdom should confer a Degree in Medicine, whether that of Bachelor or Doctor, upon Candidates who have not graduated in Arts, or passed all the Examinations required for the Bachelorship in Arts, or the Examinations equivalent to those required for a Degree in Arts."

GENERAL CORRESPONDENCE.

PAINS AND PENALTIES ACT FOR THE ESTABLISHMENT OF A CRIMINAL LUNATIC ASYLUM IN ENGLAND.

To the Editor of the Medical Circular.

SIR,—In your excellent and independent publication of the 29th ultimo, an abstract is given of the Act recently passed for "the custody and care of Criminal Lunatics" in England, amongst the provisions of which—and, I must say, to my great astonishment—are pains and penalties to be inflicted on the Superintendent and other officials of an Asylum, in sums varying from 20*l.* to 2*l.*, in the event of such parties "striking," or "wounding," or "ill-treating" any of the inmates thereof. Should any such delinquencies take place, due punishment of course should follow; but I consider it a most gratuitous insult to the Specialty connected with the treatment of the insane of any class, that it should have been thought necessary in this, the nineteenth century, to have special penal provisions thus introduced into the above Act, when the ordinary law and tribunals for its administration have the fullest powers for punishing any such most unlikely occurrences. It is derogatory in the highest degree to the professional head of such an establishment, to suppose it possible that any one in so responsible a position could be guilty of "striking, wounding, ill-treating, or wilfully neglecting" those entrusted to his charge; and if his subordinates even thus forget themselves, the means are at hand to make them feel the consequences of such misconduct. Has it been found necessary, in the establishing of other hospitals, to have penalties and imprisonment provided for their Medical men and attendants? No such thing. In the corresponding Act of the legislature for the erection, &c. of an Asylum in Ireland for the custody of Criminal Lunatics, it was never dreamed of by its promoters thus to disgrace the humanity of the Profession in Ireland; nor has it ever been found necessary, since the passing of that Act in 1843, to prosecute any official for "striking, wounding," and so forth. Seeing, then, that this disgrace has been perpetrated—(by-the-bye, what was the "Association of Medical Officers of Asylums and Hospitals for the Insane" about, that it did not protest in time against these penal provisions?)—it becomes absolutely requisite that a very close eye should be kept on any new Bill that may be introduced in the ensuing Session of Parliament, having disgraceful penal clauses embraced in it in connection with the management of Asylums generally; and with this view chiefly it is that I now venture to call attention to so important a subject through your influential columns.

I am, Sir, your obedient servant,

Sept. 1, 1860. VIGIL.

[The subject of the foregoing letter deserves the watchful consideration of the Medical Officers of Asylums. Surely they will not quietly submit to the insult.—ED. MEDICAL CIRCULAR.]

LETTER BY SIR BENJAMIN BRODIE ON THE USE AND ABUSE OF TOBACCO.

SIR,—Having been applied to some time since to join in a petition to the House of Commons that they would appoint a Committee to inquire into the effects produced by the prevailing habit of tobacco-smoking, I declined to do so; first, because it did not appear to me that such a Com-

mittee would be very competent to discuss a question of this kind; and, secondly, because, even if they were so, I did not see that it would be possible for Parliament to follow up, by any act of legislation, the conclusions to which they might have arrived. Nevertheless I am ready to admit that the subject is one of no trifling importance, and well worthy of the serious consideration of any one who takes an interest in the present and future well-being of society. From these considerations it is that I now venture to address to you the following observations.

The empyreumatic oil of tobacco is produced by distillation of that herb at a temperature above that of boiling water. One or two drops of this oil (according to the size of the animal) placed on the tongue will kill a cat in the course of a few minutes. A certain quantity of the oil must be always circulating in the blood of an habitual smoker, and we cannot suppose that the effects of it on the system can be merely negative. Still, I am not prepared to subscribe to the opinion of those who hold that, under all circumstances, and to however moderate an extent it be practised, the smoking of tobacco is prejudicial. The first effect of it is to soothe and tranquillize the nervous system. It allays the pains of hunger, and relieves the uneasy feelings produced by mental and bodily exhaustion. To the soldier who has passed the night in the trenches before a beleaguered town, with only a distant prospect of breakfast when the morning has arrived; to the sailor, contending with the elements in a storm; to the labourer, after a hard day's work; to the traveller in an uncultivated region, with an insufficient supply of food,—the use of a cigar or a tobacco-pipe may be not only a grateful indulgence, but really beneficial. But the occasional use of it under such circumstances is a very different matter from the habit of constant smoking which prevails in certain classes of society at the present day.

The effects of this habit are, indeed, various, the difference depending on difference of constitution, and difference in the mode of life otherwise. But, from the best observations which I have been able to make on the subject, I am led to believe that there are very few who do not suffer harm from it to a greater or less extent. The earliest symptoms are manifested in the derangement of the nervous system. A large proportion of habitual smokers are rendered lazy and listless, indisposed to bodily and incapable of much mental exertion. Others suffer from depression of the spirits, amounting to hypochondriasis, which smoking relieves for a time, though it aggravates the evil afterwards. Occasionally there is a general nervous excitability, which, though very much less in degree, partakes of the nature of the *delirium tremens* of drunkards. I have known many individuals to suffer from severe nervous pains, sometimes in one, sometimes in another part of the body. Almost the worst case of neuralgia that ever came under my observation was that of a gentleman who consulted the late Dr Bright and myself. The pains were universal, and never absent; but during the night they were especially intense, so as almost wholly to prevent sleep. Neither the patient himself nor his medical attendant had any doubts that the disease was to be attributed to his former habit of smoking, on the discontinuance of which he slowly and gradually recovered. An eminent surgeon, who has a great experience in ophthalmic diseases, believes that in some instances he has been able to trace blindness from amaurosis to excess in tobacco-smoking, the connection of the two being pretty well established in one case by the fact that, on the practice being left off, the sight of the patient was gradually restored. It would be easy for me to refer to other symptoms, indicating deficient power of the nervous system, to which smokers are liable; but it is unnecessary for me to do so; and, indeed, there are some which I would rather leave them to imagine for themselves than undertake the description of them myself in writing.

But the ill effects of tobacco are not confined to the nervous system. In many instances there is a loss of the healthy appetite for food, the imperfect state of the digestion being soon rendered manifest by the loss of flesh and the sallow countenance. It is difficult to say what other diseases may not follow the imperfect assimilation of food continued during a long period of time. So many causes are in operation in the human body which may tend in a greater or less degree to the production of organic changes in it, that it is only in some instances we can venture to pronounce as to the precise manner in which a disease that proves mortal has originated. From cases, however, which have fallen under my own observation, and from a consideration of all the circumstances, I cannot entertain a doubt that, if we could obtain accurate statistics on the subject, we should find that the value of life in inveterate smokers is considerably below the average. Nor is this opinion in any degree contradicted by the fact that there are individuals who, in spite of the inhalation of tobacco-smoke, live to be old, and without any material derangement of the health; analogous exceptions to the general rule being met with in the case of those who have indulged too freely in the use of spirituous and fermented liquors.

In the early part of the present century tobacco-smoking was almost wholly confined to what are commonly called the lower grades of society. It was only every now and then that any one who wished to be considered as a gentleman was addicted to it. But since the war on the Spanish Peninsula, and the consequent substitution of the cigar for the tobacco-pipe, the case has been entirely altered. The greatest smokers at the present time are to be found, not among those who live by their bodily labour, but among those who are more advantageously situated, who have better opportunities of education, and of whom we have a right to expect that they should constitute the most intelligent and thoughtful members of the community. Nor is the practice confined to grown-up men. Boys, even at the best schools, get the habit of smoking, because they think it manly and fashionable to do so; not unfrequently because they have the example set them by their tutors, and partly because there is no friendly voice to warn them as to the special ill-consequences to which it may give rise where the process of growth is not yet completed, and the organs are not yet fully developed.

The foregoing observations relate to the habit of smoking as it exists among us at the present time. But a still graver question remains to be considered. What will be the result if this habit be continued by future generations? It is but too true that the sins of the fathers are visited upon their children and their children's children. We may here take warning from the fate of the Red Indians of America. An intelligent American physician gives the following explanation of the gradual extinction of this remarkable people:—One generation of them became addicted to the use of the firewater. They have a degenerate and comparatively imbecile progeny, who indulge in the same vicious habit with their parents. *Their* progeny is still more degenerate, and after a very few generations the race ceases altogether. We may also take warning from the history of another nation, who some few centuries ago, while following the banners of Solyman the Magnificent, were the terror of Christendom, but who since then, having become more addicted to tobacco-smoking than any of the European nations, are now the lazy and lethargic Turks, held in contempt by all civilized communities.

In thus placing together the consequences of intemperance in the use of alcohol and that in the use of tobacco, I should be sorry to be misunderstood as regarding these two kinds of intemperance to be in an equal degree pernicious and degrading.

The inveterate tobacco-smoker may be stupid and lazy, and the habit to which he is addicted may gradually tend to shorten his life and deteriorate his offspring; but the dram-drinker is quarrelsome, mischievous, and often criminal. It is under the influence of gin that the burglar and the murderer become fitted for the task which they have undertaken. The best thing that can be said for dram-drinking is, that it induces disease, which carries the poor wretch prematurely to the grave, and rids the world of the nuisance. But, unfortunately, in this, as in many other cases, what is wanting in quality is made up in quantity. There are checks on one of these evil habits which there are not on the other. The dram-drinker, or, to use a more general term, the drunkard, is held to be a noxious animal. He is an outcast from all decent society, while there is no such exclusion for the most assiduous smoker.

The comparison of the effects of tobacco with those of alcohol leans to the consideration of a much wider question than that with which I set out. In all ages of which we have any record, mankind have been in the habit of resorting to the use of certain vegetable productions, not as contributing to nourishment, but on account of their having some peculiar influence as stimulants or sedatives (or in some other way) on the nervous system. Tobacco, alcohol, the Indian hemp, the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea, belong to this category. A disposition so universal may almost be regarded as an instinct, and there is sufficient reason to believe that, within certain limits, the indulgence of the instinct is useful. But we must not abuse our instincts. This is one of the most important rules which man, as a responsible being, both for his own sake and for that of others, is bound to observe. Even such moderate agents as tea and coffee, taken in excess, are prejudicial. How much more so are tobacco and alcohol, tending, as they do, not only to the degradation of the individual, but to that of future generations of our species!

If tobacco-smokers would limit themselves to the occasional indulgence of their appetite, they would do little harm either to themselves or others; but there is always danger that a sensual habit once begun may be carried to excess, and that danger is never so great as in the case of those who are not compelled by the necessities of their situation to be actively employed. For such persons the prudent course is to abstain from smoking altogether.

Trusting that you and your readers will excuse me for having occupied so large a space in your columns,

I am, Sir, your obedient servant,

Aug. 27. B. C. Brodie.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Exostosis under Scapula.—Mr Cock. Necrosis of Tibia—Unreduced Dislocation of Elbow-Joint—Mr Hilton.

(August 14th).—Exostosis under Scapula.

This patient, a boy about twelve years of age, had suffered enlargement of bone under scapula for two years, as stated; but Mr Cock considers it had been a longer period in forming. The gradual increase of growth of bone at length impaired the movements of the arm, and its dimensions had lately rapidly increased, which required removal of bone by excision. After anæsthesia was induced, Mr. Cock made a transverse incision of nearly three inches in length, commencing at the internal margin of scapula across the dorsum, through the integuments down upon the exostosed scapula. The bone deposit was found to be of an excessively hard character, and its attachment very strong. The bony matter was removed with forceps and nippers with some difficulty. Some irregularities were found upon the surface of the bone, which required to be removed by gouging them away. The wound was left open. The operation took a considerable time in performance.

Necrosis of Tibia.—Mr Hilton.

The patient, a young man about twenty-five years of age, was placed under the influence of chloroform. The disease (not the result of injury) commenced some time since, and was seated upon the internal aspect of the bone of the right leg at its lower third. The soft parts and tissues were greatly thickened and enlarged, and three sinuses had formed communicating with each other. Mr Hilton made an incision by opening the sinuses, cutting from the upper to the lower sinus, and then, by another incision, made a crucial flap. Thus, by dissecting to the bone he was enabled to remove the shell of necrosed bone from the cylinder of the "tibia." The part removed had jagged edges, and Mr Hilton thought it included the whole shell of diseased bone. If the disease had been the consequence of injury, its edges would have been smooth on the outline, and not jagged.

Unreduced Dislocation of Elbow-Joint.

This case, a boy about twelve years of age, was admitted into hospital this morning. The dislocation of elbow had occurred about five months since. Upon examination, the joint was found to be in a state of complete rigidity. The head of

radius was forced upon the external condyloid process of humerus. The olecranon was also forced upwards above the fossa. The arm was quite straight, and there was not much swelling of surrounding parts. Mr Hilton considered that the humerus had been fractured at its distal extremity, near the elbow-joint. He concluded that, in the process of union, it had thrown out a large quantity of ossific matter, which had produced anchylosis of joint. The boy was placed under the influence of chloroform. Flexion was attempted, and extension and counter-extension of the elbow was then practised for a considerable time, without success. The elbow still continued rigid, and no reduction or movement of extremities of bones could be effected. After rest, upon again persisting with more force, at first limited flexion was obtained. At length the flexion was accomplished so as to bring the forearm in a right angle with the arm, and considerable deformity relieved. This case exemplified the great revolution which chloroform has introduced into operative surgery. The force brought to bear upon this anchylosed joint would never have been practised without chloroform. It would have been a cruel and almost barbarous practice to submit a patient to what, without the anæsthesia produced by chloroform, would have amounted to torture. Moreover, the resistance of the patient would have rendered the attempt almost impossible.

August 21.

Necrosis of Humerus.—Mr Birkett. Amputation of Leg.—Mr Cock.

Necrosis of Humerus.

The patient, a boy about twelve years of age, had necrosis of the humerus of right arm, from disease. No accident or injury was known to have occurred to cause the disease. He was placed under chloroform. A longitudinal incision was made a little below the head of humerus, for about three inches, exposing bone. A portion of sound bone was required to be moved to reach the necrosed bone; this was necessarily a troublesome and rather tedious process. The chisel and mallet were necessary to be used with considerable patience before the shell could be detached. It was at length brought away whole, about one inch and a quarter in length. More diseased and necrosed bone lay out of reach, on the internal aspect of the shaft of the humerus.

Amputation of Leg.

This was a rather curious and interesting case. The patient was a young woman, twenty-two years of age, of good habit, full condition, and large muscular development. She had had paralysis of left leg from infancy, supposed to have resulted from convulsions or infantile fever. This loss of nervous power and motile function seemed to be limited to the excito-motory system of nerves, and more especially of the lower portion of the limb diseased. The sensibility remained unimpaired, there was no *anæsthesia* of the leg; nevertheless the limb became imperfectly developed, suffered from innutrition, and was of defective growth. The shaft of the femur was much shorter and smaller in circumference than the other. The other thigh was particularly muscular and well developed, so also was the leg, the total difference in length between the diseased and sound limb being fully nine inches. The foot was considerably deformed and inverted. This occurred, no doubt, from want of muscular power to obviate gravitation of the leg and foot inwards, not from malformation, although foot was much smaller than sound one. Mr Cock made a few observations upon this interesting case. He said he should make the double-flap operation. The object was to give a good pad for an artificial leg. He remarked, this was rather longer about, but was compensated to the patient. This patient enjoyed good motion of hip and knee; the loss of power was limited to lower part of the leg and foot. The supply of nervous circulation and energy to the leg and foot were so deficient, that she suffered from sores and extensive ulceration upon the anterior aspect of the lower part of the limb. Under chloroform, the flap operation was done in the usual way. The bones were found so small, that the knife could scarcely be introduced between them.

KING'S COLLEGE HOSPITAL.

Resection of Knee-joint—Lithotrity—Hare-lip.—Mr Fergusson.

Resection of Knee-joint.

Long-existing disease had gone through its usual stages in this diseased knee-joint. The patient, a girl eight years of age, came into hospital about eighteen months since. Strumous disease had exhausted itself in spontaneous cure; and nature, which had accomplished so much, had left a deformed and useless limb. In this case the articular cartilages, ligaments, and synovial membrane had been diseased. The articular cartilages especially were destroyed, and the head of the tibia had formed a union between the condyles of the femur. On her first admission to hospital, nothing more could be done in the way of treatment than extension of the limb; this was practised, and the child went home with leg much more straight than on admission. Neglect occurred, and disease slightly returned, for which she was placed under treatment out of hospital.

Operation. — A lunated incision was carried transversely, making a section of the front aspect of the knee-joint over the lower segment of patella from condyle to condyle. A flap was then dissected upwards to the margin of the superior arch of patella. The cartilages and ligaments being divided, the saw was then applied to this joint, cutting through extremity of femur at a right angle with its shaft, obtaining a slight divergence or inclination in section downwards through the bone. The saw was then applied at the lower margin of patella, and cut through the bone at a right angle as at first, with a slight divergence upwards. Thus, the two incised planes made by the saw met at the posterior or popliteal aspect of the joint, forming the apex or narrow extremity of a wedge. Patella was included in this wedge-shaped piece of excised bone, condyles, and extremity of femur, tibia, and fibula. This operation may be properly designated the *wedge operation*, from the compact, wedge-shaped substance of bone sawed out of the knee-joint. Mr Fergusson remarked that this was either a case for excision or amputation: he said, we never think of amputation now — excision is preferable. This case was especially fitted for excision. It was a case already cured—soft parts sound, and youth to guarantee success. The limb might have been permitted to remain, but the deformity was such that it would be useless and always in the way. Much has been said about loss of blood in these cases. In this operation we had not more loss than half a teaspoonful. There was not a twentieth part of the loss which occurred in the child we have just operated upon for harelip. In this case we made a single incision; formerly the H incision was made, and even more incisions. No doubt there is always some little danger attending all operations, this amongst the rest. We shall obtain for the patient a straight, or, what is better, a very slightly flexed limb—or, perhaps, with a false joint, and the deformity and impediment will be comparatively little. Upon examination of the wedge of bone, fibrous junction had taken place between extremities of the bones of the joint and patella.

Lithotrity.

Mr Fergusson, in continuing the application of the lithotrite to the patient upon whom he operated last week, did not to-day succeed in finding the stone. During the week a small stone had come away, having phosphatic crust, about the size of a small bean.

Hare-lip.

A child eight months old, having double hare-lip, had also exostosis of maxillary bone, at margin of vomer, in removing which considerable hæmorrhage from a deep-seated vessel occurred. To check this, Mr Fergusson resorted to nitric acid, applied at the end of a piece of stick pushed down upon the vessel. He quickly resorted to bringing the widely-distended edges of the lip together, which showed a chasm of singular deformity, and the bleeding by this constriction and pressure speedily ceased. Mr Fergusson remarked, that in such cases he had known surgeons walk about for forty minutes, waiting for hæmorrhage to cease, whereas by finishing the operation it would forthwith cease.

ST GEORGE'S HOSPITAL.

Malignant Ulcer.—Mr Tatum.

These conditions of malignant growths are extremely numerous. Although for many years pathologists have given much attention to the characteristics of these diseases, they remain ill defined, and not completely investigated. Some consider them in all cases constitutional; but we have reason to believe that this does not apply to all, and the exceptions admit of many accidental diseases which assume a malignant character. Amongst the number we may class the form of malignant ulcer which we are about to mention. The subjects of this malignant degeneration, mostly males, are usually in other respects persons of good health and robust constitution, and often display a considerable personal vigour, are tall, and have a good appearance, as was manifested in the case operated upon. It generally occurs late in life, mostly after fifty years of age, and will be manifested at a very advanced period of life. Malignant ulcer, so called, commences in a very imperceptible manner. It is at first strictly limited to the integument by a small ecchymosed-looking spot, which becomes slightly elevated. The skin upon friction becomes abraded, and a dry, crusty secretion exudes. Like lupus, it never heals; and its attacks are limited to the face, neck, and maxillary regions. It increases — sometimes slowly, sometimes rapidly—by spurts, extends in all directions, and ultimately, after expending itself upon soft tissues, assails bones, especially the superior maxillary bone, and external angle of the orbit. When it has arrived at a determinate size, it assumes the appearance of a fleshy, warty excrescence; it frequently commences at the angle, and extends its attack to the eye itself. When that is the case, the conjunctiva becomes ecchymosed, thickens, and enlarges; and it ultimately attacks the sclerotica and cornea, thus entirely destroying the eye, leaving a cavern which becomes filled with a red, vascular fungus. It next attacks the orbit, which it destroys. This disease, different from so-called rodent ulcer, extends and is limited to the bones of the face and jaw, completely destroying all in its career. It eats away the bones in all directions, exposing the floor of the cerebrum, and base of brain. Singularly, the membranes of the brain have evaded its attacks, when they have been otherwise most inveterate, and the sensorium is seldom much disturbed. The patient at length sinks from exhaustion. After removal, it does not return. Mr Tatum stated that he had resorted on several occasions to the use of chloride of zinc for its destruction at the commencement of the disease. The patient, a tall, well-grown, and healthy man of fifty years of age, had malignant ulcer at external angle of right eye. The tumour, about the size of a large plum, was extirpated in the usual way, by circular incision. It consisted of epithelial cells connected by fibrous bands, was colourless, very dense and compact.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 26, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr J. W. Ogle, was read, relating a case of anæsthesia of almost the entire surface of the body, as well as of partial loss of power,

recurring several times, and traceable to the effects of effused products within the spinal canal upon the various spinal nerves. The case was that of a stonemason, aged thirty-two years, of intemperate habits, who rather suddenly lost the use of all his limbs to a certain degree, as well as sensation of the skin almost entirely. The affection began with feelings of "pins and needles" in the legs. There was no affection of the mental functions. Under treatment for eight or nine months, and the use of frequent blisters to the back, he became perfectly well; but since then, for five or six years, he has had a slight return of his illness every winter, which however did not prevent his working. He was admitted into St George's Hospital with very diminished sensation of the skin of both legs as high as the thighs, as also of both arms up to the elbows, and of both cheeks and nose. There was no want of sensation in the skin of the forehead. The patient could walk, but in a very tottering manner; and the arms were much wanting in power. No pain complained of. Under the use of blistering the

spine, and diuretics, chiefly the tincture of cantharides, he became in every way much improved, and was dismissed from the hospital greatly relieved. He subsequently returned, stating that he had lost power in the limbs, and had been affected by numbness of the skin of the upper extremities. He complained of occasional pain in the head. He was again treated with the tincture of cantharides, and also with strychnine and bark. He was a second time dismissed without any numbness, and was able to work. Six months later he was again brought into St George's Hospital in a very heavy and stupefied condition, and with twitching of most of the muscles of the body. In this condition it was difficult to make out to what degree the sensation of the skin was affected, but it did not appear to be very much interfered with. The special senses were in a natural state; but the patient rambled when made to talk. He was cupped and purged. He became delirious, secreting objects under the bedclothes. The pupils of both eyes were very contracted; and the trembling of the muscles became excessive. After a short time he became very irritable, and very angry if the skin of the limbs was at all pinched, as if their sensation was exalted. He was seized with or by a convulsive attack and dyspnœa, and died rather suddenly.

Post-mortem Examination.—It was found that the spinal membranes had been the seat of extensive effusion of "lymph," or albuminofibrinous material. This had in many places accumulated around the roots of the spinal nerves, and was evidently chiefly of old standing. In some places the roots of the nerves were thickly and firmly bound by this material, and this it was no doubt which had given rise to the interference with the motion and sensation of the limbs and face. Moreover, a good deal of soft, yellowish, fibrinous material was met with at the base of the brain, occupying the subarachnoidean tissues, and surrounding the vessels and nerves there met with. Dr Ogle has had a coloured drawing made, showing the presence of the effused material in contact with the spinal nerves, and also showing the microscopical appearance both of the spinal nerves and of the adventitious surrounding material.

A paper, by Mr HENRY LEE, was read on

CASES OF TREPHINING IN SYPHILITIC DISEASE OF THE BONES OF THE SKULL, WITH OBSERVATIONS.

The Author gives the particulars of three cases, in all of which the bones of the skull were very extensively diseased. In the first the outer and middle table of the frontal bone, principally on the left side, and part of the left parietal bone, had become necrosed, but the internal table retained its vitality when the trephine was applied. The inner surface of the portion of the bone which was removed presented a very uneven surface, from whence numerous small, irregular spicula of bone projected. The dura mater, which had been in contact with these, was altered in structure, and did not bleed, as the dura mater usually does when a portion of bone is removed by the trephine. There was here general debility, loss of sensation on the right side of the face, and deafness in both ears. There had been also extensive and long-continued ulceration on the left side of the neck. The removal of the portion of bone, shown in an accompanying drawing, was followed by general restoration of the health, recovery of the sensation of the face (with the exception of a small portion of the right side of the upper lip, which still remains numb), and perfect hearing. This patient has no other treatment excepting a pint of the decoction of sarsaparilla daily. In the second case there was extensive disease of the outer and middle tables of the skull. The patient became, in consequence, subject to a peculiar kind of fit. This commenced with flushing of the face, followed by twitching of the muscles of that part. The fit would then sometimes terminate; at others, however, it would be followed by rigidity of the muscles of mastication and of the other muscles of the body. Some of these fits lasted as much as six hours, during which the patient retained his consciousness. This patient was affected with an ulceration which lasted over a period of between eight and nine years, and which had extended over the skin of the whole right arm, from the shoulder to the wrist. The application of the trephine in this case was made over the right temporal bone: the portion of the internal table removed was slightly roughened, but not nearly so much as in the preceding case. The fits recurred a few hours after the application of the trephine, but ultimately ceased. The ulceration of the right arm, which had existed between eight and nine years, healed, and the patient was restored to a comparative state of health. In the third case the bones of the skull had been extensively destroyed, but in one part the inner table had perished where the outer and middle table still maintained their vitality, as shown in an accompanying drawing. Opposite this point effusion of plastic matter had taken place, and the disease had spread by continuity of action to the brain, and produced red softening of that organ. There was no disease, either in the brain or its membranes, in those situations where the entire thickness of the skull had been removed. In this instance, again, there had been long-continued and most troublesome ulcerations principally of the right leg, and destruction by ulceration of the eye and nostril on one side. The trephine was here applied to the right parietal bone, in the immediate neighbourhood of the portion of the internal table which had perished. The exact spot was not hit upon; but as softening of the brain had already taken place, and the patient was comatose, any operation in this particular instance was too late. The Author dwelt particularly upon the absence of disease in those parts where the entire thickness of the skull had been removed, and concluded from thence that the early removal of the diseased internal table afforded the best chance of success in such cases. It was evident in the last case that the continued contact of the diseased bone had produced the effusion, first, between the bone and dura mater, then between the membranes of the brain, and that the brain itself had ultimately become diseased by continuity of action. Had this diseased bone been earlier removed, the results would not have occurred. The object of trephining in these cases was, then—1st. To remove the cause of irritation from the surface of the dura mater. 2ndly. To allow the discharge of any matter there secreted. 3rdly. To establish a healthy suppuration from one part of the membrane, whereby the irritation caused by the prolonged contact of diseased bone would be relieved. The Author directed particular attention to the prolonged, persistent, and recurring ulceration of the skin, which formed one of the most troublesome symptoms in all the cases. In illustration of the cause of these ulcerations he referred to M. Brown-Séquard's experiments, in which it was shown that by cutting off the sympathetic nervous influence from a part the vessels of that part became dilated; and also to M. Majendie's experiments upon the fifth nerve, by which it was shown that ulceration might follow the abstraction of nervous influence. In the third case destruction of the eye had actually followed, as in Majendie's experiments, and as had also been observed by the Author in a case of fracture of the base of the skull in which the fifth nerve had been completely paralysed. M. Brown-Séquard had also shown that, by irritating certain portions of the nervous system, an animal might be rendered liable to epileptic fits. In Case 2 the Author attributed the occurrence of the fits to the irritation produced in the membranes of the brain by the continued contact of the diseased bone, and concluded that the removal of even a comparatively small portion of that bone, so diseased, was calculated to relieve the irritation, as it certainly appeared to have done in the cases recorded.

A paper, by Dr G. CURSHAM, was read, giving

CASES OF OBSTRUCTION OF THE VEINS OF THE LOWER EXTREMITIES CAUSING ŒDEMA OF THE CORRESPONDING LIMB, OCCURRING IN PHTHISICAL PATIENTS.

The Author relates four cases of the above description, all of which occurred in patients in an advanced stage of phthisis. In three the œdema was confined to one limb, the corresponding veins being found closed with coagula. In one case both limbs were affected, and in this the lower part of the vena cava (as well as both femoral veins) was obstructed. He refers to similar facts published by different authors, and observes that the cases he has recorded correspond closely with those described under the name of phlegmasia dolens. The Author, however, is disposed to think they had some other origin than the one to which that disease has been attributed, and states his reasons for considering them as coming under the class of cases in which coagulation in the veins is produced by the presence of pus or some foreign matter in the blood, and that the subsequent inflammation was owing to the stagnation of the vitiated blood in the vessels.

OUR NOTE BOOK.

AIR IN THE UTERINE VEINS.

M. Depaul related before the Surgical Society of Paris the following instance of sudden death, from penetration of air into the uterine veins, and subsequently into the heart:—On 15th April, 1855, M. Depaul attended, in her first confinement, a woman, aged nineteen, whose pelvis and lower extremities were much deformed, the sacro-pubic diameter of the brim of the pelvis scarcely reaching 3 inches (7½ centimètres) in length. The dilatation of the os uteri was complete forty-eight hours after the beginning of labour; the liquor amnii escaped, but the head did not descend into the pelvis. The head presented obliquely, the vertex being directed towards the right acetabulum. The pains were intense, intermittent, but frequent, and since twenty-four hours a loop of the cord in which no throbbing was perceptible had descended; the heart of the fœtus was, moreover, inaudible. M. Depaul, after a further delay of an hour and a half, perforated the cranium, and with the forceps extracted a full-sized child weighing about eight pounds. The patient recovered rapidly.

Some two years after, she again became pregnant, and M. Depaul resolved on inducing artificial labour at eight months, in the hope that the child might live. At the period agreed on, a powerful uterine injection (*douche vaginale*) was performed, and labour having supervened, it again became necessary to have recourse to perforation of the head. Even after this operation, the extraction of the fœtus presented much difficulty, and metro-peritonitis followed, which imperilled the life of the mother.

A third pregnancy took place, but fortunately the patient miscarried at two months and a half.

She again became gravid towards November 10th, 1859; and on this occasion M. Depaul resolved not to delay beyond seven months and a half the induction of premature labour. On the 20th of June, 1860, in the presence of Dr Tarnier, Fellow of the School of Medicine, in the Section of Midwifery, he therefore administered a first injection, which occasioned a few uterine contractions. A second injection was performed on the same day, and a third on the following evening, with the apparatus in common use at the "Hôpital d'Accouchement," consisting in a forcing-pump fixed to a bucket, from which the water is raised through one tube and discharged through another, with considerable power, into the vagina.

Having placed his forefinger in contact with the cervix, the operator inserted the caoutchouc canula at a distance of about 5 lines from the os uteri. The injection had continued for about five minutes, when a peculiar sound was heard, indicating the escape of air; the instrument was carefully examined, and being found in perfect order, the operation was resumed. After a short interval, the same sound was again noticed, and the patient complained of much pain. A third time air escaped with the water from the pipe, and the operation was interrupted. The patient having then been recommended to rise and take a few steps across the room, fell back in a faint; the pulsation of the radial artery suddenly became imperceptible, and the heart ceased to beat. During twelve minutes no effort was spared to restore suspended animation, but after three incomplete gasps the woman definitely expired.

The Cæsarian operation was then instituted. The texture of the uterus, instead of being dark and turgid, was found pale and colourless, and at each incision air-bubbles and froth escaped with the blood. The child, which at first gave no sign of life, was restored after a hot wine-and-water bath and direct insufflation, but lived fifteen hours only.

On removal of the after-birth, it was found that part of its surface was detached and separated by a certain quantity of air from the uterine wall.

No post-mortem examination of the body was permitted.

Although this method of inducing prematu

labour is frequently resorted to by the principal accoucheurs of Paris, a melancholy occurrence similar to that related above has never before been observed. The instrument has since been the object of careful examination, but the most minute research has failed to detect the imperfection to which the fatal escape of air was due.

M. Depaul assumes that the air forced into the womb was retained within its cavity during the contractions, at the close of each of which it was aspirated by the uterine veins, whence it passed into the cava and into the heart, a direction in which it was further propelled by the *vis à tergo* exerted by the uninterrupted discharge of water into the vagina.

DIPHTHERITIC PARALYSIS.

M. Maingault, who a few years years since wrote a thesis upon this subject, as the result of further experience, comes to the following conclusions: 1. Numerous cases prove that there is a variety of paralysis which deserves the title of diphtheritic paralysis, coming on during the convalescence of diphtheritis and croup; it is evidently the consequence of the primary affection. 2. This paralysis may be local, as paralysis of the velum palati and of the pharynx. 3. Frequently it is also seated at distant parts, sometimes being limited to the lower limbs, and at others extending successively to the various muscles of the body, thus exhibiting a generalised and progressive form. 4. A simple mild case of diphtheria may give rise to a severe and extended attack of this paralysis. 5. Albuminuria is not the determining cause of this paralysis, as in some cases the urine has contained no albumen whatever. 6. It seems to be the result of a disturbance of the nervous system, without any appreciable lesions of the nervous centres. 7. It may terminate fatally, but usually recovery takes place in a space of time occupying from two to eight months.—'Archives Gén.', tome xiv., p. 716, and 'Medical Times.'

DETECTION OF PHOSPHORUS IN CASES OF POISONING.

Scherer has found that the smallest trace of phosphorus may be detected by its reaction with a salt of silver. Phosphorus volatilises even under liquids, at the ordinary temperature, and a piece of paper moistened with nitrate of silver is blackened when suspended over it in a closed vessel.

In order to guard against error, it is necessary, when the fluid contains organic matter, to mix it with pure sulphuric acid, and suspend over it a piece of paper moistened with an alkaline solution of nitro-prussiate of sodium, which would detect the presence of sulphuretted hydrogen by the violet colour produced. If by long contact with air the phosphorus has passed into the state of phosphorous acid, it may still be detected by distilling the liquid with zinc and sulphuric acid, and passing the evolved gas into a solution of nitrate of silver. The phosphoretted hydrogen present produces a black precipitate, which may also be oxidised with nitric acid, and then examined for phosphoric acid in the usual way.—'London Medical Review.'

UREA IN THE LYMPH OF CHYLE.

A. Wurtz has examined the chyle obtained by a fistulous opening in the thoracic duct of a bull which was fed with animal food, and finds in it a considerable quantity of urea. He also finds this substance in the chyle and lymph of other animals, according to the following table, the amount of urea contained in the blood being also stated for the purpose of comparison.

ANIMAL.	FOOD.	UREA IN 1,000 GRAMMES.		
		BLOOD	CHYLE	LYMPH
Dog	Meat	0,089		0,158
,, ...	,, ...		0,183	
Cow	Clover, Hay ...	0,192	0,192	0,193
Bull	Clover and Oil-cake		0,189	0,213
,, ...	Oilcake			0,215
Ram	Ordinary Food..	0,248	0,280	
Sheep ...	,, ...		0,071	
Horse ...	,, ...			0,126
				0,112

—'London Medical Review.'

INFLUENCE OF FATTY BODIES ON THE SOLUBILITY OF ARSENIOUS ACID.

Blondlot has found that the fatty bodies diminish the solubility of arsenious acid, both in pure water, and slightly alkaline or acid solutions. The slightest contact of arsenious acid with a fatty substance is sufficient to reduce its solubility to 1-15th or 1-20th of that which, *ceteris paribus*, would occur in the absence of the fatty body.

This behaviour explains how it is that sometimes, in medico-legal investigations, arsenic has been looked for in vain in the fluid parts of food really containing arsenic when fat is also present—in soup or milk, for example.—'London Medical Review.'

THE STATE OF THE LUNGS IN DROWNED PERSONS.

The presence or absence of water, or frothy mucus in the lungs, of persons who have died by drowning, has given rise, from Haller downwards, to much controversy. M. Beau, physician of the Hospital of La Charité, has recently instituted on the subject an interesting experimental inquiry, which we find in the 'Archives Générales de Médicine' for July, 1860.

From these researches, it would appear that animals kept completely immersed under water make one inspiration only, and sometimes none whatever. This gasp is followed by the expiration of a certain quantity of air, of which a corresponding amount of water takes the place. The glottis then closes convulsively, and no more water is admitted. The instinctive cessation of all respiratory movements, and the spasmodic constriction of the glottis, would, therefore, account for the smallness of the quantity of fluid which penetrates into the lungs.

The imperative admonition of the necessity of ceasing all efforts of respiration is, according to M. Beau, the result of the natural orifices of the air-passages being kept under water. Thus when, in another series of experiments, dogs, after tracheotomy, were immersed up to the neck only, the artificial orifice of the trachea being kept below the level of the liquid, inspiration was repeated in successive gasps until the bronchi became entirely filled.

From these experiments, M. Beau concludes:

1. The small quantity of frothy mucus found in the lungs of the drowned cannot be regarded as the cause of death, which is due to the interception of air.

2. Penetration of water into the air-passages is prevented by the spasmodic closing of the glottis and the instinctive cessation of all efforts at respiration.

3. The mechanism of asphyxia by drowning differs materially from that which is observed in accumulation of morbid secretions within the chest, as in pulmonary catarrh, for instance; it presents, on the contrary, much analogy with the manner in which death is brought on in tetanus. —'Journal of Practical Medicine and Surgery.'

ARMY MEDICAL DEPARTMENT.

QUESTIONS LATELY GIVEN TO ASSISTANT-SURGEONS IN THE ARMY BEFORE BEING RECOMMENDED FOR PROMOTION.

MEDICINE.

Dr Parkes.

1. Much discussion has taken place with regard to the etiology of yellow fever, and its exact relation to diseases of undoubted malarious origin. Describe the symptoms and treatment of yellow fever, and enter as fully as you can into the questions above alluded to.

2. What are the pulmonary diseases you have had to treat since your entrance into the service? Give their symptoms and treatment, and state any opinions you have formed from your own experience with respect to their causes and the preventive measures which should be adopted.

3. What opinions are now generally received respecting the causes of scurvy? How does the scorbutic taint modify the symptoms of the following diseases: typhus, pneumonia, pleurisy, and dysentery?

4. What are the symptoms and causes of beriberi?

5. What are the chief measures used for purifying water from suspended and dissolved organic substances? What diseases have been supposed to be produced or aggravated by the use of such impure water?

6. What is the ordinary diet of the soldier on home service? Your opinion being asked as to the kind and quantity of food which should be supplied in a campaign in Europe expected to be extremely harassing and laborious, draw up such a scale of diet as will, in your opinion, meet the case.

SURGERY.

Mr Paget.

1. Write such regulations for the general treatment of men nearly drowned as may be carried out by non-professional persons.

2. Describe briefly the characters and the appropriate treatment of burns of different degrees of severity.

3. Enumerate the contagious diseases of the skin (excluding the exanthematic); describe the distinctive characters and treatment of each. How would you try to prevent their spreading in a regiment?

4. Write lists of all that should be prepared for the performance of, and first dressings after, the operations of (1) amputation above the knee; (2) tracheotomy; (3) trephining.

5. What precautions do you observe in the administration of chloroform? In case of any untoward symptoms arising during its administration, what should be done?

6. What are the most frequent conditions of the bones, and the parts around them, in old cases of ununited fracture?

7. What are the principal injuries and diseases of the head for which the removal of bone, by trephining or otherwise, should be generally advised?

ANATOMY, PHYSIOLOGY, &c.

Mr Busk.

1. Describe the diaphragm, its connections, relations, and functions.

2. Describe the fasciæ of the abdomen, together with those of the pelvis and perinæum, in the male.

3. Give an account of the structure and properties, physical and vital, of a middle-sized artery, and of the capillary vessels.

4. What are the conditions upon which the rhythmical movements of the heart depend, and to what causes are its sounds due?

5. What are the chief active principles in opium? Describe in general terms the method of extracting them.

6. What art the wild British poisonous plants which give rise to the most frequent cases of accidental poisoning? What symptoms do they produce?

7. What is yeast? Give the *rationale* of its use in baking bread.

8. Enumerate the principal plants from which sugar is procured. Explain its use as an article of diet; and distinguish grape from cane sugar.

Births, Marriages, and Deaths.

BIRTHS.

Dunn.—August 23, at Feckenham, Worcestershire, the wife of G. P. Dunn, Esq., M.R.C.S., late of Ledbury, of a daughter.

Griffith.—August 28, at Peckham, the wife of John T. Griffith, M.D., F.R.C.S., of a son.

Marshall.—August 26, at Belvedere road, Upper Norwood, the wife of J. Marshall, M.D., of a son.

MARRIAGES.

Duncan.—Holchkis.—August 21, at Ladyfield House, James Matthews Duncan, A.M., M.D., F.R.C.P.E., of Edinburgh, to Jane Hart, youngest daughter of James Holchkis, Esq., of Ladyfield House, Dumfriesshire.

Moule.—Foster.—August 22, at St Mary's Church, Hitchin, the Rev. Frederick J. Moule, to Mary Alicia, third daughter of Oswald Foster, Esq., M.R.C.S., of Hitchin, Herts.

DEATHS.

Acton.—August 25, at Grandisburgh, Woodbridge, Suffolk, Edward Acton, L.S.A. Lond., aged 54.

Armstrong.—August 15, at Collooney, County Sligo, Wm. Armstrong, M.D. Edin., L.R.C.S. Ireland.

Carter.—May 27, at the General Hospital, Cal-

cutta (17 days after his arrival), Robert Carter, Assistant-Surgeon on the Bombay Establishment.

Cook.—August 19, suddenly, at Lamlash, Isle of Arran, Dr Cook.

Elmore.—August 26, at 27 Harley street, Cavendish square, John Richard Elmore, M.D., M.R.C.S. Eng., aged 73. He had been a Member of the Royal College of Surgeons for fifty-four years.

Gallaer.—July 23, at Aspinwall, New Grenada, Dr John Gallaer, Surgeon-in-Chief of the Panama Railroad.

Gibson.—August 13, of disease of the heart, at Armagh, Samuel Gibson, M.B. Univ. Trin. Coll., Dub., Assistant-Surgeon, 12th Lancers.

Harris.—At Nelson, New Zealand, Mr Samuel Harris, who left England as Surgeon on board the vessel 'Golconda.'

Hutchinson.—August 24, at Guildford street, Russell square, aged 76, Ann, widow of Scrope Hutchinson, M.D., late of Dover and Hythe.

Row.—August 24, of disease of the heart, at Lower Homerton, William Row, M.R.C.S. Eng., L.S.A. Lond., aged 53.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed the examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 23:—John Alderson, Birmingham; J. V. L. Westmacott, Chorlton Union Workhouse, Manchester.—The following gentlemen also on the same day passed their first examination:—Arthur Richard Beckett, Whitchurch, Salop; James Fowler, Winterton, Lincolnshire; Arthur Trehern Norton, St Mary's Hospital; Edward Parson, King's College; Arthur Roper, Guy's Hospital; Edward Thomas Tibbits, University College.

Medical Promotions in the Legion of Honour.—Messrs. Jules Cloquet and Ricord have just been promoted to the rank of Commanders of the Legion of Honour.

Cambridgeshire Lunatic Asylum.—At a meeting of the visitors of the Cambridgeshire Lunatic Asylum, holden at Fulbourn on Tuesday last, Mr G. W. Lawrence, of the Camberwell House Asylum, London, was appointed Medical Superintendent of the former institution, in the room of Dr Bryan, resigned. The candidates selected for election, out of 110 applications, were: Mr G. Casson, of the Norfolk County Asylum; Mr C. Hills, of the Kent County Asylum; Mr T. Allen, of the Lincoln County Asylum; Mr J. Ellis, of the County Asylum, Hanwell, Middlesex; Mr T. Dixon, of the Wye House County Asylum, Buxton; and Mr G. W. Lawrence. The salary is 300*l.* per annum, with furnished house and coals, and an allowance of 140*l.* per annum in lieu of rations.

The Cholera in Spain.—The 'Siglo Medico' of Madrid contains an article which shows that the cholera has regularly broken out every year in some part of Spain since 1854. From the 1st of May to the 29th of June of this year, 5,344 cases occurred at Malaga, the deaths being 2,267. Many provinces have been invaded, but Madrid has as yet escaped.

Naval Hygiene.—The heat at Malta was excessive during last month, and a very prudent sanitary precaution had been adopted on board the ships of war in port, under the considerate command of Rear-Admiral Codrington, C.B., the senior naval officer in port, with the best results. The usual routine of exercising guns, sails, and such like, was judiciously deferred to the cool of the evening, when the heat of the day was deprived of its extreme intensity. It would be very desirable that a like system be adopted by the Lieutenant-General commanding the Military in garrison.

Impervious Aorta near the Arch in a New-born Child, who lived five Days.—M. Devilliers mentions this case in 'L'Union Médicale' of the 23rd ultimo. The left ventricle was very small, and a probe passed from its cavity upwards towards the arch met with an obliterated canal. The sigmoid valves were in fact glued together, and rendered the vessel impervious. Of course the circulation of fœtal life could accommodate itself to this abnormal state; but extra-uterine life sank under it, although the ductus arteriosus remained widely patent.

Perfect Happiness in Medicine.—M. Duméril, Professor at the Faculty of Medicine and the Museum of Natural History of Paris, has just died at the advanced age of eighty-seven years. The deceased was member of the Academy of Sciences since 1816, and enjoyed great reputation as an indefatigable investigator of natural history. He published numerous works, highly valued for their great lucidity and descriptive exactness. M. Duméril retained up to his decease the clearest intellect, often spoke at the meetings of the Academy, and was listened to with the deference to which his age, experience, and knowledge entitled him. Hardly three weeks ago he took an active part in the discussion touching the longevity of toads, to which we have referred in this journal. The late professor breathed his last in perfect calm, not regretting life, and saying a few hours before dissolution, "I have always been happy."—'Lancet.'

Graduated Types for Trials of Vision.—M. de Jaeger, jun., has just published at Vienna the third edition of the above pamphlet, which has recently been translated into French. It consists of twenty proofs of different types, commencing with the largest (No. 20), and descending by a gradually diminishing scale to the smallest (No. 1), in English, German, and French. The book is extensively used by oculists in Germany, as the amount and kind of vision can at once be described by it. When, for instance, a person is said to read No. 8 at so many inches' distance, and to be able to read for a determined time without fatigue, a very accurate idea is given of the patient's powers of vision.

Cold versus Heat.—The annual deaths by cold and by burns in this country follow a curious law of progression when their frequency is compared with the temperature of the year. Thus the temperature of 1855 was low, and in that year deaths by cold amounted to 195, and deaths by burns and scalds to 3177; and in the year 1857, the temperature being high, the deaths by cold did not exceed 45, and by burns 2717. In the four years out of nine when the annual deaths by cold exceeded 100, the deaths by burns and scalds were 2826 on an average; in the four years when the annual deaths by cold were less than 100, the deaths by burns and scalds were 2710 on an average. The additional fires in cold weather, and the disposition to approach them without due caution, sufficiently explain this, while they also indicate the importance of applying widely the principle of rendering dress non-inflammable.

The New Census Acts.—The new Acts for taking the Census in England and Ireland next April have been issued. The Act for Scotland has not yet received the Royal assent. In the Act for England there are 19, and in the one for Ireland 11 sections. In England the Secretary of State is to superintend the taking of the Census. Every registrar's subdistrict is to be formed into enumerators' divisions. Enumerators are to be appointed, and householders' schedules are to be left at all dwelling-houses, to be filled up as to all persons abiding therein on the night of Sunday, the 7th of April, as to the name, sex, age, rank, profession or occupation, condition and relation to head of family, and "birthplace of every living person," and also whether there were any blind or deaf-and-dumb. There is nothing as to "religious profession" in the English Act, but there is in the one relating to Ireland. The schedules in England are to be collected from the houses on Monday, 8th of April, if possible, and to be corrected if found to be erroneous. The masters of jails, workhouses, hospitals, &c., are appointed enumerators for the occasion, and all overseers and other parochial officers are bound to act as enumerators. Returns are to be obtained of the houseless poor during the night of the 7th of April, and of all persons travelling or on shipboard. A table of allowances to the enumerators in England is to be prepared, and the payments are to be certified to the Registrar-General. The enumerators and other persons employed in the execution of the Act are authorized to ask the questions directed, and every person refusing to answer or wilfully giving a false answer is to forfeit a sum not exceeding 5*l.*, nor less than 1*l.*; one half of the penalty is to be paid to the informer. In Ireland, the police of the Dublin and constabulary forces with other competent persons, as the Lord-Lieutenant may appoint, are on the 8th of April and one or more consecutive days to visit every house, and take an account of the age, sex, religious persuasion, and occupation of all persons; and also, both in England and Ireland, particulars as to the houses, &c. Penalties are to be imposed for not answering and for giving false statements, which fines are to be enforced in a summary manner. The Census is to be laid before Parliament within twelve months after next June.

Cure for Hydrophobia.—The 'Presse Médicale Belge' states, on the authority of Father Legrand de la Liray, late interpreter to Admiral Rigald de Genouilly, and one of the oldest and most venerable missionaries in Tonquin and Cochin China, that in those countries hydrophobia is cured with complete success by boiling a handful of the leaves of Datura Stramonium, or Thorny Apple, in a litre of water, until reduced to one-half, and then administering the potion to the patient all at a time. A violent paroxysm of rage ensues, which lasts but a short time, and the patient is cured in the course of 24 hours. For the benefit of our readers, we may state that the leaves of Stramonium are highly narcotic, and as such are recommended in asthma under the form of cigars, to be smoked as usual; but that the same leaves, taken in large quantities, whether in powder or under the form of a decoction, will produce temporary idiocy. As to its efficacy in confirmed hydrophobia, it seems to be very earnestly recommended by Father Legrand, who declares he has tried it several times, and invariably with success. The great difficulty will of course consist in administering the remedy to the patient, which probably must be done by main force, with the aid of a horn; but on this subject the 'Presse Médicale' is silent.

Sir Henry Holland has sailed for Canada, to join the suite of the Prince of Wales.

M. Jobert's Method of treating Stricture.—The 'France Médicale' of the 11th ult. contains a clinical account of M. Jobert de Lamballe's practice, at the Hôtel-Dieu of Paris, in the treatment of stricture. The French surgeon's opinions are rather sweeping, as he condemns pretty well every mode of treatment save his own, which is described as follows:—Take an emplastic bougie, and soften the extremity at the flame of a lamp; then incorporate more or less alum with it, according to the effect you wish to produce, and gently carry down the instrument to the seat of the stricture. There leave it a quarter of an hour. After two or three applications (the intervals are not mentioned), inflammation of the mucous membrane and discharge follow; the canal becomes disgorged by this transitory catarrh, and a bougie with an olive-shaped extremity passes easily. The case quoted in support is in nowise conclusive, and we must submit that the alum incorporation does not seem to us to present any advantages—rather the contrary. This practice of M. Jobert somewhat resembles the new mode of treating gleet in Paris, alluded to by our own correspondent ('Lancet,' July 28th, p. 99); but practitioners will probably require good proof that these methods are really efficacious, and that they produce no mischief, before they have recourse to them.

Medical Institutions in Torquay.—This town possesses three medical institutions—an Infirmary, a Consumption Hospital, and an Institution for Ladies of reduced means suffering from Affections of the Chest. The Hospital for Consumption admits fifty in-patients at once—twenty-five of each sex. It is open for eight months in every year—from October 1st to June 1st. It restricts its advantages to such cases as are in an early stage, or afford reasonable prospect of undergoing arrest. Suitable cases can return for as many seasons as may be requisite to complete their restoration. In these and in some other respects, the Torquay Hospital for Consumption is unique. For the Erith House Institution for reduced Ladies, a new and appropriate building is now in course of erection. When completed, it will accommodate twenty occupants, who will each contribute a guinea per week towards their expenses. Each of these institutions is supported entirely by voluntary contributions; and no one of them, I regret to say, is as well supported as it deserves.—Dr Radclyffe Hall.

The next General Meeting of Naturalists and Physicians in Germany will be held from the 15th to the 22nd of September at Königsberg, in the province of East Prussia.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 5.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, September 6.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, September 7.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 8.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, September 10.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, September 11.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Dr ROBIE's communication has been received, and shall be inserted.

W. S.—1st. Certainly.—2nd. There is no restraining law.

Dr J. P.—By election of the Governors.

NEMO.—Our attention has been drawn to the subject.

AN L.R.C.P.—You are undoubtedly at liberty to use the title of Doctor, but you cannot style yourself M.D. A University Medical Doctor is not a Physician unless he be admitted a member of a College of Physicians, any more than an LL.D. or a D.C.L. is a lawyer without being duly registered in one of the Inns of Court. By courtesy Physicians are Doctors, and that is all that can be said about the matter. There is no prohibitory enactment.

Mr H. B., on the Stimulating System, received. We do not think that promiscuous stimulation has been beneficial in the practice of medicine. The same remark applies to promiscuous bloodletting. As Dr Spurgin would say, it is "judgment." A careful and vigilant helping of Nature's efforts, without any sort of charlatanism, will prove to be the most successful in practice. "Don't attempt to do too much," is the golden rule.

CHIRURGUS.—You could not charge for medicines in that capacity. The jury would consider whether it was optional with you to charge in one capacity or another.

Mr B. JAMESON is thanked.

Mr HEATH.—Yes.

JUVENIS.—A full account of the new regulations will soon be published.

Dr EDWARD B****.—We will give it consideration.

AN ASSISTANT.—We cannot afford you any assistance.

DETUR DIGNIORI is thanked for his remarks.

VERUS.—Enclosures received. The card is very discreditable.

THE COLNEY-HATCH ASYLUM.

To the Editor of the Medical Circular.

SIR,—At page 110 of the MEDICAL CIRCULAR of the 15th instant, it is stated that "the number of inmates confined in the Colney-Hatch Asylum is nearly two thousand; and the Medical Officers who are appointed to take charge of them are only two, exclusive of an Apothecary!"

Allow me to inform you that the latter part of the above statement is not correct. Instead of there being only *two* Medical Officers at Colney-Hatch Lunatic Asylum, there are—not including the Apothecary—*six*; three of whom are attached to the male, and three to the female department of the Asylum.—I am, Sir, &c.,

A MIDDLESEX MAGISTRATE.

London, August 29th, 1860.

(We were guided in our remarks by the return made to the 'Medical Directory' of 1860, in which the names of Messrs Tyerman and Marshall alone are mentioned. We are glad to know that there are six; but even this number is not sufficient, or the inspection must be indifferent.

ALPHA.—You can write to the Secretary of the Hospital for the Paralysed and Epileptic, in Queen square, Bloomsbury.

Mr JAMES L. KING.—Your communication on Hernia shall appear in our next number.

THE HAMPSHIRE ADVERTISER.—Received. We observe in this paper a lengthened report of a case of Emotional Paralysis, that was described by Dr Wiblin, of Southampton, at a meeting of the Medical and Chirurgical Society of that town. This report is precisely similar, as regards fulness of detail, to those that appear ordinarily in the Medical Journals. We should like to know how that report found its way into a local journal? If the Editor, on his own responsibility, deemed it proper to introduce a Medical report into the pages of his paper to gratify public curiosity, we have no right to complain, as it would simply show that the public in Southampton are beginning to take a deep interest in Medical Science, and must have already received considerable instruction in its more recondite mysteries. This would be a hopeful sign of modern enlightenment. If, on the contrary, it was inserted at the desire or by the sanction of Dr Wiblin, we can only condemn it as a most unusual mode of obtaining local notoriety. It is due to professional feeling and the obligations of professional etiquette that Dr Wiblin should repudiate any connection with this report, as we cannot believe that he was a party to its publication.

Flat Silver Watches—

Four Holes Jewelled and with true Sunk Seconds—£1 18s.

FLAT GOLD WATCHES—Eight Holes Jewelled, of a higher character, with White Dials and true Sunk Seconds—£6 6s.

The above are Sample Watches (Horizontal Principle) and such as within the large experience of this Old Established House we have never been able to offer at less than Three Guineas in Silver, and Ten Guineas in Gold Cases.—All warranted.—Per Post, 1s. extra.

Particularly suited for Students and Gentlemen of the Medical Profession.

ARNOLD, 59 and 60 Red Lion street, Holborn, London.

University College, London.

—FACULTY of MEDICINE.—SESSION 1860-61.

The SESSION will open on Monday, the 1st OCTOBER, at Three p.m.

The Courses of Lectures, &c., will commence on Tuesday, October 2.

Classes, in the order in which Lectures are delivered during the day:

WINTER TERM.

Anatomy—Professor Ellis, at Nine a.m.

Anatomy and Physiology—Professor Sharpey, M.D., F.R.S., at Ten a.m.

Chemistry—Professor Williamson, F.R.S., at Eleven a.m.

Comparative Anatomy—Professor Grant, M.D., F.R.S at Three p.m.

Surgery—Professor Erichsen, at Four p.m.

Practical Physiology and Histology—Professor Harley, M.D. (Wednesday) at Four p.m.

Medicine—Professor Walshe, M.D., at Five p.m.

Dental Surgery—Mr G. A. Ibbetson.

Practical Anatomy—The Pupils will be directed in their Studies during several hours daily by Professor Ellis, and Mr I. B. Lyon, Demonstrator.

SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.
Pathological Anatomy—Professor Jenner, M.D.
Medical Jurisprudence—Professor Harley, M.D.
Practical Chymistry—Professor Williamson, F.R.S.
Midwifery—Professor Murphy, M.D.
Palæozoology—Professor Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Professor T. Wharton Jones, F.R.S.
Botany—Professorship vacant.
Practical Instruction in Operative Surgery—John Marshall, F.R.S.
Analytical Chymistry—Professor Williamson throughout the Session.

Logic, French and German Languages, Natural Philosophy, Geology, and Mineralogy, according to announcement for the Faculty of Arts.

CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.
Physicians—Dr Walshe, Dr Garrod, Dr Jenner, Dr Hare.
Obstetric Physician—Dr Murphy.
Assistant-Physician—Dr Reynolds.
Surgeons—Mr Quain, F.R.S., Mr Erichsen, and Mr Marshall, F.R.S.
Consulting Surgeon to the Eye Infirmary—Mr Quain, F.R.S.
Ophthalmic Surgeon—Mr Wharton Jones.
Assistant-Surgeon—Mr Henry Thompson.
Dental Surgeon—Mr G. A. Ibbetson.

Medical Clinical Lectures, by Dr Walshe, Dr Garrod, and Dr Murphy; also by Dr Jenner, Professor of Clinical Medicine, whose special duty it is to train the Pupils in the practical study of disease, and who gives a series of lessons and examinations on the physical phenomena and diagnosis of disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, especially by Mr Quain, and by Mr Erichsen.

Lectures on Ophthalmic Cases by Mr Wharton Jones.

Practical Instructions in the Application of Bandages and other Surgical Apparatus, by Mr Marshall.

Practical Pharmacy—Pupils are instructed in the Hospital Dispensary.

Prospectuses may be obtained at the office of the College.

Prizes.—Gold and Silver Medals for excellence in the examination at the close of the courses in most of the classes.

Liston Gold Medal for Clinical Surgery.

Dr Fellowes' Medals for Clinical Medicine, two gold and two silver.

Filliter Exhibition for proficiency in Pathological Anatomy, £30.

Longridge Exhibition for general proficiency in Medicine and Surgery, £40.

An Atkinson Morley Scholarship for the Promotion of the Study of Surgery, £45; tenable for three years.

Residence of Students.—Several of the Professors receive Students to reside with them, and in the office of the College there is kept a register of parties, unconnected with the College, who receive boarders into their families. Among these are several medical gentlemen. The register will afford information as to terms and other particulars.

JOHN E. ERICHSEN, Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

August, 1860.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, 16th October.

The Junior School will open on Tuesday, the 25th of September.

St Mary's Hospital Medical

SCHOOL.—The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Dr TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these five appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr Alderson, Dr Chambers, Dr Sibson, Dr Handfield Jones, Dr Sieveking, and Dr Markham.
Surgeons—Mr Coulson, Mr Lane, Mr Ure, Mr Spencer Smith, Mr Walton, and Mr James Lane.
Physician-Accoucheur—Dr Tyler Smith.
Ophthalmic Surgeon—Mr White Cooper.
Aural Surgeon—Mr Toynbee.
Surgeon-Dentist—Mr Sercombe.

LECTURES.—Clinical Medicine—Dr Alderson, Dr Chambers, and Dr Sibson. Clinical Surgery—Mr Coulson, Mr Lane, and Mr Ure. Medicine—Dr Chambers and Dr Sibson. Surgery—Mr Coulson and Mr Spencer Smith. Physiology and Morbid Anatomy—Dr Markham and Mr James Lane. Anatomy—Mr James Lane and Mr Gascoyen. Operations on the Dead Body—Mr Walton. Dissections—Mr Gascoyen and Mr Davy. Chemistry and Practical Chemistry—Mr Field. Midwifery—Dr Tyler Smith and Dr Grailly Hewitt. Materia Medica—Dr Sieveking. Botany—Dr Dresser. Medical Jurisprudence—Dr Sanderson. Ophthalmic Surgery—Mr White Cooper. Aural Surgery—Mr Toynbee. Dental Surgery—Mr Sercombe. Comparative Anatomy—Dr Grailly Hewitt. Natural Philosophy—Mr Smalley.

The In-Patients are visited daily by the Medical Officers, and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each Session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25 is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries is £89 5s., which may be paid by instalments.

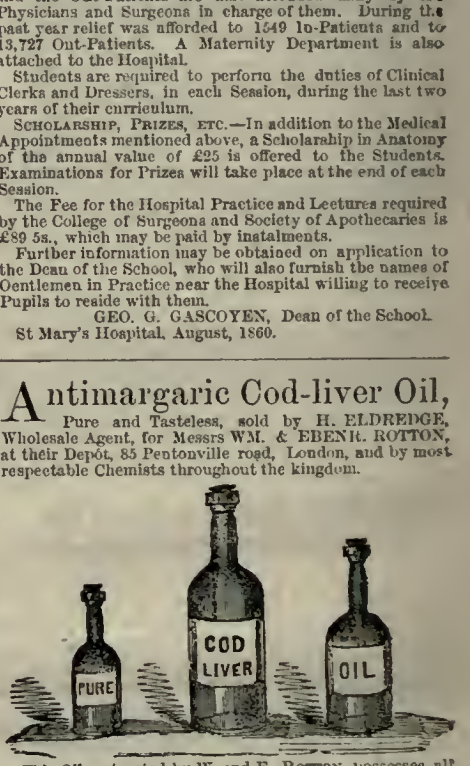
Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St Mary's Hospital, August, 1860.

Antimargaric Cod-liver Oil,

Pure and Tasteless, sold by H. ELDREDGE, Wholesale Agent, for Messrs WM. & EBENR. ROTTON, at their Depôt, 85 Pentonville road, London, and by most respectable Chemists throughout the kingdom.



This Oil, extracted by W. and E. ROTTON, possesses all the medicinal properties essential in cases of Consumption, Diseases of the Chest, Infantile Wasting, general Weakness, &c.; and for many ills the human frame is heir to, there is not its equal. In order to prove its superiority over every other, it has been subjected to the most scientific Analysis, as proved by Testimonials received from the following well-known Physicians:—WM. HERAPATH, F.C.S., of Bristol; JOHN POSTGATE, M.D.; Dr BELL FLETCHER, M.D.; D. W. CROMPTON, M.D.; WILLIAM SANDS COX, Senior Surgeon of the Queen's Hospital, Birmingham; and many others of equal eminence.

Dr SEPTIMUS GIBBON, A.B. & M.D., Medical Officer of Health, late Professor of Natural Philosophy at St Bartholomew's Hospital, Physician to the London Hospital, &c. &c., of No 3 Finsbury square, London, E.C., whose recent investigation under Government brought to light such an alarming extent of adulteration in articles of diet, writing expressly upon Messrs W. & E. ROTTON'S Antimargaric Cod-liver Oil, uses the following expressions:—

"I have carefully examined some bottles of Messrs W. ROTTON & SON'S Cod-liver Oil, and find them to be excellent samples of pure Oil. Besides answering admirably to the usual tests, it is free from the noxious and nauseous principles, Margaric Acid, &c., which so commonly render Cod-liver Oil not only unpalatable, but indigestible and injurious to the human stomach. By their mode of extracting and preparing this admirable remedy, I feel satisfied they have overcome the main obstacle to its more frequent and general use in medical practice."

The Antimargaric Oil is sold in pint bottles at 2s. 6d.; half-pint, 1s. 3d.; quarter-pints, 8d. Where a difficulty is found in obtaining it, write direct to the Depôt, when a case will be forwarded for the amount of 5s. or 10s., carriage free.

CLINICAL LECTURES.

ON THE TREATMENT OF FRACTURES IN CHILDREN.

DELIVERED AT THE HÔPITAL DES ENFANTS,

By M. GUERSANT.

(Continued from page 155.)

In fractures of the lower extremities, we seldom employ more than a simple roller bandage with three splints, using neither graduated compresses nor wadding, as in fractures of the humerus. The whole limb is first encircled with the bandage, on which it keeps up a regular pressure, and the splints are secured in a similar manner. The selection of these last should be made with great care, and the same attention should be paid lest they press injuriously on the bony eminences, as such pressure readily lends, in young subjects, to gangrene of the integuments. The outer splint should be long enough to extend beyond the ilium, and secured by a body-bandage, and so serve to fix the pelvis. By proceeding thus, you avoid the use of chaff-cushions, which in the case of young children soon get soiled. The splints and bandages being applied, you cover the whole with water-proof tissue, to prevent their being soiled by urine or fæces. In the case of grown children, however, I prefer the apparatus of Scultetus, and never neglect the small immediate splints recommended by Dupuytren. When applying these, the utmost care should be taken to bring into their exact position the fractured portions. When the leg is fractured, we apply equally three splints and a roller bandage, and take great care that the splint do not press against the crest of the tibia. When these fractures present no complication, and there is no reason to fear consecutive displacement, I prefer applying from the first a non-removable apparatus. Fractures of the patella are rare in children, and I do not remember to have seen more than three or four during the time I have been connected with this hospital; and I have nothing particular to say about their treatment. Fractures of the foot present the same indications as in the adult: as in these, we fix the foot against a wooden sole, and combat the traumatic symptoms with antiphlogistics. If the soft parts be divided, we usually have recourse to continued injections. In terminating this short review, I should add that our bandages are habitually kept wet with some such fluid as *eau blanche* or camphorated *eau-de-vie* at the time the bandages are applied.

I have next to insist on a practical recommendation of the highest importance; this, namely: when in children you renew the splints and bandages, the assistants must give their utmost attention to maintain the limb in a state of perfect immobility. With this precaution, we run no danger in inspecting the parts to which dressings are applied, and see that there are neither phlyctenæ nor excoriations, and that the coaptation is perfect. This active surveillance, in young subjects, should never be neglected; for, with such, the skin especially is soon injured by these appliances, and lesions of this sort are soon followed by such serious symptoms as erysipelas and deep sloughs, the copious suppuration of which may retard the consolidation of the fracture.

The next question is, When should the bandages be finally removed? In mere infants, twelve days suffice for consolidation. In children of two years, it is prudent to keep the limb in a state of immobility for a fortnight. When the patients are of the age of twelve or fourteen years, the apparatus must not, as a general rule, be removed before the twenty-fifth day. You thus see that there is a wide difference between fractures as they occur in different ages, in regard to the formation and progress of callus. It must not be supposed, however, that when the splints and bandages have been removed, no further care is required, and that the child may be left to pursue its amusements as before the accident. On the contrary, as regards the injured limb, much reserve and attention are necessary; and attention should be paid to it for at least six or eight weeks longer. I need not tell you that the progress of these fractures is not always so regular. It is not possible, where complications exist, to state the exact time required for a cure. Should there arise, for example, in the course of treatment, an attack of pneumonia or some grave fever, the failure of nutrition would retard consolidation. In all such cases the topical condition must be your guide in removing the appliances.

As regards complicated fractures, they demand the same cure, and are as uncertain in the time they require, as in adults. I shall only say that in children, *cæteris paribus*, complications are less serious. When there is serious mutilation, we employ, in preference to everything else, constant affusions, which are to be only gradually discontinued; for we dread the sudden discontinuance of cold applications to the wounds of our young patients. Every one of you can understand that it is always necessary to combat every cause that might retard consolidation. Thus, should the patient be rickety or scrofulous, you must prescribe such treatment as you believe most efficacious in those conditions. You frequently see me prescribe cod-liver oil and iodide of potassium to my young patients who have fractures. Where no general febrile reaction shows itself, children do all the better when their regimen is of a tonic kind.

You may often see rachitic children in whom consolidation takes place with rapidity; for in them the callus may be formed with as much promptitude as in those of the soundest constitution. But rachitism may, on the contrary, greatly retard the osseous reunion. This difference seems to me to depend on the degree of the rachitic affection. Should fracture occur in a rickety patient when the affection is in its wane, the formation of callus will be rapid—more rapid, perhaps, than it would be in a sound individual; while consolidation might be retarded indefinitely should the fracture take place when the disease is only in its first stage.

As in adults, so in children: you sometimes see fractures that do not reunite till you succeed in finding out the cause of non-union. For my part, one example only has occurred in my personal experience; and this patient, who now lies in the Salle St Pauline, No. 7, is still under your own eyes. This child has just undergone amputation for pseudarthrosis. You must suppose that many tentatives were made before having recourse to this extreme measure. Many practitioners before us have tried cauteries, setons, &c.; and in this case we made use of the rugine to the fractured extremities. These serious operations were followed by no unpleasant symptom, nor yet by any good result; and the patient and friends wished that amputation should now be had recourse to. All went off very well, and the child can now easily use an artificial limb.

ON THE PATHOLOGY OF THE SYMPATHETIC SYSTEM OF NERVES.

By JAMES RORIE, M.D., &c.

In the foregoing portions of this paper we have seen that, anatomically, the Sympathetic System is distributed to a much wider extent than was formerly supposed; and that although it is intimately connected with, yet it is altogether distinct from, the cerebro-spinal system of nerves. We have found it situated in close connection with all the so-called involuntary structures, especially those of digestion and circulation; and we have further seen how intimately it is related to all glandular organs.

Physiologically, we have found it, so to speak superintending all the functions of organic life. The whole extent of the mucous membrane, and all the glands connected therewith, we have seen to be regulated by these nerves; and all the vascular system we have found to be under their control. We have this portion of the nervous system, therefore, playing a very important part in the healthy animal economy, and naturally would expect the Pathology to be equally important; but when we consult pathological treatises, we find no mention of this system whatsoever, although we cannot suppose that derangement of so important a part of the animal frame can occur without external evidence, or that it can be destroyed without the health of the animal suffering.

Satisfied as to this imperfection in works on Pathology, I have carefully considered this subject, and beg to offer the following as the true Pathology of the Sympathetic System:—

On applying an irritant to any portion of the cerebro-spinal system, we find that an increase of the function of the organ or organs to which the nerves are distributed is induced; but if the irritation be long continued, or applied at first with great severity, that total loss of function, or, as it is termed *paralysis*, is the result. What has been found true with regard to the cerebro-spinal system, we shall see is equally applicable to the Sympathetic.

Now, paralysis of the Sympathetic System may occur in two ways. 1. It may be eccentric or local, from irritation applied to its peripheral distribution; or, 2. Centric or general, from agents acting on its great centres. It will, therefore, be under these divisions that we will now proceed to treat this subject.

1. *Eccentric Paralysis or Inflammation.*—Much has been written by Pathologists, since the introduction of the microscope, on the phenomena of what has been termed irritation, congestion, and inflammation; and from the facts elicited by microscopical observation, there has been deduced a great abundance of theoretical explanations. But no theory, so far as I am aware, has yet been brought forward with reference to the phenomena in connection with this morbid condition which embraces all the facts hitherto observed. It is not my intention, however, at present to revise and examine all that has been written on this subject, but to confine myself to what appears to me to be the true explanation of the phenomena of inflammation. We will first, however, consider what are the facts in connection with this morbid condition. On applying an irritant to the back of the hand, or on simply scratching the surface with the nail, a change in colour will be observed slowly to occur. In about three-quarters of a minute, the part so scratched will become gradually paler, till at last in about a minute it will appear quite white and bloodless. This paleness will then gradually diminish, when in about another minute the part will have regained its natural colour. Should the irritant, however, be more severe,—for example, should mustard be applied,—this paleness will not be observed over all the irritated surface, but only around the edge, the central part being of a dark-reddish hue, which requires a considerable time, sometimes hours, before it returns to its natural condition. This is the condition known to writers as congestion. This process may, however, continue a step farther,

and instead of slowly disappearing and leaving behind it no trace of its occurrence, the redness may continue, and an effusion take place of a clear fluid, the so-called *effusion of liquor sanguinis*. We have now reached what some writers have termed true *inflammation*.

Such are the appearances presented to the naked eye; let us now examine them more minutely as shown by the microscope, and for this purpose take what is usually employed, the web of a frog's foot. On examining this under a power of some 250 diameters, and applying a gentle irritant, we find the small vessels (some, as Lister, say the arteries alone, others the capillaries, but in all probability both, according to the means and power possessed by each) rapidly contracting, and pressing out the blood-corpuscles which they at the time may contain. On removing the irritant, the vessels now dilate to their former size, and the circulation goes on as formerly. Should the irritant, however, be long continued or more severely applied, this contraction of the vessels is followed by a more or less rapid dilatation, which may either pass off after a longer or shorter interval, or continue and give rise to stagnation of the blood, with occasional hæmorrhage. These two classes of phenomena are evidently analogous; the paleness and redness of the former corresponding respectively with the contraction and dilatation of the vessels of the latter.

Such are the facts observed in connection with these morbid changes; let us now consider what may be regarded as the correct theory of their cause.

Keeping in mind the circumstance that the capillaries are under the influence of the sympathetic nerves, and coupling this with the law already enunciated, that irritation first increases and then perverts nervous action, we at once comprehend the cause of these changes. The first effect of the application of an irritant acting on the nervous filaments distributed on the vessels, is an increase of their action, producing contraction, diminution of their calibre, and corresponding paleness of the skin. The irritation, however, continuing, or being applied with greater severity, produces, gradually in the former case, instantly in the latter, paralysis of the nerve fibres. The consequence of this paralysis is the loss of function of the arteries and capillaries, which, yielding to the force of the blood, dilate and give rise to the redness and so-called congestion. But, as we have shown while treating of the physiology of these nerves, this paralysis cannot continue long without a change occurring in the chemical character of the fluids with which they are in connection. We would, consequently, expect to find, and do find, important changes in the blood itself, and in the tissues supplied by it. The balance which in health exists between the blood and tissues now becomes destroyed, and exudation taking place into the latter, the process of inflammation may be said to be complete. We have thus a plain and simple solution of the phenomena of inflammatory action. *Congestion* and *Inflammation* may therefore be termed, the former *phenomena the result of temporary*, the latter *of permanent paralysis of the sympathetic nerves*.

As the following experiment is strongly corroborative of this view, I make no apology for inserting it here. In his paper in the 'Encyclopædia of Anatomy and Physiology,' already so often referred to, Drummond remarks that "Schiff found, when the upper two thoracic ganglia in the dog or rabbit were removed, that the animal did not survive the operation for more than thirty-four hours, the heart in the mean time pulsating very quickly and forcibly. On examination after death, the vessels of the pericardium were observed to be distended with blood, while a partly fluid, partly solid exudation surrounded the heart, forming in some parts adhesions between it and the pericardium."

Such, then, may be regarded the pathology of simple inflammation; but there are some secondary phenomena which require notice. Thus, should a gland be the part inflamed, its secretion will be found to undergo some important changes. It is scarcely, however, necessary to add, that these alterations in the secretion are essentially due to the changes in condition of the blood-vessels. They are, therefore, secondary in their character. To understand them, however, it is necessary to keep in view another established physiological law, namely, that an increased quantity of blood sent to tissues, in their natural condition, produces an increased growth in these tissues, or an increased secretion, if they be glandular organs, and *vice versâ*. Now, the first observable changes as regards secretion on the occurrence of inflammation, is a *gradual lessening* of the secretion, even to total cessation. Thus, to take as an example inflammation of the Schneiderian membrane. On the first application of cold, we have irritation of the nerves, and, in consequence, a state of contraction of the arteries and capillaries induced. Little blood being thus supplied to the membrane, the secretion lessens, and finally disappears. We have thus, in short, the first or dry stage of a catarrh. This condition, however, shortly passes off; the nerves becoming paralysed, the capillaries, in consequence, dilate, the blood continuing to circulate. The consequence of this is an increased growth and secretion. We have thus the second, or wet stage of the catarrh. Should, however, this process continue, the secretion totally ceases, and the part becomes swollen. Here the dilatation of the vessels still continues, but the blood no longer circulates; effusion takes place, and inflammation or permanent paralysis is established.

The increased growth taking place on the occurrence of congestion above referred to, is not, however, confined to glandular organs. Many changes, hitherto unexplained, must, I believe, be ascribed to this cause. We may here mention a few. A part kept in a state of irritation, as by occasional pressure, assumes the condition of congestion, and gives rise to increased growth. In this manner may be explained the formation of all so-called homologous growths, thickened epidermis, tumours, &c. By a chronic condition of this congestion, we may have produced many chronic skin diseases—eczema, icthyosis, &c. Again, this temporary paralysis occurring in the tongue gives rise to an increased development of epidermic scales, which assume the form known as "fur." In the same manner we have the false membrane formed in certain forms of dysmennorhœa.

Such are some examples of peripheral or eccentric paralysis of the Sympathetic System. In our next paper we will consider the second form in which paralysis of these nerves may occur—namely, general or centric paralysis, embracing the phenomena of Fevers, &c.

CASE OF STRANGULATED OBLIQUE INGUINAL HERNIA, WITH OPERATION.

By JAS. L. KING, Esq., Surgeon.

I wish to have the honour to bring the following case before your notice. Though it is not characterised by being of rare occurrence, yet it may be interesting to many of your readers, in a practical point of view.

On Friday, the 17th August, about eight p.m., I was summoned to attend T— M—, a robust young man, aged twenty-four, who was reported to be suffering severely from the effects of a "rupture." On arriving at the bedside of my patient, I found it to be so: there was a large scrotal hernia; he complained of much pain, was tossing to and fro in bed, and very anxious about his state.

On inquiry, I found that he was seized with symptoms of strangulation immediately after the bowel had descended into the scrotum, which accident had occurred about five hours previous from violent muscular exertion. He, however, believed that the hernia had commenced about ten years ago; but it was never very troublesome until six months since, when the bowel began to protrude at the external abdominal ring, and gave rise to some uneasiness. He was at that time recommended by a surgeon of the Royal Infirmary, Edinburgh, to wear a truss, and had done so ever afterwards. He also stated that about a fortnight previous to the 17th August, the "rupture" came down into the scrotum, after a violent muscular effort. No severe symptoms of strangulation at this time succeeded, though it gave rise to a considerable degree of uneasiness while it was down. He could not manage to replace it by his own manipulations, but, as is sometimes the case, it went up of its own accord, while he was lying upon his back, after having been down six hours. On the last occasion—that is, on the 17th August—the hernia also came down from violent exercise, and while he was wearing a truss; and he stated that from the time that the "rupture" occurred, it was attended with severe pain. The patient, indeed, up to the time that he was operated on, had all the symptoms resulting from a complete strangulation. The pulse at the first was about 112, beating full, and unresisting; it gradually became more wiry, and before the operation had greatly decreased in frequency. Vomiting was occasional from the first, and ultimately became more frequent, and the patient cried out from agonising pain, &c.

Suffice it to say, that I first put him under the influence of chloroform; tried taxis, but in vain; then warm bath; administered two enemata; employed chloroform and taxis in two hours afterwards, but to no purpose. After ordering cold applications to the scrotum, I delayed further interference until about three o'clock next morning. He still complained of excruciating pain; the scrotum was tense and immensely enlarged, and it could not be touched without causing great suffering. After repeated unsuccessful attempts to reduce the protruded viscus—from taxis, and other agents—I now resolved to lose no time in operating.

The patient having been put under the influence of chloroform, with the assistance of two men I commenced and completed the operation for the relief of stricture, in the usual manner. I with little difficulty cut down and reached the junction between the edge of the ring and protruded viscus. At this point, I cautiously opened a portion of the sac, and afterwards, by the use of a "director," carried the knife upwards, and severed part of the conjoined tendon, which I presumed to be the site of stricture. I next opened a larger portion of the sac, and at once endeavoured to replace the bowel; but I found that this still could not be managed. In truth, the bowel seemed constricted along the whole length of the inguinal canal. I had, therefore, to extend the incision for the relief of stricture, and ultimately succeeded in replacing a very large portion of bowel and omentum, and a considerable quantity of fluid was likewise evacuated from the sac. I closed the wound by ligatures, and applied a compress above the upper part of the wound.

The patient, after getting tinct. opii ℥j., slept well after the operation. On calling at eleven o'clock in the forenoon, he was asleep, and the pulse was about 100. He awoke in the afternoon, and complained of little pain.

On Sunday, 19th, he said that he had no complaint, though he had slept little on the night previous. The pulse had fallen to about 72, and was beating full and regular; he had slight thirst. I ordered him bitart. potassæ for a drink; and as a diet, sago or rice to be taken with milk. Sol. mur. morphiæ ℥ss. was to be taken at bed-time.

On Monday, 20th, he expressed himself as feeling quite well, having slept well on the previous night. Pulse had fallen to about 64; but up to this time his bowels had never been opened. I ordered him tinct. rhei com. ℥ss., and sodæ potass. tart. ℥j., mixed in a little water.

On Tuesday, 21st, he was much the same as on the day previous; the bowels had still never acted. I ordered him sulph. magnesiæ ℥ss., and towards evening he had two stools.

On Wednesday, 22nd, he continued to do well, and was ordered nourishing soup and wine as a diet. At that date, the wound at the lower part had united. At the time I write, the patient is wearing a pad and bandage over the wound, and is able to walk about a little with apparent ease and comfort.

I had some hope that in this case a radical cure might probably be effected. With that view, I took some pains to replace entirely the sac, and to constrict the canal as thoroughly as possible by taking a deep and secure hold of the tissues with the sutures that were employed to approximate the wound; but, of course, the result of the attempt to effect a radical cure, by whatever method practised, can only be tested some time after an

operation: and surely, in any case, the use of a truss must be employed as a suitable safeguard for some time afterwards.

This is a case—coming as it does within the usual domain of surgery—which presents to us nothing of special significance. Still, it is one of those cases which is suggestive of the importance of having recourse early to operative procedure, while it serves to furnish us with a suitable contrast to those cases that are usually admitted into hospital. It is too well known that numerous cases which reach the hospital exhibit to the surgeon the almost worthlessness of an operation, time having been unnecessarily squandered ere the patient has yet reached the operator, and therefore the patient is doomed not to recover.

Another thing worthy of remarking upon in an exculpatory way, has reference to the ignoring of bloodletting, and the non-performance of it before an operation is hazarded. It might be asserted that in this case the patient was young and vigorous, and if he had been bled, the inflammation could have been in a great measure subdued, and the hernia reduced. I am, however, rather positive, from the nature of the parts presented to view during the operation, that bleeding could have afforded little relief, and could never have enabled me to reduce the protruded viscus. And from what we know regarding the nature of the causes of peritonitis, one could not expect that this affection would thereby be warded off; nor can the ultimate recovery be aided by this remedial agent, except, perhaps, in rare instances before an operation, and occasionally, where one would be disposed to admit of its use, in the after-treatment of such cases.

Prestonpans, 31st August, 1860.

THE SPIRIT OF THE PERIODICALS.

Dr Brown Sequard's Lectures on *Paralysis of the Lower Extremities* are continued in the 'Lancet.' The special subject is the diagnosis and treatment of the several forms of Paraplegia as dependent upon different conditions of the spinal cord. The Lecturer observes:

"The most frequent cause of paralysis of the lower limbs is certainly an inflammation of the spinal cord. The cause of paraplegia which comes next as regards frequency is the white or non-inflammatory softening. This affection is produced in the spinal cord in a similar manner as in the brain—*i. e.*, in most cases as a consequence of an alteration of the bloodvessels, the walls of which do not allow that free interchange of matter between the nervous tissue and the blood, which constitutes nutrition—or probably in some cases as a consequence of interruption in the circulation of blood by the presence of a clot in a bloodvessel, or the pressure caused by a tumour upon a bloodvessel. I shall not say more as regards the history of the morbid anatomy of the spinal cord in this affection, as my object is only to study the symptoms and the treatment of the various forms of paraplegia.

"Usually patients attacked with the non-inflammatory softening of the spinal cord at first complain only of weakness. They gradually become weaker, although their general health may seem to be as good as ever. They feel the weakness especially at the knee and ankle joints; they find it very difficult to go up or down stairs, to go in or out of a carriage, and their gait becomes tottering, especially when they cannot direct their movements with the help of the sight. When lying down, if they see the lower limbs, they can move them pretty freely, but without force. After a time the paralysis becomes much more marked, and then sensibility in the whole length of the lower limbs and the power of the will over the bladder and the rectum are also found much diminished. There is no pain, or hardly any, in the spine or paralysed parts. Very rarely is the urine altered. The temperature of the lower limbs is often higher than it is in health, especially when the paralysis is complete or nearly so.

"We will refer to the preceding lectures for the diagnosis between the form of paraplegia depending upon the non-inflammatory softening of the spinal cord and the reflex paraplegia, or the forms of paraplegia due to myelitis, meningitis, or congestion of the spinal cord and its meninges. As regards the other forms of paraplegia, their diagnosis from that caused by softening of the cord will be indicated in another part of this lecture. We will merely say here that the absence of cramps, of pain in the spine and lower limbs, and of several other symptoms of disease of the spinal cord or its membranes, will help more for the diagnosis of the non-inflammatory softening of this nervous centre than the symptoms which we have described as existing in this affection.

"*Hæmorrhage in the Grey Matter of the Spinal Cord.*—Paraplegia due to this cause is characterised by the suddenness of its production, by a pain at the part of the spinal cord where the hæmorrhage occurs, owing, probably, to the distension of the posterior roots of the nerves in the grey cornua, by a pain in the spine after pressure upon it, and also by a pain in the parts of the body where are distributed the nerves originating from the part of the spinal cord which is the seat of the disease. The sphincters of the bladder and rectum are almost completely paralysed from the very first. It is not rare that an inflammation supervenes in the parts of the cord surrounding the clot, and then all the symptoms of myelitis occur.

"According to the seat and the extent of the hæmorrhage the symptoms vary extremely. If the amount of blood effused be very small, the symptoms may be very slight, and the patient may recover in a few months, as in a case recorded by Cruveilhier. If the amount of blood is considerable, it descends along the whole length of the central canal of the spinal cord, and also sometimes breaks through the grey cornua, especially the anterior ones. The loss of sensibility and of voluntary power is then complete, and the temperature of the paralysed limbs is increased. If the hæmorrhage is limited to one lateral half of the grey matter,—as in a most interesting case recorded by Monod, and in another by Mr Oré,—there is loss of movement in the side of the hæmorrhage, and loss of sensibility in the opposite side.

"It is a remarkable feature of paraplegia due to hæmorrhage in the grey matter of the spinal cord that a diminution of sensibility is always one of its first symptoms; and that when the whole of the grey matter is altered by the effused blood, the anæsthesia is complete.

"*Diagnosis of the Hæmorrhage in the Spinal Cord.*—The suddenness of the production of paraplegia is almost sufficient to show that it is due to effused blood, but it remains to decide whether the blood is in the tissue of the spinal cord, or in the vertebral canal, outside of this nervous centre. In this last case, there is more pain in a great extent of the spine than in the preceding; and also tetanic convulsions are not rare when the blood is effused outside of the spinal cord; while a hæmorrhage in the cord has never produced convulsions, so far as I know. Besides, there is more marked anæsthesia in cases of effusion of blood in the tissue of the spinal cord than outside of it.

"It is usually very easy to distinguish a hæmorrhage in the spinal cord from a white softening of this organ. The suddenness of the production of the paralysis and the existence of the pains will sufficiently characterise the first of these affections; and in those cases of almost sudden paraplegia, owing to softening, the absence of pains (in the spine, &c.,) will serve to distinguish this form of paraplegia from that due to a hæmorrhage. I need not say that these two affections—*i. e.*, softening and hæmorrhage—do not rarely co-exist. This co-existence will not be surprising to any one who knows that in the spinal cord, as well as in the brain, the same morbid conditions of bloodvessels is usually the cause of both these affections.

"*Prognosis of Paraplegia due to White Softening or Hæmorrhage in the Spinal Cord.*—The great indication for the prognosis in cases of softening or hæmorrhage in the spinal cord is the extent and degree of the paralysis. A softening limited to the lower part of the dorsal region of the spinal cord may admit of a very prolonged duration of life. A hæmorrhage is a more grave affection than a softening, because there is always a great chance of its being reproduced, and also because the blood effused may cause very extensive alterations. We do not know a single case of complete cure of paralysis of the lower limbs caused by softening or hæmorrhage in the spinal cord; but, as far as diagnosis not confirmed by autopsy may be relied on, we can say that we have seen many cases of non-inflammatory softening of the spinal cord arrested in their development, and, still more, that in five or six cases a very notable amelioration has taken place.

"*Treatment of Paraplegia due to White Softening of the Spinal Cord.*—The treatment of this affection ought to be pretty much the same as that of hemiplegia caused by a non-inflammatory softening of the brain. We will not enter here into the discussion of the various modes of treatment which have been proposed or employed in this last case; we will only mention the general plan of treatment we have employed with some appearance of success in many cases of softening of the spinal cord.

"1st. Iodide of potassium is the principal of the remedies that may be relied upon. We generally employ it in doses of five grains twice a day, mixed with nearly the same doses of sesquicarbonate of ammonia, in a decoction of cinchona bark, or an infusion of calumba or rhubarb. We insist upon the importance of taking this mixture before food in the morning and an hour before dinner, to avoid the decomposition of the iodide by the gastric juice and the setting free of the iodine, which sometimes takes place, and causes a gastric disturbance, erroneously attributed by some practitioners to the iodide itself.

"2nd. Besides the preceding remedy, we prescribe various tonics, such as iron and cinchona-bark wine.

"3rd. Strychnine may be employed with some profit in those cases where the paralysis is slight; but it must be remembered that, on account of the congestion produced by large doses of this alkaloid in the spinal cord, there would be danger in making use of it in cases where, the paralysis being complete, or nearly so, there is reason to think that the bloodvessels of the spinal cord are much altered, and that therefore a hæmorrhage might be the consequence of the action of strychnine. I need hardly say that those remedies which diminish the amount of blood in the spinal cord (such as belladonna, ergot of rye, &c.) should not be employed in this form of paraplegia.

"4th. Besides the use of some of the above remedies, I recommend, as an excellent means of improving the nutrition of the spinal cord, the daily use of the cold douche or the cold shower bath applied to the spine. Sea-bathing may also be of service.

"5th. The patient should lie down flat on his back at night; he should live upon the most nutritious food, drink wine and beer in a moderate quantity, and take as much exercise in the open air as possible, without, however, exhausting his diminished power of motion. Shampooing and galvanism may be applied with profit to the paralysed limb.

"*Treatment of Paraplegia due to Hæmorrhage in the Spinal Cord.*—The same rules are to be followed in cases of this kind of paralysis as in cases of softening of the spinal cord, with these slight differences: that, 1st, three doses of iodide of potassium, instead of two (of five grains each), ought to be given every day; 2nd, strychnine ought not to be employed; 3rd, constipation, lying down on the back, and all other causes of congestion of the spinal cord, should be carefully avoided.

"*Symptoms and Treatment of Paraplegia due to Hæmorrhage in the Vertebral Canal.*—A hæmorrhage between the spinal cord and its bony envelope is fortunately an event of rare occurrence. I have seen but one case of this kind of hæmorrhage, which proved fatal in less than two days. The blood is effused either between the pia mater and the arachnoid, or (more rarely) between the dura mater and the vertebræ. The first symptom is usually a pain extending along the spine from the seat of the hæmorrhage to the lower extremity of the vertebral canal. Almost immediately a complete paralysis of the lower limbs and very often tetanic convulsions appear. In almost all cases this hæmorrhage is rapidly fatal, either in consequence of its influence upon the circulation or respiration, or, indirectly, in consequence of an acute and extensive meningitis. Our object being here to study paraplegia in its chronic forms, we will not say more upon the symptoms of this affection.

"As regards the treatment of the hæmorrhage in the vertebral canal, we will only say—1st, that, at once, all the most active means usually employed in the various cases of visceral hæmorrhage should be made use of; 2nd, that the patient should be placed in bed on one side, and not on his back; 3rd, that pounded ice should be applied, in bladders, all along the spine; 4th, that if the patient survives several days, the same treatment as is above prescribed for cases of hæmorrhage in the grey matter should be employed."

Mr HILTON'S Lectures on *Pain* are also continued. We do not quote from them, as we have already given a copious extract in former numbers. Dr COOTE contributes to the same journal, remarks on a case of *Piarrhæmia accompanying Acute Diabetes Mellitus.* The case is interesting; we therefore give it.

"The pathology of fatty blood (piarrhæmia, pioxæmia, lipæmia) is still very uncertain. I avail myself of the following case (in itself of much interest) to point out, as nearly as may be, the present landmarks of our knowledge on this subject:—

"A. G——, aged twenty-one, was admitted into the Middlesex Hospital on Nov. 3rd, 1859, under the care of Dr Thompson. His history was as follows:—Six months before admission he had married, and, unfortunately, infected his wife with gonorrhœa. The ensuing domestic unhappiness occasioned a separation four months after marriage, at which time he considered himself in good health; but the circumstance preyed much upon his mind, and he became dull and low-spirited. Three weeks before admission, he first began to suffer from increased thirst, and at the same time noticed that he was voiding an unusual quantity of urine. From this period he had lost strength very rapidly. On admission, he was found to be in a state of alarming prostration, for which stimulants were freely administered, but without any good result. He continued to sink rapidly until the morning of the 5th of Nov., when he died. During his first twenty-four hours in the hospital he had passed five pints and a half of urine, acid, specific gravity 1031, and containing sugar.

"*Autopsy, eight hours after death.*—Weather damp. Rigor mortis considerable; body not at all emaciated; diabetic odour perceptible. On the brain being removed, about four ounces of pellucid serum were discovered at the base of the skull. Immediately upon exposure to the air, this fluid became opaque, and its surface was shortly covered with a thin milky pellicle. This was set aside for examination. The blood, as it escaped from the opened sinuses, was fluid, homogeneous, and of a dull-red colour, like raspberry cream; but, in a very few seconds, it separated itself into two distinct portions, the supernatant layer being of the colour and appearance of thick, white cream, the subjacent presenting the usual appearance of fluid venous blood. For the purpose of further examination, blood was collected from the sinuses of the brain, from the innominate vein and right ventricle, from the hepatic veins, and from the splenic vein. None could be obtained from the portal, nor from the superior mesenteric, veins.

"These specimens were allowed to repose, and were examined the next morning. The general results were as follows:—

"1. With the exception of a very small, non-adherent clot in the right ventricle, the blood was fluid in every part of the body examined.

"2. The supernatant creamy fluid was found in every specimen, except that from the splenic vein.

"Examined under the microscope, it appeared almost perfectly homogeneous. It contained no oil-globules; no cells (except a few scattered blood-corpuscles); and showed no trace of coagulated fibrin. Here and there were a few faint indications of amorphous granular matter, probably molecular albumen (?). It was wholly taken up by ether. The exact determination of its quantity was, unfortunately, not attainable; but it may be roughly estimated from the fact that, in a conical test-glass, the creamy layer occupied one-third of the whole.

"3. The subjacent layer presented the usual appearance of fluid venous blood. Neither in that from the splenic vein, nor in that from any other part, was there the least trace of a clot, even after forty-eight hours. It contained the usual proportion of red and white blood-corpuscles, apparently of a normal character.

"4. The reaction of the serum was neutral; it had no effect upon the colour of blue or of reddened litmus.

"5. A volatile alkali was driven off by heat, which restored the colour of reddened litmus. This reaction, however, was afforded much more readily by the splenic blood than by any of the other specimens.

"The remaining post-mortem appearances were as follows:—The brain (with medulla oblongata) weighed forty-nine ounces and a half. It was pale, and of extremely firm consistence, as though hardened in spirit. Under the microscope, however, its structure appeared to be perfectly normal. The muscular structure of the heart was of a pale rose-red colour. The right ventricle contained a very small, nearly colourless, non-adherent clot. All the valves were empty. The upper lobe of the right lung contsined a mass of crude yellow tubercle as large as an orange; this was surrounded by a distinct layer of pigment, and showed no signs of softening. The left lung was œdematous. The liver weighed sixty-eight ounces and a half; it was of an ashen-grey colour, and very friable; but microscopic examination showed no other change than an excess of fat in the liver-cells. The spleen (three ounces and a half) was small and pale; it contained one dark-coloured fibrinous deposit of the size of a hazel-nut. The mesenteric glands were not enlarged. The kidneys (each six ounces and a half) were large and flabby; the capsules non-adherent; the surface pale, faintly mottled; the structure coarsely striated. The supra-renal capsulea were quite healthy.

"This seems a well-marked case of diabetes mellitus, excited by psychical causes in a person of tuberculous constitution. It is not often that diabetes is distinctly referable to such a cause. Amongst the fifty-one cases recorded by Oppolzer and Heller, (Heller's Archiv., 1852, hft. xi.,) *fear* is assigned as the exciting cause in four instances. The extreme rapidity with which the disease ran its course is very remarkable. The ordinary symptoms of diabetes (thirst and polyuria) had existed for only three weeks, and that probably in no great degree, as the patient on admission was passing only five pints and a half of urine per diem. It is, of course, probable that the function of the liver had been disordered, and that the disease had been latent, for some time. But even thus it is impossible to assign to it a longer duration than two months; for at that period the man considered himself in perfect health. The most rapid case recorded by Oppolzer ran its course in three months. And this extreme rapidity serves to explain why, with such intense prostration, no emaciation was present; for (as we may observe in fever) it takes a much longer time to lose flesh than to lose strength.

"The creamy layer which formed on the surface of the blood in this case consisted obviously of free fat, for it was wholly taken up by ether. Such a pellicle on the surface of the serum is not uncommon, nor, indeed, wholly abnormal; but it is rare to meet with it, as in this instance, overlying uncoagulated blood. The only similar case, so far as I know, is that recorded by Leubuscher, (in Virchow's Arch., bd. 18, hft. 1, s. 124,) in which it is stated that "a portion of the white serum which stood in a test-glass, above the red portion of the blood, was shaken with ether, and almost entirely dissolved.

"In both these cases the peculiarity must have been due to the absence of coagulable fibrin. There is on record another case of fatty blood (Lecanu's) in which the fibrin is stated to have been entirely wanting; but no account is given of the appearance of the blood. In this and in some few other points, this case is exceptional. Otherwise it belongs to the extensive class of cases of 'milky serum,' under which head it may be more conveniently considered.

"I.—The *physical causes* of milky serum are two—free fat, and molecular albumen.

"In cases of leucæmia, also, the serum may be lactescent from an excess of colourless blood-corpuscles. But as this appearance is presented only by the *defibrinated* serum, leucæmic blood may be excluded from this inquiry.

"A. *Free fats.*—These belong (probably always) to the saponifiable group. In one case, indeed, (Lecanu's,) cholesterine is stated to have been present in the enormous proportion of 108 in 1000 parts. But as the saponifiable fats were also in excess (9 in 1000), the lactescence of the serum may have been due to these.

"The saponifiable fats of the blood (very variable in amount, but which may be roughly estimated at 1 in 1000) exist in the form of an emulsion with the free alkali of that fluid. Should they, however, be in excess of the emulsive power of the alkali, or should the alkali be (as in certain cases of disease) deficient, the fat must necessarily appear in a free state, and, on standing, rise like any other cream to the surface.

"The form in which it nearly always appears is that of oil-globules, as was first noticed by Hewson. In the present case it was perfectly homogeneous; and some similar instances have been observed by Professor Virchow. These are, however, exceptions to the rule.

"B. *Molecular albumen.*—That lactescence of serum is sometimes due to another cause than free fat, was first observed by John Hunter; but the fact was ignored or misapprehended until the more recent researches of Simon and Scherer, Buchanan, and R. D. Thomson, placed it beyond question. These chemists found that turbidity of serum was (in some cases) partly occasioned by the presence of a molecular substance, not soluble in ether, but presenting an albuminous reaction. To this substance Simon and Scherer gave, rather hastily, the title of molecular fibrin. It is now generally spoken of as molecular albumen.

"This substance forms no cream on the surface of the serum, but remains suspended in the fluid, thus rendering it permanently opaque, and so readily distinguishable from serum turbid from the presence of free fat alone. But frequently the two conditions are combined; the molecular albumen being associated with fat, either in a free state, and so rising to the surface of the turbid serum, or included in the substance of the albuminous molecules, from which it may be set free by chemical reagents.

"It is, indeed, very questionable whether lactescence of serum is ever due to molecular albumen alone. Some cases are, however, recorded by the late Dr Bostock, in which the milky serum is described as containing 'no proper oily matter,' although a creamy layer rose to the surface. It is possible that in these cases the albumen was floated by means of included fat. Another extremely obscure case, but perhaps referable to this category, is one which has been repeatedly, but unaccountably, cited as one of fatty blood. It is known as Caventon's case. In this the blood was permanently opaque; no cream appears to have formed on its surface; it was of neutral reaction, and coagulable by heat. A precipitate was thrown down by tincture of galls, but none by Hg. Cl_2, and very little by acids or alcohol. Caustic alkalies produced no effect upon it. The interpretation of this case is certainly difficult; but it seems most probable that the lactescence was due to more than one cause, and that one of the causes was the presence of albumen in some peculiar chemical state.

"With these exceptions, molecular albumen appears to be always accompanied by fatty disease of the blood."

An article by Mr BARNARD HOLT on *Allarton's Operation* is also contributed to the 'Lancet.' We will reproduce it next week.

Mr LAWSON reports two cases of *Conical Cornea* successfully treated by operation, which consisted

"In altering the shape of the pupil, by converting the natural circular aperture which is placed immediately behind the apex of the cone of the cornea into a slit, which may be made either vertical or horizontal as the surgeon may desire. The operation is performed by drawing the iris with a Tyrrell's hook through a small incision made at the extreme margin of the cornea by a broad needle, and then fixing it there by Mr Critchett's method of tying it with a piece of very fine thread. If a vertical pupil is desired, a portion of the iris is first drawn directly downwards, and there fastened; and at the expiration of eight or ten days, or when the eye has become perfectly quiet, a similar proceeding is adopted in the upward direction, and a slit-like pupil results. It becomes, as he there suggested, a matter of

experience to determine what alteration in the shape of the pupil is most conducive to improve vision in this class of cases."

Mr BRENT makes some observations in the same journal, on *Fatal Effects arising from Enlargement of the Thymus Gland in Children*, from which we will make a quotation next week.

The 'Medical Times and Gazette' opens with M. CLAUDE BERNARD's Lectures on *Experimental Pathology*. The present part contains some general observations introductory to the study of the various poisons. Dr GOODFELLOW continues his Lectures on *Bright's Disease;* and Mr SYMONDS, of Oxford, gives the following observations on the *Dressing of Stumps after Amputation:*

"The chances of quick union and a good stump undoubtedly depend, in a great measure, upon attention to a number of minute details in the dressing. Though the importance of such details has been generally acknowledged, they are too minute and various to have had much space allotted to their consideration in works on Surgery. The following observations on certain points connected with the dressing of stumps have no pretension whatever to originality. They are simply a statement of views, which both reason and experience have induced myself, and I believe many others, to adopt.

"SUTURES.—If we divide sutures into two great classes, viz. Metallic and non-Metallic, the majority of Surgeons of the present day—in amputation wounds, and most others where sutures are applicable—will probably be found to give preference to the former. In perfectly healthy tissues, union will generally take place so readily that the kind of suture to be used is not so much a matter for consideration; but when from any cause union is likely to be tardy, then it is a great desideratum to have one which may be kept in the wound for a comparatively long period, at the same time causing the minimum of irritation and lesion of the tissues through which it is passed. This seems to be the very advantage which the metallic suture possesses over one of any organic material.

"I must beg to acknowledge the experiments—so conclusive as to the relative merits of these two classes of suture—made some time ago under the direction of Professor Simpson, of Edinburgh (*vide* 'Medical Times and Gazette,' January 1, 1859).

"Assuming, therefore, the general inferiority of the organic suture, I beg to offer some observations on the relative merits of the two chief kinds of metallic suture—viz. the common wire, and the needle (or twisted) suture.

"With a view to test their relative value, repeated experiments were made by myself and Mr Gray, our House-Surgeon. In different patients, with different descriptions of wounds, the twisted suture was used side by side with the wire suture, and the result in almost every case was this—that, at the end of a given time, union was more advanced and more satisfactory at the points where the twisted suture was employed, than at the other points. These experiments appear to me to carry some weight; for, when two kinds of suture, inserted simultaneously, are left side by side in the same wound for an equal length of time, there can be little room for fallacy in one's estimate of their relative efficiency.

"The superiority of the needle to the wire is probably due to its greater firmness, enabling it to hold the edges of a wound in more exact apposition. The superiority of wire to thread, on the other hand, must be attributed to its inertness from non-absorption of surrounding fluids.

"An objection sometimes urged against the twisted suture is this—that often (in consequence of blood and lymph drying around the points of entrance and exit) its removal requires an amount of force which causes pain to the patient, as well as injury to the newly-formed adhesions. This evil may be prevented by a very simple precaution—well oiling the thread before it is twisted over the needle, and oiling it again (with a camel's-hair brush) once a day as long as the needle remains in. The needle may be removed without any pain, or any injurious traction on the tissues recently united.

"A very excellent kind of needle for the twisted suture is the common lance-pointed hare-lip needle, made by Weiss. It does not oxidise; it cuts easily, and is easily cut. I have suggested to Messrs Weiss, as a matter of economy, to have them made at least double their present length, since about a quarter of each one (the flattened extremity) has to be wasted.

"BANDAGING.—In ordinary cases is it advisable to bandage the stump? I think not. The practice of bandaging the stump immediately after amputation seems to be grounded on the following suppositions: That it prevents retraction and involuntary twitching of the divided muscles, and (according to some) the entrance of air or deleterious fluids into the veins. Now let us examine what truth there is in each of these hypotheses.

"1. As a matter of fact, does bandaging prevent muscular retraction? My own observation convinces me that it does not. I doubt whether it can even retard retraction. Consider the case of an amputation of the leg or thigh. The immediate and primary retraction of the divided muscles takes place probably in the course of a very few hours. In the operation the whole thickness of the muscles has been cut across, therefore the whole substance of the remaining muscle contracts. Now any one, who knows anything of the enormous strength of a single bunch of muscular fibres, will bear in mind how great must be the collective retractile force of the several muscles of a limb acting simultaneously. I am strongly inclined to think it is far too powerful to be counteracted by any amount of bandaging.

"Again, even if it were possible to effect this retraction, would it be desirable? Surely not; for until the retraction has taken place, and the muscles have become quiescent, I do not see how Nature's process of repair can commence.

"I have spoken of the immediate, primary retraction of the muscles. There is a subsequent, secondary retraction, which begins generally about the second or third week after the amputation, and lasts a considerable time. It shows itself by an alteration, to a variable extent, of the position of the cicatrix. In a thigh, for instance, the undue action of the flexors gradually pulls backwards the line of the cicatrix. Now, according to my experience, bandaging will no more prevent this secondary, than it will the primary retraction. The truth seems to be this,—that if a surgeon has left flap enough to allow for retraction, its occurrence will be no mishap; if he has not left enough, no amount of bandaging will remedy his error.

"2. As to the involuntary muscular twitching, causing the stump to start, this I have observed to occur just as much with a bandage as without one.

"3. There is one more hypothesis to be considered, viz., that bandaging the stump may prevent the entrance of air or deleterious fluids into the veins from the wound.

"This theory ignores the first principles of hydraulics, and all that we know of the physiology of the veins and the circulation. It assumes, first, that notwithstanding an atmospheric pressure of fifteen pounds to the square inch, the cut extremity of a vein may remain open, like a hollow tube, up to the nearest point where the current of blood begins. (We know that in certain localities a cut vein will remain open, its connections being such as to prevent its collapse; but of these we are not now speaking.) Secondly, it assumes that the vein aforesaid has a marvellous power of suction, whereby it is able to imbibe fluid from the wound, through this tubular portion, into the current of blood beyond.

"Now, if bandaging cannot answer any one of these ends, and has, further, the disadvantage of complicating the dressing, of concealing the stump from view, of getting constantly fouled by the discharge, of diminishing (when at all tight) the afflux of blood to a part which needs a very rich supply,—why bandage at all, unless œdema of the stump or some other complication render it necessary to do so?

"In my own practice, and that of my colleague Mr Hester, there have been at this Infirmary a considerable number of cases of amputation, in which primary union took place at all points, except those which gave exit to the ligatures, and good stumps resulted. In these the mode of dressing was as follows:—The wound having been secured with twisted sutures, a single layer of wet lint was placed loosely over the end of the stump, and kept constantly wetted for about a week; no other covering was applied. Then, as each suture was removed, a narrow strip of adhesive plaster was put to support the parts it had held in apposition, and changed as seldom as possible. No bandage or compress was used from first to last.

"PLASTER.—When it is desirable to support the edges of the wound with adhesive plaster, whatever may be the width of the strips towards their ends, I have found it better not to cut them more than half an inch broad at the part which is to be in contact with the wound. The advantages are—(1) That the condition of the wound in the intervals between the strips is thereby constantly open to inspection; (2) There is the smallest possible area of contact between wound and plaster,—a great advantage when the former happens to be irritable; (3) Free vent is left for discharge.

"The position of the strips of plaster should be changed occasionally; otherwise the intervening parts, from the unequal distribution of pressure, have a tendency to become unduly prominent. Attention to this will secure an evenly-rounded contour to the stump; neglect of it will do the reverse, however well the stump may have been cut. This leads me, lastly, to notice how much it is in the power of the dresser to mould a stump, by making constant, steady pressure (whether by plaster or other means) on any point. If in any case, to use Mr Paget's terse language, unremitting pressure will cause unrepaired absorption, more especially has it a tendency to do this in a part where new tissue is in process of formation."

Dr THOMAS SKINNER, of Liverpool, communicates an article to the same journal on *Deodorisation in Obstetric Medicine*. He says:

"Professor Simpson has shown that nearly 3,000 mothers die in childbed every year in England and Wales alone. He says: 'Among these 3,000 deaths, a comparatively small proportion only are the direct result of convulsions, hæmorrhage, rupture of the uterus, and the other more immediate or primary complications and accidents connected with parturition. The great majority of these deaths is produced by puerperal fever.'

"Dr Simpson here refers only to the deaths arising from puerperal fever, and not to the number of females attacked with the disease.

"Granting, that 3,000 females die in childbirth annually in England and Wales, that three-fourths of them—which is within the mark—die of puerperal fever alone, then that gives us 2,250 deaths annually from fever attending childbirth. Granting also that the mortality, in the absence of epidemic influence, ranges as high as 1 in 4, in round numbers this will present the fearful amount of at least 9,000 women attacked annually with puerperal fever in England and Wales alone. Among the causes of this fearful scourge on puerperal females, there is one which I think has not been sufficiently recognised. I allude to the injurious influence of the *post-partum* secretions and discharges of the puerperal female, and more particularly of those who have suffered from a tedious or obstructed labour, and who have been confined within the walls of Lying-in Hospitals.

Again:

"Without prosecuting this inquiry further for the present, I think that I am justified in concluding—1. That the decomposition of the organic tissues and fluids thrown off by the skin and vagina of the parturient female is to be looked upon as a fruitful source of puerperal fever and other *post-partum* febrile and inflammatory actions. 2. That if such decomposition can be regarded as an agent in the development of such conditions when patients are isolated, it is evident that it must be a much more active cause in Lying-in Hospitals, where the emanations from the patients are more likely to accumulate, and lead to the generation of a peculiar miasmal condition of the air of a ward. 3. That, as the decomposition of organic matter gives rise to fetid odours, such odours in turn become sufficient evidence of decomposition and its dangers. 4. If the premises be true, then deodorisation of the lochia by an agent which stops decomposition promises fair to become a prophylactic of no mean value of puerperal fever and such-like *post-partum* accidents.

Any practicable means which, without much trouble and at a cheap rate, will safely and effectually relieve the parturient female of all disagreeable smell about her apartment, bed, or person; which will make the patient more comfortable, and less loathsome to herself and friends; and which will at the same time assist in preventing the generation of miasma, or lessen the danger from the poisonous influences associated with putrid or morbid effluvia,—must be hailed as a great addition to the Materia Medica of Obstetric Medicine. Such an agent, I think, we have in the oil of tar."

Dr FIGG also contributes a paper on *Turning in all Cases of Labour*. The Author discourses extensively about the laws of Nature, Neapolitan scenery, the Adamic age, the odours of Cashmere, and the Prophet Jeremiah: the special subject to be treated of is reserved for a future paper. Dr HENRY COOPER ROSE contributes the following case of *Poisoning by Alcohol* in a child three years of age:

"At 11 a.m. on May 28th, last, I was hastily summoned to attend a little boy three years of age, who was stated to have drunk a quartern of raw rum, and also an uncertain quantity of gin, supposed to be about ℥ij. He was heard to fall heavily on an upper floor, and was found lying on his face, with his nose bleeding, in a state of insensibility.

"On my arrival, I found him lying in a woman's lap in a comatose condition. There was no stertor. The pulse moderately full, but slow. Pupils contracted to a point; face flushed. He smelt strongly of spirits. Skin warm.

"I administered an emetic of zinci sulph., with which I was provided, and tickled the fauces with a feather. This acted copiously, and a large quantity of semi-fluid matter was vomited, smelling strongly of spirits. After a few minutes had elapsed I gave another emetic of mustard, which also induced vomiting of the same character.

"On the arrival of the stomach-pump, which I had sent for, I endeavoured to introduce the tube, but was resisted by the child; and feeling pretty confident that the stomach was empty, and finding consciousness to a certain degree returning, as indicated by the resistance made to the introduction of the tube, I deemed it unadvisable to risk injury to the fauces, and desisted. The child made several attempts to vomit, bringing up small quantities of thick mucus.

"At this period, being about an hour from the time that I first saw the child, he could be roused to a certain degree of consciousness by flapping with the wet corner of a towel, but could not speak or notice any one. The pupils, which were contracted, were now largely dilated. There had been complete freedom from stertor, although the breathing was heavy. The pulse was slow, but not so full. After being in attendance for nearly two hours, and observing a decided improvement in the child's condition, I left for a time, giving directions for the head to be kept cool, stating my intention of revisiting him shortly. In little less than half-an-hour a messenger was despatched to my residence to tell me that the child had had a convulsion; and, immediately after, a second messenger arrived, stating that another convulsion had occurred, and that the child was dead. The bowels had acted twice, and he had passed water while in a state of stupor.

"*Post-mortem Appearances, eighteen hours after Death.*—Surface pale; considerable rigor mortis. The stomach contained ℥vj to ℥j of thick mucoid matter, mixed with some alimentive substances resembling bread. There was a slight smell of spirits. Mucous membrane injected over the whole of the cardiac extremity, as also in the lesser curvature; otherwise healthy. Lungs congested posteriorly from gravitation. Heart natural: left side full, right side empty; the blood was fluid. The brain and its membranes were intensely congested, blood oozing out at every incision. A small quantity of fluid in the right lateral ventricle. Choroid plexus gorged with blood. All the viscera healthy.

"*Remarks.*—There are two or three points of interest in this case. In the first place, it is a very unusual circumstance that a child of such tender age should, *con amore*, drink off so large a quantity of raw spirit. It is important in a medico-legal point of view. Physiologically, it is interesting to observe the action of the alcohol upon the condition of the pupils: at first, under the immediate stimulus of the spirit, such filaments of the third nerve as supply the iris through the ophthalmic ganglion were irritated so as to produce spasmodic contraction; and this fact may possibly be taken in similar cases as an indication that the spirit has been recently swallowed; for as soon as the narcotic influence was in full action, the pupils became dilated in the extreme, and remained so till death. Convulsions are by no means a common result of alcoholic poisoning, except in the young. 'Orfila makes their absence a ground of diagnosis between poisoning by alcohol and by opium, and Dr Ogston only observed them twice out of many cases; the subjects in these two instances were young.' The time that elapsed between the taking of the spirit and the state of insensibility could not have been longer, from the evidence of two women, than ten minutes; and from that time till death, about two hours."

We extract the following *Remarks on Sunstroke*, by Dr EDWARD SMITH, which appeared in the 'Medical Times and Gazette' of the 1st inst.:

"In the 'Medical Times and Gazette' for July 28th, 1860, p. 76, there is an interesting report by Assistant-Surgeon R. Chapple on several cases of sun-stroke; and in a former number similar reports of equal value appeared from the pen of Deputy-Inspector of Hospitals Mr Longmore. Sir Ranald Martin has also, at various times, published observations upon the same subject. In each of those there is mentioned a characteristic of the disease to which I desire to draw attention, viz., the heat and dryness of skin which is observed both in the early and in the later hours of the attack. Mr Chapple is so impressed with this fact, that on three occasions in a paragraph he makes use of the expression 'the skin was intensely hot and dry;' and in showing his estimate of the connection of this phenomenon he also remarks, 'I have wrapped patients in wet sheets, by which means I thought I might get the skin to act, but without benefit.' Hence all agree in the fact that the skin has ceased to act as the great refrigerator of the body.

"The temperature of the air in the shade, as mentioned by Mr Chapple, was 106° and 110° at 4 a.m., and 97° at 10 p.m.; that is to say, a temperature at least equal to that which is the almost unvarying standard of the internal parts of the body in a state of health. Hence, if the body had been mere dead matter, it would have obtained, by radiation throughout the whole day, a temperature equal to that of the living organism in its normal state; but, being a living body in which conversion of nutriment must take place and heat be generated, it is evident that at all times of the day and night there would be an excess of heat. This excess, already shown, could not be removed by radiation; and as the function of the skin had ceased, and the respiratory function was lessened in activity, it could not be lessened by absorption, as occurs when a large amount of sensible heat is rendered latent by the act of converting the fluids of the body into vapour in the process of perspiration.

"I do not purpose to discuss the physical effects upon the system of this excess of heat, since we have not much precise knowledge upon the subject; but it is evident that in the absence of this refrigeration at the surface, the volume of the blood will be increased on the law of expansion of fluids by heat. There will also be oppression of the heart, from the resistance offered to the current of the blood in the capillaries; and with the lessening respiration, there must be accumulation of blood in the lungs. The general symptoms at the period of attack show a state of oppression of all vital actions, and near the termination they are those of exhaustion, or, as Mr Chapple states, 'the patients die worn out.' It is also clear that with the suppression of the great outlet for water, it will be impossible to give food and fluids internally, unless, indeed, as in some favourable cases, the kidneys double their activity; for otherwise the fluid either would not gain admission into the circulatory system, or the vessels would become yet further congested.

"The point upon which I wish to fix the attention of those who have charge of men exposed to these dangers, is the paramount importance of maintaining or of restoring a free amount of action of the skin, and of pointing out some methods of effecting that. It will be borne in mind, that such a condition is as essential when the external temperature is just under that of the standard temperature of the body in health, as when it is above the standard; for in either case the effects of the excess of heat must be present.

"When the skin is acting freely, the fluid converted into vapour carries off from the body 1000 times as much heat as it held when in the state of a fluid; and hence there is a most potent refrigerating power ever acting and needing regulation; and so perfect is it, that it is sufficient to carry off any amount of heat which can be generated in natural conditions, provided the supply of fluid to the blood and the activity of the skin be both free, as is shown by the endurance of dry, hot baths, at 150° to 200° of temperature, for considerable periods. The freedom with which the perspiration occurs, reduces the volume of the blood, and thereby necessitates a call for a further supply of fluid from without; and the heart and lungs being kept free from any undue oppression, duly perform their functions. The heart, however, must act rapidly, so as to convey sufficient fluid to the skin; and the more so that, as I have shown in the 'Philosophical Transactions' for 1859, and elsewhere, the rate of respiration is disproportionably lessened with increase of temperature, and thereby there is a constant tendency to accumulation of blood in the lungs.

"As, therefore, it is of the first moment to maintain a due activity of the skin under the conditions of exposure to great heat, I am desirous to mention the various kinds of foods which in my experiments have evinced the power to aid or retard the activity of that organ, for they must have a daily influence in modifying the liability to the effects of excess of heat.

"Nearly all ordinary foods lessen the activity of the skin in the primary processes of their digestion, as is shown by the heat and dryness of the skin at that time: such are animal foods, including flesh, fat, and milk; all kinds of beverages classed under the denomination of alcohols, and also coffee. The substances used in food which increase the action of the skin are tea and sugar.

"Of the former, or those which lessen the action of the skin, no doubt alcohols should occupy the first place. In this respect strong spirits have a more powerful action than wines or beers; and it is highly probable that raw and inferior kinds of spirits are also more powerful than finer and purer spirits. I have not found any exception whatever to this statement; for even rum, which acts in a different manner upon the respiration, agrees with all its congeners in this—all alike make, or tend to make, the skin hot and dry. But next to these substances coffee must certainly be placed, and particularly if it be drunk without sugar, or with the addition of milk or brandy. Meat and fats have, perhaps, less influence in this direction, but they nevertheless are powerful agents. Hence it is manifest that although some of these must be ranked among the necessaries of life, and cannot be altogether dispensed with in any dietary, the use of them should be strictly limited when the body is exposed to the evils of excess of heat. In accordance with this statement, it is well known that spirits are most destructive, and that the natives of hot climates eschew them, and do not indulge largely in milk or animal food. If they take fat, moreover, it is, perhaps, not very largely, and it is always associated with starchy food, which exerts very little influence over the activity of the skin. It is a very doubtful point as to the propriety of the Government introducing into India the strong ales of this country under conditions so diverse from those in which we drink them; and although they are less powerful in the direction now referred to than stronger alcohols, they must usually be injurious.

"With very moderate living, it is clear that tea should be regarded as an indispensable adjunct, and that coffee should be excluded at the hot season and during exposure to intense heat, except by the comparative few in whom the skin is usually too active. It should, for the purpose of increasing the action of the skin, be taken without milk or cream in very moderate doses, and very frequently. Indeed, under such conditions it should be the constant beverage throughout the day, but not drunk in large quantities at

a time. It appears to me that the importance of this agent is not by any means so well understood as it ought to be, and that it would be to the great advantage of our soldiers if the Government were duly informed as to its value, and even its necessity.

"I would just add a word in reference to the treatment of cases of sun-stroke. It is clear that these cases must be regarded as due essentially to excess of heat in the body, and that independent of exposure to the direct rays of the sun, or even to very exceptionably high degrees of temperature. The first remedy usually applied is that of water, which, although of lower temperature than that of the body, cannot be called cold, but its free use has been of the utmost service in warding off threatened attacks. In the attacks, however, neither the cold douche nor the wet sheet has commonly been efficacious, as Mr Chapple has well shown.

"As the greatest of all desiderata is the return of the action of the skin, I venture to hint that beyond a certain duration the direct application of the cool water is likely to be injurious by interfering with any attempts to increase the action; for if remedies be given which increase or tend to increase perspiration, their action will certainly be hindered by the application of anything to the skin which has a lower temperature than that of the body.

"In this condition I very earnestly commend the use of good tea, in doses of twenty-five grains every quarter of an hour, given in a weak infusion of about three to six ounces, and of a temperature but little below that of the body. The action of tea, beyond that on the skin already referred to, is directly to increase the vital action through the medium of the nervous system; and it has a powerful and sustained effect in increasing the respiratory functions. Hence it meets so far as it can three of the most urgent wants, viz., cooling of the body, removal of the listlessness and oppression, and increase of the respiratory action—it being clearly understood that respiration has in itself a great tendency to lessen the temperature of the body. Diffusible stimulants, as ammonia, have been found somewhat useful, and that no doubt from their tendency to act through the skin. I have also shown that the addition of alkalies to tea increases the action of the latter substance upon the skin, and hence it would be well to add neutral acetate of ammonia or acetate of potass to each dose of the tea.

"Mr Chapple and others refer to the vomiting which takes place late in the attack, and I venture to ask if it would not be of great value to induce this by ipecacuanha early; for in addition to the good effect of removing matters which may tend to restrain the action of the skin, the act of vomiting tends most powerfully, as we know, to induce perspiration. I do not think the use of an emetic is contra-indicated because there is lessened vital action at the commencement of the attack, for that early condition is, as already mentioned, one of oppression, and not of exhaustion.

"I further venture, but with great deference, to recommend the use of warm water (if during the attack the cold douche has failed) of a degree about that of the normal temperature of the body, for its efficacy in tending to induce perspiration is well established. I do not think that the addition of warm water to the body suffering from excess of heat is contra-indicated, provided the degree of warmth be not greater than the natural heat of the body, and the drinking of tepid water largely in the early stage must have a right tendency, on the principles already laid down.

"In this communication I have not entered into any question but that which I desire very earnestly to commend to the consideration of those who have charge of these very anxious and too often fatal cases."

The 'Dublin Medical Press' contains the following observations, by Dr JACOB, on an *Ulcer* (the Rodent Ulcer) *which attacks the Eyelids and other parts of the Face:*

"The characteristic features of this disease are the extraordinary slowness of its progress, the peculiar condition of the edges and surface of the ulcer, the comparatively inconsiderable suffering produced by it, its incurable nature unless by extirpation, and its not contaminating the neighbouring lymphatic glands. The slowness with which this disease proceeds is very remarkable; of three cases which have come under my observation, one had existed for four years, and now presents no remarkable difference when compared with the drawing of it which was executed six months ago: the eyeball, exposed and dissected out as it has been by the ulceration, remains precisely in the same state, and the edges occupy the same situation as at that period. In another case, now also under my observation, the patient, an unmarried woman, aged fifty-five, states, that the disease has existed for twenty-three years without having ever healed; her eyeball also has been exposed by the ulceration for nearly a year, and has not yet been totally destroyed. In the third case, that of a gentleman about sixty years of age, the disease existed for about nine years previous to his death, which took place from a different cause.

"The sufferings of persons labouring under this disease do not appear to be very acute; there is no lancinating pain, and the principal distress appears to arise from the exposure, by ulceration of nerves or other highly sensitive parts. In the examples which I have met, the disease at the worst period did not incapacitate the patients from following their usual occupations; the gentleman to whom I have alluded was cheerful, and enjoyed the comforts of social life after the disease had made the most deplorable ravages.

"In two of those three cases, I have been unable to ascertain with certainty the nature of the disease at its commencement; whether the ulceration was preceded by tubercle, encysted tumour, or wart. The account given by the patient from whom the drawing has been made, a poor woman, aged fifty, is that it arose from a blow, and commenced on the temple at a short distance from the external angle of the eye. The other woman, whose disease has existed for twenty-three years, says that it was preceded by 'a kernel under the skin over the eyebrow, which was not rough like a wart, and which existed for two or three years before it came to a head, when she picked it, after which it never healed.' I quote her own words: it was probably an encysted tumour. In the gentleman's case the disease commenced in an old cicatrix, the consequence of confluent small-pox; it was at the inner angle of the eye, and constantly moistened by the tears, which could not escape into the nose, the *puncta* being closed.

"This disease may be observed under two very different conditions, either in a state of ulceration, or in a fixed state, in which no progress is made toward healing. In this latter condition the parts present the following appearances: the edges are elevated, smooth and glossy, with a serpentine outline, and are occasionally formed into a range of small tubercles or elevations; the skin in the vicinity is not thickened or discoloured. The part within the edges is in some places a perfectly smooth, vascular, secreting surface, having veins of considerable size ramifying over it; which veins occasionally give way, causing slight hæmorrhage: in other places the surface appears covered by florid, healthy-looking granulations, firm in texture, and remaining unchanged in size and form for a great length of time. The surface sometimes even heals over in patches, which are hard, smooth, and marked with the venous ramifications to which I have alluded. This healing may take place on any part of the surface, whatever may be the original structure: in the case from which I have had a drawing made, the eyeball itself, denuded as it is by ulceration, is partially cicatrized over. When the ulceration commences, it proceeds slowly, cutting away all parts indiscriminately which may be in the direction in which it spreads: the surface in this state is not so florid, and presents none of the glistening or granulated appearance above noticed: the pain is generally greater at this period. It appears also that there is a tendency to reparation, exclusive of the cicatrization which I have mentioned: there is a deposition of new material, a filling up, in certain places, which gives a uniformity to the surface, which should otherwise be very irregular, from the nature of the parts destroyed. When the disease extends to the bones, they sometimes exfoliate in scales of small size; but more generally they are destroyed, as the soft parts, by an ulcerative process. The discharge from the surface is not of the description called by surgeons unhealthy or sanious, but yellow, and of proper consistence; neither is there more fœtor than from the healthiest sore, if the parts be kept perfectly clean, and be dressed frequently. There is no fungous growth, nor indeed any elevation, except at the edges, as already noticed, and even this is sometimes very inconsiderable. There is no considerable bleeding from the surface; and when it does occur, it arises from the superficial veins giving way, and not from sloughing or ulceration opening vessels: sometimes the surface assumes a dark, gangrenous appearance, which I have found to arise from the effusion of blood beneath. I have not observed that the lymphatic glands were in the slightest degree contaminated, the disease being altogether extended by ulceration from the point from whence it commences.

"After the preceding description, it is scarcely necessary to state additional arguments to prove that the disease is peculiar in its nature, and not to be confounded with genuine *carcinoma*, or with the disease called *lupus* or *noli me tangere*. From the former it is distinguished by the absence of lancinating pain, fungous growth, fœtor, slough, hæmorrhage, or contamination of lymphatics; from the latter, by the absence of the furfuraceous scabs and inflamed margins, as well as by the general appearance of the ulcer, its progress and history. It is equally distinct from the ulcer with cauliflower-like fungous growth, which occasionally attacks old cicatrices.

"It remains to be determined whether this disease can be removed by any other means than the knife or powerful escharotics; and from the experience I have had in those cases, I am inclined to conclude that it bids defiance to all remedies short of extirpation. I have tried, internally, alterative mercurials, antimony, sarsaparilla, acids, cicuta, arsenic, iron, and other remedies; and locally, simple and compound poultices, ointments, and washes, containing mercury, lead, zinc, copper, arsenic, sulphur, tar, cicuta, opium, belladonna, nitrate of silver, and acids, without arresting for a moment the progress of the disease. I have, indeed, observed that one of those cases which is completely neglected, and left without any other dressing than a piece of rag, is slower in its progress than another which has had all the resources of surgery exhausted upon it. The success even of powerful escharotics is doubtful. Mary Sherlock, the old woman who has laboured under this disease for twenty-three years, and who is now in the Incurable Hospital, says that 'a burning cancer plaster' was applied several times, seventeen years ago, and she has lately had the arsenical composition called Plunkett's powder applied without any good effect. The gentleman to whose case I have alluded, had the sore healed, when it was very small, by the free application of lunar caustic, under the care of Mr. Travers: it, however, broke out again, and spread without interruption, until it destroyed the lids and globe of the eye; under which circumstances he, in despair, submitted himself to a popular charlatan, who, bold and fearless from ignorance, gave a full trial to escharotics: he repeatedly applied what I understood to have been a solution of muriate of mercury in strong nitric acid, and in a short time excavated a hideous cavern, extending from the orbitar plate of the frontal bone above, to the floor of the maxillary sinus below, and from the ear on the outside, to the septum narium within; yet the unfortunate gentleman survived, but the disease preserved in every respect its original character. Mr. Colles, however, tells me, that in a case which came under his care before the disease had extended to the lids, he succeeded in establishing a permanent cure by the application of a powerful escharotic, covering up the eye during the operation of the remedy with gold-beater's leaf.

"Such is the information which I have to communicate respecting this malady: I offer it with the hope that surgeons who have met with similar examples may be induced to give the result of their experience respecting it. Sufficient has, however, been ascertained to prove, that when the disease exists in a situation which admits of it, the sooner it is completely extirpated by the knife, or the actual or potential cautery, the better chance is afforded the patient of relief from a most distressing and fatal malady."

TRANSFUSION AFTER EXHAUSTING SUPPURATION.

Dr Neudörfer, of Verona, gives here an account of some trials he has made of the efficacy of transfusion in some cases in which exhausting suppuration rendered death imminent. The subjects were soldiers, who had suffered from wounds in the late Italian war. He has tried the practice in six cases, and always found a remarkable temporary improvement result. The pulse regained some force, refreshing sleep (unprocurable heretofore by opiates) was obtained, the appetite increased, and the severity of the pain diminished. This improvement continued for from five to eight days, when the former unfavourable condition recurred, and death resulted within three weeks.—Froriep's 'Notizen,' Band 1, No. 22.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 12, 1860.

THE GRAPE AND WHEY CURES.

Every production of Nature and every imagination of man have been enlisted to present some new form of quackery to the world. No sooner is one pretension on the wane than another lifts its shining light. There is no fear that credulity will want objects for its faith, for they are always changing and always new: thus, hope is kept alive and quackery flourishess. In these peaceable days, the charlatan is our only hero; and although there are many of the brood, the public is ever on the search for a new candidate. As Byron says with a fresh circumstance,

"A quack is wanted; an uncommon want,
When every year and month brings forth a new one,
Till, after cloying the gazettes with cant,
The age has found that it has not the true one."

Within these few weeks, the British public has been made acquainted with a new production of this rank soil. It has not yet, happily, been imported into this country; but in Germany it flourishes with great vigour, and commands a large body of admirers. This new mode of medication is called the Grape-cure,—a kind of antithesis to the Water-cure, of which the Teetotallers have the practical monopoly in this country. Whether the proprietors of French and German vineyards felt alarmed at the extraordinary success of Mr Gough, and were apprehensive of the enactment of a Maine Liquor Law; or whether they feared that Dr Todd's heroic administration of the alcoholic juice of the grape was likely to be followed by a reaction dangerous to their interests; or whether they were really animated by philanthropic motives, and, lamenting the immoral uses to which the grape was applied, were desirous of reviving among mankind a taste for its flavour as presented by the hand of Nature to the unsophisticated gustatory organs of our Adamic progenitor,—history does not inform us; and we are content to know that, in the opinion of a considerable number of French and German valetudinarians, the unfermented juice of the grape is deemed an infallible cure for many of the maladies to which flesh is heir.

Associated with the Grape-cure is another—the Whey-cure. The latter is not very new; it is as old as the Tartars; was once popular in England, and has been among all milk-drinking nations a panacea for the ills of mortality.

First, however, of the Grape-cure, which is practised in the South of France and Switzerland. Dr Carrière has written a book about it, and we are informed upon the authority of this gentleman that some patients consume as many as six or eight pounds of grapes daily. It is an essential part of the treatment that the grapes shall be eaten in the vineyard, where the invalid's

"direst task
Is on sunny slopes to bask,
To shake the berries from the bough,
And catch them tumbling on his brow."

What a delightful occupation for a valetudinarian! Can anything be imagined more poetical or luxurious? O! Mr Prince, does not your prophetic soul suggest to you that the Agapemone will be incomplete unless the Grape-cure become one of its attractions?

We are told that at Celles

"The Grape-cure consists in eating every day from three to five pounds of ripe grapes. The patient takes in the morning a pound fasting, carefully avoiding swallowing either the skin or stones; and yet at Celles, this precaution, advisable at Fontainebleau and on the banks of the Rhine, is unnecessary, for the pellicle of the grape is of extreme tenuity, and instead of being acid may be reproached with excessive sweetness.

"Two hours later, the same dose of grapes is repeated. Dinner at twelve, of beef or mutton, roasted or otherwise (Ardèche mutton is as good as Down mutton), stale and well-baked bread, and a glass of old wine; the vegetables allowed are potatoes and carrots. At four o'clock, the same meal, but with two pounds of grapes. In the evening, soup or tea with white bread, according to the habits of the patient. We recommend exercise between meals, and abstinence from drinking as far as possible. Fontainebleau Chasselas grapes for this cure, which may last three weeks, are far inferior to ours in every respect, because it is to the sugar and gum, the nutritive principles of the grape, that the treatment owes its efficacy. Under its influence, which is in nowise laxative, but tonic and reviving, and at the same time refreshing, the consumptive patient recovers his strength and his flesh, and, *à fortiori*, invalids, whose lungs are less seriously attacked. It is a treatment, says Mr Constantin James, a competent judge in the matter, which succeeds perfectly in allaying general over-excitement, refreshes the blood, discusses pulmonary congestion, and modifies the secretions; it also acts beneficially in diseases of the urinary system. It is an agreeable and useful complement of the mineral treatment pursued at Celles for the cure of these diseases."

So much for the Grape-cure; now for the Whey treatment. This seems to prevail more extensively than the Grape-cure, and we are informed that there are about six hundred establishments where it is practised. The professors of this method are not particular as to the kind of whey employed; that of goats and ewes is, however, preferred. This treatment prevails over the whole of Germany, from Hanover to Austria.

The owners of the Spas seem to be jealous of it, and as the best way of crushing a rival is to make him a friend, the Whey-cure has been attached to the mineral springs, and Ischl, Baden-Baden, and other places have become favourite shrines where health is dispensed in cups of lacteal salines. Dr Carrière says:

"The first dose is taken fasting, and the second after a quarter of an hour's walking exercise in the open air or under shelter, according to the weather. It is almost indispensable that the whey should have been recently prepared; although, as we have already stated, excellent precautions are taken to preserve its temperature. The establishments considered the best renew their stock three times a day, in order to insure its freshness. It is an advantage, not without value, to take the whey on the very spot in which it is prepared, or very near it. If it should come from afar, it is better to drink it at the springs, like a glass of mineral water, than to wait for its distribution. In the early stages of the cure, two glasses are not exceeded; if no obstacle should arise, and no great perturbation of the digestive organs occur, the daily dose may be increased to four or five glasses, equivalent to about 1½ pint of whey. This applies to cow's milk-whey only, according to Dr Mojsisovicz, from whom we borrow all these details. But for goat's or ewe's milk-whey, both less digestible, and applicable, especially the latter, to the cure of pulmonary phthisis, it is essential to proceed with greater moderation."

Such are the very agreeable modes of cure which the fertile imagination of charlatans has invented to amuse the jaded minds and invigorate the bodies of the peripapetic valetudinarians who are hunting for a new sensation through the valleys of Switzerland and the gaming-houses of the Rhine. There is a virtue, no doubt, in the hygienic regimen insisted upon, to which these and all other quackeries owe their chief advantages.

SUMMARY OF THE WEEK.

AMALGAMATION OF THE METROPOLITAN MEDICAL SOCIETIES.

For some years past there has been a wish expressed for an amalgamation of the numerous Medical Societies of the Metropolis. The inconvenience felt in going from one to the other, and the great expense attending Membership of the several Societies, have prompted this desire. Medical men are not over-wealthy; it therefore becomes a serious consideration with a young and aspiring Practitioner, whether he can afford to join the numerous societies which are the resort of the most active and conspicuous Members of the Profession, or whether he must be content to forego the opportunity for intellectual excitation and enjoyment which these reunions afford. Mr Charles Hawkins gave an effective expression to this feeling at the last Annual Meeting of the Medico-Chirurgical Society, and induced that body to appoint a Committee to consider the subject. Other Societies have followed this example—viz., the Epidemiological, the Pathological, and the Obstetrical; and a Joint Committee having been constituted, the following resolution and heads of a scheme were unanimously agreed to:—

"That it is the opinion of this meeting that it

would tend to the advancement of Medical Science, were the Royal Medical and Chirurgical the, Pathological, the Epidemiological, and the Obstetrical Societies united under one head, and these different branches of Medical Science carried out in corresponding sections of one Society."

The scheme proposed was as follows :

"I. That the united Society be divided into the following Sections : 1. Practical Medicine and Surgery. 2. Pathology and Morbid Anatomy. 3. Epidemiology and Hygienics. 4. Obstetrics, and Diseases of Women and Children. 5. Physiology (including Anatomy and Animal Chemistry). 6. Psychological Medicine. 7. Medical Jurisprudence.

"II. That the Treasurers of each Section respectively receive the subscriptions to such Sections, and defray from their own funds the expense of publishing their 'Transactions' and other necessary outlay. That the surplus, if any, be paid into the general fund, and any deficiency be supplied from that fund.

III. That Fellows of the Royal Medical and Chirurgical Society [*i. e.*, of the Societies when combined] be members of all the Sections, and have a right to attend all meetings of such Sections.

"IV. That persons, not Fellows of the Society, be admitted members of any particular Section on payment of an annual sum, and be designated members of such Section, and Associates of the Royal Medical and Chirurgical Society [*i. e.*, the Societies when combined].

"V. That each Section elect annually a president and other officers for the management of the affairs of its own department, and also from time to time elect members who are not Fellows of the Society.

"VI. That in the annual nomination of Fellows recommended by the Council for election as President and Council of the united Society for the ensuing year, two at the least be selected from amongst the members of the Committee of Management of each of the several Sections.

"VII. That members of particular Sections have the right to attend all meetings of such Section, and to be admitted to the use of the reading-room, but not to remove from the library any books, except such as belong to the Section.

"VIII. That it be the business of the Committee of each Section to prepare a report of the proceedings of the past session, to be read at an annual meeting to be held for that purpose."

Whether this plan will materially remove the disadvantages complained of, is a question which the Members of the various Societies must now take into their deliberation. The question of payment has not been specifically touched, and that is the practical evil. The Royal Medical and Chirurgical Society would in all probability be aggrandised by the arrangement, and be launched on a new career of useful service. The London Medical Society has not taken part in the proposal; and this is, perhaps, desirable, as this Society, being the oldest in London, has a character and associations of its own, which it would be a kind of treason to destroy by amalgamating it with any other body.

THE GUERNSEY SURGEONS AND GENERAL SLADE.

We observe that the dispute between the Medical Staff of the Guernsey Militia and the Lieutenant-Governor, on account of the appointment by the latter functionary of a Homœopath on his Staff, has not yet been amicably settled. The Officers of the Militia have recently entertained the Major-General at a banquet, to which the Medical Staff, although still serving, were not invited. We regret that General Slade should have deemed it needful to embitter the controversy by adverting to the honourable and manly course taken by the Medical Officers in these terms : "that no cabal, however *crafty*—no clamour, however loud—and no Press, however powerful, will ever cause me to swerve from the strict line which my conscience points out to me to be the correct one." General Slade no doubt considers this gentlemanly language, but we apprehend that he will find few gentlemen to agree with him. To stigmatise his Officers as a *cabal*, and their conduct as *crafty*, is hardly such language as becomes the dignity of a Lieutenant-Governor or the courtesy of a gentleman.

THE VOLUNTEERS FOR GARIBALDI.

The vices of our military system have been often exposed, and numerous have been the promises of amendment; yet it would seem that very little has been really done to improve our military economy. We apprehend that this is owing very much to the little value generally set by Englishmen on life, as against the accomplishment of a great enterprise. There is an impatience of small things, and a desire to finish a grand undertaking at a blow. We are apathetic when there is nothing to do; but when danger appears, the sleeping lion suddenly rises and springs upon his enemy. If one rush would settle the affair, it would be well enough; but if continued exertion be required, then we are obliged to suffer for that indifference which characterised our days of peace. We are informed that the army of Garibaldi is in desperate want of Medical comforts, Surgical instruments, and appliances of various kinds,—a result that might be expected from the peculiar character of the heroic enterprise in which it is engaged. There is another branch of this subject, however, which appeals more nearly to the sympathies of Englishmen. We are in a position to know that many hundreds of young men, most of them of great respectability, have offered their services to form a Volunteer Corps for Garibaldi, and as soon as vessels can be chartered they are prepared to embark. Now we very much fear that, with the Englishman's usual indifference to the details of supply, these young men will leave our shores without such stores as will be necessary for their health and comfort. The promoters of this movement have received numerous letters from young men who are willing to give their lives, but comparatively few enclosing sufficient sums of money to equip the Corps. We hope, therefore, that our readers who are disposed to be charitable in this cause will remember their own countrymen. Sympathy with Italians is good, but sympathy with Englishmen is better.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 147.)

John Hunter's marriage with Miss Home took place in 1771. It would appear that at this time, having been ten years in London as before stated, he had communicated no papers to the Royal Society—in short, had published nothing hitherto in his own name, and what of his had publicly appeared was in his brother's name. In consequence, Sir John Pringle, the President, urged upon him to communicate a paper, which he read in 1772 to the Royal Society, showing that the gastric juice possessed the power of dissolving the coats of the stomach after life was extinct, he having made several experiments elucidating that fact. He incurred great disadvantage by this diffidence in not committing his labours before the public, his opinions being misconceived, and his discoveries and experiments attributed to others and misquoted. This determined him to give lectures upon the Theory, Principles, and Practice of Surgery, during the winter of 1773, to vindicate his fair claims, and to reduce the result of his inquiries to a system by promulgating to the public his opinions upon Surgery. Nevertheless, the fundamental doctrines upon which these lectures were based, owing to John Hunter's anxiety for their perfection were the last amongst his works to be submitted to public judgment. The timidity thus manifested to face this ordeal, and the value he placed upon his reputation, are confirmed by the fact that he revised and corrected these lectures for twenty years before publishing them. At first John Hunter gave lectures free, feeling acutely the deficiency of abilities required for public speaking. In consequence of not forming a part of Medical education, they were badly attended, the class being small. His inability to make himself understood was a great drawback and impediment; his anxiety being so great, and the undertaking so formidable, that it is stated on commencing his labours he was obliged to take thirty drops of laudanum to allay his irritability, and to appease the nervousness and uneasiness he experienced. He notwithstanding courted inquiry, and was pleased to be questioned, especially when his explanations were understood. His mode of lecturing was to make a short abstract of each lecture, and recapitulate it the following evening, to connect the subject in the mind of the students. These gratuitous lectures were continued until 1775, more in self-defence from piracy and misconstruction than from any gratification of vanity. Dr Hunter's logical and didactic eloquence won greatly the admiration of John, being attainments with which he was not endowed, and inspired him with a deference to his brother greater than to other rivals. John Hunter was not understood, because he saw further than had been at that time discovered into the laws of nature and organic life. Notwithstanding his ignorance of grammar, we are indebted to him for many words and terms in familiar use in anatomical language at the present day, and it would seem nature made him a philologist. The singular combination in the character of John Hunter of man of the world and man of science, no doubt gave a peculiar tone to his every-day life. Thus he well appreciated the value of his brother's friendship and patronage, who at that time was in high credit with the first nobility, and even with royalty. But all pretensions to policy, flattery, or even suavity of manners, were alien to him. In the present day we can hardly take a fair measure of him, a rough pioneer penetrating the utter darkness of science, instinct with truth and love of knowledge, entirely destitute of all helps and tools. His unceasing zeal and industry compensated for these disadvantages. The difficulties of the subjects he had to explain were of themselves sufficiently embarrassing, but greatly augmented by the meagre terms and deficiency of scientific language existing at that time in which to convey

his meaning and ideas. The redundancy in our day of Medical terminology affords a singular contrast: we now launch into an ocean of Greek derivatives, many of which will be adopted in no lexicon, and have no abiding home or resting-place.

The characteristic quality of John Hunter's genius was experiment and investigation: toil was no burthen—books and other aids he disregarded, having no faith in the labours and discoveries of others, but delight and confidence in his own. The necessary result of this want of leisure or taste for reading was, that he advanced many what he thought to be discoveries, made many years before by others, with full conviction of their originality. With him labour was its own reward: the great and learned Haller early discovered in the young aspirant the fame which awaited him, and was foremost to appreciate and proclaim to the scientific world the discoveries and merits of John Hunter. That the brothers were strongly attached, there is no doubt: mutual interests, independent of fraternal ties, cemented this natural affection. Had they been less ardent and emulous in the same pursuits, and professed less ambition, the influence of natural affection would have prevailed, mutual happiness would have resulted, and scandal been avoided. Both parties being equally blameable, this unfortunate and almost unnatural strife met with a painful retribution, embittering their latter days, until the grave closed upon their career. William Hunter's success, which was most auspicious throughout, made him impatient of rivalry. Endowed with rare physical and moral qualities, and equal perseverance, being a classical scholar of superior acquirements, he was accustomed to consider his brother in those respects inferior, and also as his pupil. Nevertheless, he was proud to think his disciple so worthy his fostering tutelage and regard. Dr Hunter's facility and elegance of expression—choice of language—freedom from any dialect which did not rather give emphasis and euphony to his musical voice—added to an amenity characteristic of the scholar and gentleman, made his demonstrations, always so accurate, the type for imitation, and conferred a temporary *éclat* and fame John could not approach. Thus flushed with adventitious superiority, Dr Hunter claimed without contradiction every discovery made under his eye.

Eminent as naturalists, these talented brothers succumbed to the frail passions and infirmities of human nature. William appropriated John Hunter's drawings, had engravings made, and in his lectures demonstrated them as his own discoveries. Amongst others, he made engravings of the nerves of smelling, intending to present them to the Royal Society, but which his numerous engagements prevented. The climax of this was the discovery of the circulation of the placenta, of which, with great simplicity and guilelessness, John Hunter informed his brother, and showed him all his experiments and opinions. At first Dr Hunter ridiculed the demonstrations, but afterwards appropriated them in his lectures and work on the 'Gravid Uterus,' without in any way alluding to the discoverer, or mode of discovery.

It is true that, in his preface to this work, Dr Hunter, in alluding to John Hunter's anatomical investigations, speaks of his brother as one "whose accuracy in anatomical researches is so well known, that to omit this opportunity of thanking him would be, in some measure, to disregard the future reputation of the work itself." This was simply a confession of an accepted and self-evident truth, given somewhat coldly and reluctantly, without even those courteous phrases commonly used on such occasions. The opportunity served so well to display a genial and affectionate feeling, that neglecting it, by resorting to such cold, tardy, and unavoidable terms of acknowledgment, roused the quick feelings of John Hunter to a state of uncontrollable turbulence. Now become almost equally distinguished with his brother, he felt how much his anatomical skill had promoted Dr Hunter's prospects. Being engaged in different departments of professional practice, their interests in no way came into collision or rivalry. It occurs often that ties of relationship absolve that practice of courtesies found, nevertheless, under all circumstances, promotive of concord and self-respect. They induce an encroaching tendency, each expecting more than the other is willing to concede. John, as is usually the case, being the younger, was more inclined to forgive—William to resent. John became impatient of this thraldom, which placed the brothers in a false position. In an unfortunate moment, he, by a letter to the Council of the Royal Society, communicated his discovery of the injection of the placenta, twenty-five years before, with all the particulars. This occurred in 1780, only three years before the death of Dr William Hunter; and he never forgave John for this act of rebellion, his resentment being manifested, at the last, by excluding him from notice in his will, and bequeathing the family estate away from him to his nephew, Dr Matthew Baillie. Dr Baillie, so soon as the will was proved, ceded the estate to John Hunter. Dr Adams, with that kindly spirit which strongly characterises his Memoirs of John Hunter, endeavours to extenuate this conduct on the part of William. He insists upon his well-known disregard of money, and his conviction that, although he relinquished the gracious act, nevertheless the paternal estate would surely descend to his brother; his dependence being the greater, from the well-known conscientiousness and sense of justice of Dr Matthew Baillie. Certainly, John Hunter's circumstances at this time rendered him independent of this fraternal regard and posthumous memorial: but, as Dr Hunter most remarkably retained his faculties to the last moment of existence, bright as ever, beaming to the last flicker with a stoical philosophy, the wiping from the tablets of his memory all kindly record of the only near relative he had was a painful incident. The apology advanced confers a meed of grace and justice upon Dr Baillie which William Hunter neglected to perform, and refused to practise himself. After this letter of John Hunter's was received, a letter was read from Dr Hunter at the next meeting of the Royal Society, advancing his claim to the discovery in question. To this letter John Hunter sent a reply; and thus ended this unbecoming and painful dispute. It is, however, pleasing to state that, whatever may have been the feelings of William Hunter towards his brother after this public contention, John's affection survived, and his grief at the entire separation to the end of life was sincere and deeply felt. Dr Adams says—"In the warmth of his heart, he requested that he might at least be invited to the sick-bed of his near relation—his patron and instructor, and the head of his family. This request was complied with, and the relation—the quondam pupil and *protégé*—had the high gratification of administering his professional services in the last moments of life."(a)

(To be continued.)

(a) Adams's 'Memoirs of the Life of John Hunter,' pp. 135-6.

HOSPITAL REPORTS.

ST GEORGE'S HOSPITAL.

VESICO-VAGINAL FISSURE—DIVISION OF FIBRES OF STERNO-MASTOID MUSCLE FOR CONTRACTED OR WRY NECK—NÆVUS—REMOVAL OF GANGLION ON TENDON OF WRIST.—MR POLLOCK.

(AUGUST 23RD.)—VESICO-VAGINAL FISSURE.

The misery attendant upon this loathsome and pitiable accident, fortunately has stimulated a rivalry of remedial expedients, and resources for its mitigation and cure. Vesico-vaginal fissure is the frequent concomitant of protracted parturition, in which the head of child has improperly been permitted to remain impacted in the pelvis, to the destruction of surrounding soft parts. Incontinence or dribbling away of urine is at first often mistaken for temporary paralysis of the sphincter of bladder, or weakness. At length the real mischief becomes discovered. So much has been lately written and so much discussion taken place upon the various modes of treatment and cure, that the subject has been thoroughly exhausted. Mr Battey and Dr Bozeman, of America, and Mr J. Baker Brown, have invented different mechanical appliances for securing metallic sutures in their use to the fistulous opening of the vagina.—The patient, a woman about twenty-five years of age, had been operated upon by Mr Pollock on ten different occasions, for the purpose of producing contraction of fistulous opening, by paring its sides and edges. This was a very distressing case. The whole of the base of the bladder was gone—had sloughed away. This slow process of inducing contraction, Mr Pollock thought, was the only operation likely to prove successful in this case—to afford mitigation, or ultimate cure. The patient was placed in the recumbent posture, as for lithotomy; being first narcotized. The anterior wall of the vagina was then brought to view, and scissors and tenotomy knife were used in removing a layer of the fleshy cicatrix formed round the margin of the fistula, after the plan of M. Jobert of Paris. The fissure was found much contracted in size since the last operation. By resorting to this plan, the fissure has already become so small and reduced, that the patient is enabled to hold her water with use of catheter. A serious drawback and discomfort frequently occurs from the disposition of the bladder to deposit lithates. These form in bladder, and become deposited in the opening or fistula, thus causing great distress and considerable inconvenience. They are easily dislodged, and removable, when discovered, by dilatation. Mr Pollock related the case of a lady, in private practice, who was painfully inconvenienced by the formation of lithates, which became lodged in the mouth of fissure. Being easily removed by dilatation, she ultimately obtained a perfect cure.

(AUGUST 29TH.)—WRY NECK, FROM CONTRACTION OF FIBRES OF STERNO-MASTOID MUSCLE.

This patient, a young woman of eighteen years of age, was greatly deformed by contraction of right side of neck. Fibres of sterno-mastoid muscle of right side were divided, by subcutaneous section, with tenotomy knife. On a previous occasion she had had fibres of sterno-costal muscles divided.

NÆVUS.

The different modes of destroying these rapidly-enlarging growths are numerous; amongst which, in addition to those by ligatures, may be mentioned injections of perchloride of iron. The patient, a child twelve months old, had a cutaneous nævus on the epigastrium, the size of a large plum—a full inch in diameter. Mr Pollock destroyed it in the following manner:—Passed two strong needles crucially through base of the nævus; round the base, and under these needles, he wound a strong silk ligature; he then freely pierced the nævus all over its circumference with a large needle. As it emptied itself, he wound the ligature again tighter round the base, thus strangling the nævus.

GANGLION ON TENDON OF WRIST

Was removed by subcutaneous section—dividing ganglion, and scooping out its contents. The employment of pressure by compress well applied may prevent return.

GUY'S HOSPITAL.

(AUGUST 28TH.)—AMPUTATION.—MR COOPER FORSTER. AMPUTATION.—MR COCK. LITHOTOMY—ADENOCELE.—MR BRYANT.

AMPUTATION.

This woman, a patient about forty years of age, had been afflicted with malignant ulcer of long continuance, situated on anterior aspect below lower third of tibia. Altogether it had a very anomalous, yet no specific character could be given it. Treatment afforded no amelioration, nor did it rapidly extend. Latterly it had become excessively painful, and prevented locomotion. Mr Forster thought it best to amputate, so as to afford sufficient stump for adaptation of artificial leg. This operation he performed by double lateral flaps above lower third of leg.

AMPUTATION.—MR COCK.

A man, forty-three years of age, received injury of ankle-joint and lower part of leg; dislocation of tibia inwardly—fracture of fibula internally, attended with great injury to joint. Exfoliation at extremity of tibia had taken place. Mr Cock considered amputation best to be done in this case. The dislocation being irreducible, and extremities of bones being found in a state of disease, prevented any use of the limb. He performed the double-flap operation in the usual way, at lower third of leg. The two bones were found so much injured as to be nearly approximated, and scarcely to allow introduction of the scalpel between. The arteries were also found in a condition of disease, and excessively brittle. In so young a subject, this must be attributed to injury the having set up conditions of degeneration.

LITHOTOMY.

We are advocates of free-trade equally for professions as for commerce. Special Hospitals we

consider to be excellent *media* for what may be termed *eccentric* charity. In this country, special or eccentric charity will always obtain. The *millionaire* of the upper middle class may purchase a philanthropic distinction by eccentric benevolence, for which his mode of making money never afforded an early opportunity. Why not give this opportunity to the founding of a Special Hospital? The question of Special Hospitals having recently occupied attention, suggests these remarks. A Stone Hospital is considered to be particularly indicated as a requirement. Hearing, as we do, all opinions, the facts before us may serve better than laboured argument to elucidate this question. It is stated that lithotomy so rarely occurs at General Hospitals, that pupils may not see above one or two cases during some months' attendance. We have now to relate four cases of lithotomy performed at this hospital within a few days, and three of them following each other on one day. We, moreover, have recorded more than a dozen cases of lithotomy within the last four or five weeks at the Hospitals of King's College, Guy's, and St Thomas's.

A boy, about thirteen years of age, was cut for lithotomy by Mr Bryant. The lateral operation was promptly performed upon this patient, and the stone easily and quickly removed. The stone was large, rough, of mulberry nucleus and phosphatic shell. The semirotary force required was calculated to remove it with celerity, decision, and neatness. It is gratifying to us, who have been "an eye-witness" of the golden era of operative surgery—who have seen Astley Cooper use the knife in his meridian—to testify that the power has not passed away, and that the rising generation will wear the mantle, if not as *gracefully*, as *well*. This patient had not been conscious of existence of stone in the bladder until the last six weeks. The whole operation was concluded, save dressings, in little more than a minute, with as little apparently to be done as in the extraction of a tooth; the incisions being made with not more than three sweeps of knife—no pause, no haggling—and stone extracted.

ADENOCELE

Is a term of extensive signification, although applied to diseased tumours having a limited locality—namely, the female breasts and the mammary glands. It expresses the type of *benign*, in opposition to *malignant* tumours. Adenocele recommends itself, in consequence, as a more agreeable subject of inquiry. It is found amongst young, and generally unmarried women, from sixteen to forty years of age, the preponderance of cases being amongst single women. Abernethy describes it as "Pancreatic Sarcoma;" Sir Charles Bell, "Cysto-sarcoma;" Velpeau, (*a*) as "Tumor Adenoide;" Sir Astley Cooper, "Chronic Mammary Tumour." Sir Benjamin Brodie calls it "Cerocystic Tumour;" Mr Paget, "Mammary Glandular Tumour." It has received other various designations from both French and English pathologists, and has been divided into three series. Birkett describes these growths as having three marked divisions "established by nature," having numerous varieties. The first he describes to consist of new growths, having small fibrous bands connecting epithelial cells, of compact dense form—fibrous, lobed on surface, and internally enveloped in their own fibrous capsule. Thus, the illustrations and varieties of adenocele are extremely numerous, and described under different names. All are benign, non-malignant growths, belonging to one class, each manifesting a different development in its external form. The tumour is sensible to touch, and painful upon movement—also attended with lancinating pains. The pain causes excitement and flushed cheeks, and its continuance is diagnostic of adenocele. The tumour moves freely, and slips from finger and thumb upon pressure under integument. In short, all seems free about the breast. The nipple does not become retracted; but if the tumour increases in size, the skin stretches, and breast becomes pendulous. The areola becomes enlarged in surface, and follicles are distinct; but it retains a healthful complexion. The nipple, although small and flattened, is not retracted. The prognosis in these tumours is always favourable. Amputation is not necessary, or indicated, unless the enlargement becomes progressive. Nevertheless, as the operation is simple, it is best performed at early growth. It is a mere resemblance of malignant cancer, having no other characteristic symptoms. The secreting portion of the gland, the excretory ducts, and *cæci*, are well formed, as also the cæcal terminations of ducts. Mr Birkett, in one case, attempted to save the nipple. The tumour returned, of the size of an orange, and became of a crimson red colour; it assumed a malignant aspect, became prominent and fungoid, occupying the situation of the nipple. It was not ulcerated, not offensive, and no sloughing occurred. The woman was young, unmarried, and in good health.

The patient Mr Bryant operated upon was a healthful woman, about twenty years of age. The breast was well developed, and little or no deformity. The tumour was situated above and extending from the nipple, on the superior aspect of the left breast; it was freely moveable—tissues, cutaneous and subcutaneous, being natural, clear, and free from nodules. Mr Bryant fixed the tumour with finger and thumb of left hand; he then carried a longitudinal incision over the tumour, extending a little beyond either extremity, for about four inches down to the tumour; it was easily dislocated by pressure, and removed from its capsule; one or two vessels were secured, and the lips of the wound brought together by ligatures and strapping. The tumour consisted of dense epithelial cells, connected by small fibrous tissue, enveloped in membranous capsule.—Adenocele is of *recurrent* tendency. An instance of clear diagnosis and prognosis, given in a case of adenocele by Sir Astley Cooper, is recorded by Mr Birkett. In 1857, a woman, eighty-four years of age, consulted him, with a tumour hanging below her navel larger than her head. Fifty-three years before, she had consulted Sir Astley Cooper about it, who told her it would never do her any harm. In short, these tumours are perfectly innocuous.

(*a*) V. Madden's Translation of Velpeau on 'Diseases of the Breast.'

OUR NOTE BOOK.

LIGATURE OF THE CAROTID FOR SUSPECTED ANEURISM OF THE OPHTHALMIC ARTERY.

We recollect seeing Mr Bowman tie the carotid artery (about three years ago) for a supposed aneurism of the ophthalmic artery, in an elderly woman, at King's College Hospital. The patient had applied at the Moorfields Ophthalmic Hospital for a noise in her head. A pulsation either within the orbit or the head had been heard for five months by herself, and also by her husband. Its origin, Mr Bowman observed, was somewhat obscure—whether from a blow or otherwise, he could not say positively; but she had received a blow on the lower edge of the orbit, which might have produced a fracture and lacerated the vessel. The lower edge of the orbit was very uneven; possibly a fracture may have ruptured the coats of the ophthalmic or the internal carotid itself. He remarked that it was not difficult to determine the real nature of the disease. The eye was prominent and injected, and so were the other structures of the orbit. A pulsation was felt over the eye, then over the whole head, but the left side particularly; and a strong, loud bruit was heard. The only thing to be done was to tie the vessel; and this was performed on February 27th, after the patient had been a week in hospital to prepare for it. She was by no means a favourable subject; she had lived a very hard life, subject to considerable excitement with her husband, and was frequently drunk. She had no disease of the heart or other vessels. The upper portion of the common carotid was ligatured sufficiently below the bifurcation to permit the formation of a clot, and was there easily got at. On the 6th of March the patient was going on well; the noises had disappeared, as also the congestion of the eyeball, &c. Afterwards she died; and at the autopsy no aneurism was found to explain the symptoms present during life.

We have been thus particular in mentioning these facts to show how difficult it is always to make out correctly an aneurism within the orbit or head. Very recently another case of supposed aneurism of the ophthalmic artery was submitted to the same treatment, and so far it has been followed by good results in every way. Subjoined are the particulars, as kindly furnished us by Mr William Wickham, house-surgeon to King's College Hospital:—

Susan L—, aged forty-one, admitted April 13th, 1860, with supposed aneurism of the right ophthalmic artery. She states that she has generally enjoyed good health. On Dec. 27th, 1859, whilst washing some clothes, she was attacked by sudden pain in the right side of the head, followed soon afterwards by a "blowing" noise in the same part, both of which have continued ever since. The right eye gradually became protruded and swollen, with increased vascularity. In March, 1860, she was confined. On admission, the right eye is found to project forwards about a quarter of an inch, and she has a convergent squint of about two lines. There is complete paralysis of the right external rectus muscle. When told to look towards the right hand, there is seen to be a second convergent squint of the left eye. The conjunctiva of the right eye is very red and œdematous, the sulcus beneath the orbit being completely filled up. The right eye is presbyopic. She is able to distinguish the figures of a watch held at a distance of fourteen inches, but cannot read, being unable to recognise letters of a word at that distance. On pressing the fingers beneath the margin of the orbit, a faint and obscure pulsation can be felt. The veins of the upper lid are varicose. The supra-orbital artery beats naturally. On applying the stethoscope over the front of the eyeball, a loud, blowing murmur, synchronous with the radial pulsation at the wrist, is heard, as also over the whole of the right side of the head, though more subdued in character. It is also heard on the opposite side of the head, but in a much fainter degree; also at the right angle of the lower jaw over the course of the common carotid artery down to the root of the neck. The intensity of the murmur is diminished on compressing the common carotid, but the bruit is not altogether stopped. Heart-sounds are quite natural, though occasionally she suffers from violent palpitation. The treatment adopted at the commencement consisted in the administration of tonics and pressure of the carotids by means of the fingers. This pressure was kept up for about ten days, twice a day, for five minutes at a time, with the effect of completely stopping both the throbbing and the pain for the time being. As this, however, gave no permanent relief, it was discontinued, and, for the temporary relief of the patient, irrigation and cold to the parts have been since applied.

From the date of her admission till June 15th she continued in much the same condition; but in the evening the prominence of the eye became much more apparent, with an increase of vascularity and pain to such an extent that Mr Bowman determined at once to ligature the common carotid, and performed the operation on June 16th in the ordinary way.

The patient has proceeded favourably since the operation, with a relief to most of the symptoms complained of, and is at the present time (July 31st) in a fair way of recovery. The ligature came away on the seventeenth day, without hæmorrhage. The eye is still prominent, and the paralysis of the sixth nerve is permanent. A faint bruit is occasionally heard.—'Lancet.'

GOOD EFFECTS OF BLEEDING IN ACUTE LEPRA.

Although bloodletting is recommended by Gibert and other writers on skin diseases at the commencement of cases of lepra, besides the regiminal and medicinal treatment, it is not often that we see it put into practice. A case, however, came under our observation a few days back at the Charing-cross Hospital, in which venesection to the extent of ten or twelve ounces was followed by the best results. The patient is a stout, plethoric woman, twenty-four years of age, who was admitted under Dr Willshire's care, with her body covered with lichenoid papules. The skin was as rough as shagreen or nutmeg-graters, the intervals between the papules being of an intensely red colour. This eruption appeared in the course of a single night. The small venesection was followed by the most sensible relief, and she was then ordered half-drachm doses of bicarbonate of potass in the infusion of dulcamara. Under this treatment the eruption disappeared in a week's time, the skin subsequently desquamating, as is witnessed after scarlet fever. Her diet consisted chiefly of milk and eggs.

In the same ward we observed another example of lepra, in a female of thirty years of age, which was not unlike the syphilitic form: here the

patches were interspersed with roseola; the eruption arose from drinking cold water while the body was in a heated condition. The patient was rapidly improving under the use of bicarbonate of potass and small doses of the iodide of potassium.—'Lancet.'

THE PITUITARY BODY.

Dr Michel has published a monograph on the Pathology of Pituitary Body. It is extracted from the 'Charleston Medical Journal.' He has laboriously collected much information relative to the very obscure subject of the pathology and physiology of this (to us, at present) curious body. These are the conclusions to which his investigations have led him:—"1st. That the pituitary body, however largely developed in some animals, is not a primary division of the brain, or a true encephalic ganglion, since its complete destruction is never accompanied by loss of intellection, motion, or sensation, beyond what may be satisfactorily accounted for by the necessary pressure which the morbid growth exerts upon more essential parts of the encephalon. 2nd. That from several of the morbid processes enumerated in this memoir, we have strong proof of the identity of the nature of this hypophysis with certain so-called vascular glands, such as the thyroid, thymus, spleen, and supra-renal capsules. 3rd. That while the diagnosis of its morbid conditions is rendered somewhat obscure from the absence of any ascertained function of the part, yet their almost constant connection with the simultaneous production of amaurosis in both eyes, with absence of symptoms of cross paralysis, will indicate the seat of the disease, when compared to morbid states of either hemisphere. And fourthly, that the long continuance of disease in this situation may propagate inflammatory action to neighbouring parts, followed by apathy, somnolency, syncope, cophosis, and other symptoms obscuring the diagnosis."—'Medical Times.'

POSTURE IN PRESENTATIONS OF THE FUNIS.

Dr Brandeis, of Louisville, relates three cases in proof of the advantage of treating presentation of the funis by placing the mother on her knees and elbows, and supporting the body with pillows in such a manner that the pelvis is kept a good deal higher than the chest. Reposition is then performed, and the patient kept in the position until strong pains come on. Even when the circulation of the funis is feeble, it is soon restored after compression has been thus removed. For the success of the manœuvre it is requisite that the os uteri be dilated or dilatable, and the liquor amnii must be partly retained. If it has all escaped and the uterus is firmly contracted over the child's body, all efforts at reduction will be in vain. Collecting the statistics from various writers, Dr Brandeis finds that 695 instances of prolapse have occurred in 177,184 labours, or 1 in 264; while in 743 instances of prolapse 408 still births occurred.—'Boston Journal,' and 'Medical Times and Gazette.'

SUCCESSFUL CASE OF OVARIOTOMY.

Dr Crosby relates in considerable detail the particulars of a successful case of ovariotomy. The patient was thirty-six years of age, and had two children. The disease had existed for more than five years. It was a large uniocular tumour, the solid parts weighing rather more than 3 lbs., and the glairy contents less than 25 lbs. During the five years, 475 lbs. of fluid had been drawn off by tapping. Although long tormented by obstinate vomiting, she recovered so well that in five weeks she was enabled to direct her household affairs.—'Boston Journal,' and 'Medical Times and Gazette.'

OVARIAN CYST SUCCESSFULLY INJECTED WITH IODINE AFTER UNSUCCESSFUL ATTEMPT AT REMOVAL.

Dr Wythes relates the case of a woman, aged twenty-two, upon whom he undertook the operation of ovariotomy; but the sac being found universally and firmly adherent to the abdominal parietes and viscera, he was obliged to give up the attempt. This was on June 2nd, and on the 15th, after evacuating a pint and a half of exceedingly offensive pus, he threw in through a catheter two ounces of tincture of iodine; and on the 17th, four ounces more. On the next day the contained fluids were found so coagulated that the mass was broken up with difficulty by the catheter. After several days, the sac having been well washed with tepid water, three ounces more were injected, and the injections were repeated every few days until the middle of July—using in all about a pint and a half of the tincture, by which time the sac had so contracted as to admit but about an inch of the catheter. This was in 1858, and the patient has continued well since, only wearing an elastic abdominal bandage.—'North American Med.-Chir. Rev.,' and 'Medical Times and Gazette.'

ON RETENTION OF URINE IN THE FŒTUS AS A CAUSE OF OBSTRUCTED LABOUR.

The substance of this paper constituted a communication to the Academy of Medicine some years since, but has never been before published in full. Judging from the silence of writers on Midwifery upon this subject, M. Dépaul observes, this cause of difficult labour can be but little known. But although cases of retention of the urine in the fœtus carried to this extent may be rare, others are far more common, in which, owing to the secretion having continued during a less lengthened period, or having been less abundant, the tumour resulting from its accumulation has been much less considerable, or may have passed unperceived at the period of birth. At present, the Author confines his attention to the obstetrical relations of these cases, proposing on a future occasion to demonstrate the fact now generally denied—viz. that the functions of the kidneys become established at an early period of fœtal life, the urine passing, by reason of the contractions of the bladder, through the canal of the urethra into the liquid amnii, of which it is indeed one of the principal sources. The following is an abstract of the particulars of the case which occurred in M. Dépaul's own practice, and related by him at great length:—

A lady, twenty-eight years of age, in her third pregnancy, found at the fifth month that she had attained the size usual at the end of gestation, this exaggerated size having begun to manifest itself after three months and a half. The movements of the child, too, perceived first at about the fourth month and a half, were very feeble, and kept getting more and more so. Soon after the sixth month labour-pains appeared, and in the course of twenty-six hours dilatation had become complete. Notwithstanding, however, that the pains of late had become very active, no progress seemed to be made, and no liquor amnii was discharged. The midwife, wishing to expedite matters, used various violent tractions, the consequences of which were that the cervical spine became broken, and one arm and the head were detached from the body. A Practitioner who was called in detached the other arm and opened the thorax; but, notwithstanding the evacuation of the lungs and heart, the trunk could not be delivered. After eight hours' endeavour of this kind, the Author's aid was sought, the pains having now become feeble, but the patient's condition being in no wise alarming. He was at once struck by the enormous size of her abdomen, the fundus of the uterus extending six fingers' breadth above the umbilicus, while the organ had assumed the size of an uterus at full time when distended with a large quantity of liquor amnii. On examination, the abdomen of the infant was found to be enormously distended, and this was at first attributed to ascites, although such large effusions into the peritoneum during intra-uterine life are very unusual. An opening in the abdomen was forced by means of the finger, and about a quart of a sanguinolent serosity was discharged. Notwithstanding this, it still continued immensely distended, and a fluctuating tumour was still to be felt. Perforating this with the nail, a quantity of transparent, citron-coloured fluid gushed out, which was estimated at about five pints. After this discharge the delivery was easily completed, and the patient did as well as after a natural labour. On examining the fœtal abdomen, and restoring it by means of insufflation to the large size it had prior to the punctures, it was found to measure twenty-one *centimètres* in the transverse, nineteen in the vertical, and fourteen in the antero-posterior diameters—and this independently of the increase which had taken place from effusion of serosity into the peritoneum. The abdominal walls themselves had also undergone a considerable thickening from serous infiltration. The distended bladder, the muscular walls of which were much hypertrophied, occupied almost all the cavity of the abdomen, the organ being in its largest circumference thirty-five *centimètres*. Three canals opened at its surface, the two ureters and the large intestine. This last terminated on the anterior side (its normal calibre having been diminished after coming in contact with the bladder to that of a small quill), its aperture being scarcely detectable. Externally there was no indication of the orifice of the anus. The immediate cause of the urinary tumour was the obliteration of a portion of the canal of the urethra.

M. Dépaul quotes in detail cases more or less resembling this one related by Portal, in his 'Pratique des Accouchements;' by Mr Fearn, in vol. ii. of the 'Lancet' for 1834-35; by M. Delbovier, in the 'Archives de Médecine Belge;' by M. Gaudon, in the 'Bulletins de la Société Anatomique' for 1846; and by M. Duparcque, in the 'Annales d'Obstétrique' for 1842; and from the whole he draws the following conclusions:—1. The urinary secretion is established at an early period of fœtal life. 2. When, from vicious conformation or other obstacle, the urine cannot at this period of life be expelled into the cavity of the amnios, it accumulates in the bladder, and this organ may then attain dimensions which renders spontaneous delivery impossible even when the pelvis is perfectly well formed and the period of pregnancy is not complete. 3. So great have been the difficulties thus produced, that in several cases the head and limbs have become detached without the obstacle being overcome. 4. Whenever an examination of the parts has been made with exactitude, it has been plainly demonstrated that, together with this development of the size of the bladder, there has co-existed a hypertrophy of its walls, and especially of its muscular coat, showing that the organ does not play merely the part of a passive reservoir, but that it frequently endeavours, during pregnancy, to expel the fluid it has received. 5. The cases on record would seem to show, that while it may be well nigh impossible to recognise the nature of such a case during pregnancy, a strong probability, if not certainty, may be arrived at respecting it during the progress of labour. 6. The rarity of simple ascites carried to this extreme degree will at once lead to the presumption of a distension of the bladder; and retention of urine may be declared to be present when malformation of the genital organs can be made out by exploration. 7. Under any circumstance, the practice to be pursued is the same. When tractions, carried as far as prudence will permit, have failed, evacuation of the fluid must be resorted to. 8. As the vices of conformation of the urinary organs in question do not necessarily compromise the viability of the infant, it is absolutely necessary to practise the operation of puncture with all due precaution. The insertion of the funis will serve as a safe guide to the most favourable spot. 9. In proceeding in this way, it may not be impossible, by means of another operation, performed after delivery, to re-establish the natural passage of the urine, and thus save the life of the child.—'Gazette Hebdomadaire,' Nos. 20, 21, 23; and 'Medical Times and Gazette.'

FORMULÆ FOR CREOSOTE.

M. Lebert employs a lotion consisting of from one to four parts of creosote to 1000 of water, as an application in burns, and in putrid or cancerous ulcers; and in the treatment of wounds and ulcers M. Guibert applies charpie, soaked in a mixture composed of four ounces of glycerine and twelve drops of creosote.—'Bull. de Thérap.,' July, p. 26.

ON THE EMPLOYMENT OF CHLORIDE OF ZINC IN DISEASES OF THE SKIN.

Dr Veiel, of Constatt, says: Since Hanke in 1841 directed attention to the properties of chloride of zinc, I used it in my hospital, as a caustic, in cases where it was desirable to destroy morbid growths in the connective tissue, or to remove abnormal deposits, as frequently occurs in various forms of lupus. For a long time I employed it only in the treatment of lupus and of allied diseases, as lepra vulgaris, elephantiasis, small circumscribed scirrhosities, &c.; it was not until lately that I made use of it for modifying the vitality of pus-secreting surfaces in ulcers on the feet of long standing, in chronic eczema, in sycosis, or for the destruction of funguses, as in pityriasis versicolor, favus, &c.

In the Institution the chloride is employed in three forms: the spirituous solution, the watery solution, and in the solid state as pencils or cylinders. The first consists of equal parts of rectified spirit and chloride of zinc; the second, of ten parts of chloride, ten of hydrochloric acid, and 500 of water: the third is prepared by fusing the chloride and pouring it into moulds, as in the preparation of caustic potash. I designate these three forms: spiritus, liquor, and lapis zinci chlorati.

The lapis I select when the object is to penetrate to the greatest possible depth for the destruction of hypertrophic deposits, as frequently occurs in inveterate cases of hypertrophic and tuberculous lupus, in which the agent is employed precisely in the mode recommended by Langenbeck in the use of caustic potash.

I made use of the lapis in my hospital with the best possible result in thirteen exquisite cases of hypertrophic lupus, six times on the upper lip, four times on the cheek, twice on the ear, and once on the ala nasi.

The following is the mode of proceeding:—Where scabs or thick scales are present, which have already destroyed the epidermis, cataplasm are employed for their removal; but where the epidermis is still intact, it is separated by blistering plaster or water of caustic ammonia. The lapis, placed in a quill, and pointed, is now worked into the hypertrophic or tuberculous tissue, to a distance of about two or three lines, until, when the surface is large, the pencil has penetrated all the excrescences in various directions. Immediately after this operation, in which the pencil sometimes penetrates with remarkable ease to a considerable depth, but at others enters with difficulty, and only superficially, there flows from the honeycomb perforated surface at one time dark, at another light-coloured blood (which is removed by means of a sponge), and soon after a clearer serum, which, in the course of a few hours, hardens to a smooth and firmly-adherent scab. This, partly in consequence of the swelling of the surrounding tissues, partly in consequence of the loss of substance, already presents a rather depressed appearance. On the third or fourth day thin pus forms at the margin of the scab, and is removed by acupuncture, which generally greatly diminishes the tension. On from the sixth to the eighth day, the scab loosens at the edges, whereupon it is completely removed by means of poultices, which are to be continued for several days. The application of the lapis to the tubercles and ridge-like striæ is now repeated, especially in the more prominent parts, until the hypertrophic tissues are destroyed, proceeding as at the first. It is, in general, seldom necessary to apply the lapis more than three times; it was only in one case of an hypertrophic cheek, which was destroyed from the eyelid to the edge of the jaw, and in the latter place was, in its entire breadth, almost as thick as the finger, that I was obliged to use it much more frequently. When the great wound is at length free from all puffy elevations, and has been brought down to a level with the surrounding healthy parts, it is poulticed for several days, lightly smeared every three or four days with spiritus zinc. chlor.; and, subsequently, when the edges have begun to contract, with the liquor, until a perfect cure is obtained, which seldom requires more than three or four months.

In lupus exfoliativus and exulcerans, without hypertrophic infiltrations, the use of the spirit continued to the complete destruction of the fully, or half-developed, or already softened tubercles is sufficient, after which the liquor is likewise employed until the cure is effected. In this case the morbid surface, deprived of its epidermis by a blister, is lightly touched with a pencil dipped in the spirit. This application is attended with violent pain and profuse secretion of albuminous serum, which partly flows off and partly combines with the zinc to form an eschar of albuminate of zinc. The eschar is at first firmly adherent, but after three or four days it separates, with profuse secretion of watery pus. The interval between the first and second cauterisation is shorter with the spirit than with the lapis, about three or four days; in this instance, too, the separation of the eschar by the suppuration must determine the time for further cauterisation. As to the liquor, which is intended only to hasten the process of healing, it will be sufficient to use it every five or six days.

The lupus superficialis seu erythematosus of Cazenave and Hebra—I should like to call it the red, shagreen-like lupus of the face—requires for its treatment the spirit diluted with the liquor, as in it much more superficial layers of the integuments are affected, and the subcutaneous areolar tissue is rarely implicated.

Hence the indication for the employment of the three forms of the chloride of zinc is evident: the lapis is to be used wherever hypertrophic tissues are to be removed; the spirit, where the object is to destroy morbid subcutaneous tissues, and degenerated and more superficial layers of integument; the liquor, where it is desirable to promote the cure by means of an astringent and stimulating application, and to secure the formation of a firm cicatrix.

Besides lupus, chloride of zinc is consequently useful in a great number of cutaneous diseases, which I shall now briefly mention.

In obstinate eczema occurring at the boundary between mucous membrane and cuticle, as on the eyelids, the lips, the labia pudendi, the anus, smearing with the spirit is highly serviceable. In the case of the eyelids, the hairs or ciliæ must first be removed. Here one cauterization was usually sufficient; while on the mouth and labia pudendi it must be repeated. When the delicate scab was separated, the eczema was generally cured. In eczema solare and impetiginoides daily smearing with the liquor is often the only mode, when all other means have failed, of effecting a cure. In eczema of the tongue, too, gaping fissures of the nipples and scrotum, of the palms of the hands and points of the fingers (tylosis), the quick of the nails, &c., the mixture of the spirit with the liquor, in the proportion of one part to ten, has often alone effected a cure, particularly in the quick of the nail, which often forms an unconquerable source of vesicular eruptions. This mixture has also done good service in warty erosions of the tonsils and back of the pharynx, where daily pencillings are necessary.

In psoriasis some remains after treatment with with tar, which often continue as large as peas on the elbows, back, or upper part of the thigh, are particularly easily destroyed with the spirit, the scabs being first scraped off with a knife. There is also a palmar psoriasis attended with painful corn-like thickenings, which yield to no other remedy but the lapis, after they have been raised out of their bed by means of a blister.

In sycosis and favus the liquor is very useful, after the hairs of the beard, or head, have been removed. In these affections it acts partly by resolving the swelling and infiltration of the follicle, and partly, as in favus, by arresting the formation of fungi. The same is true of some forms of acne; I also employ with good effect, after the resolution of the tubercles, the combination of sulphur with alcohol, recommended by Hebra.

A great number of warty, circumscribed scirrhosities of the nose, cheek, and lips have been very successfully destroyed with the spirit.

In chronic ulcers of the feet, especially when they have callous edges and a false membrane at the bottom, which has become an independent secreting surface, the destruction of this membrane by the spirit is of great use, particularly when the callous edges are at the same time removed by the knife.

In cysts, too, glandular swellings which are constantly suppurating, and fistulous passages, only one or two applications of the spirit are required to destroy the secreting membrane.

In syphilitic secondary ulcers (syphilides ulcerosa) the mildest treatment is certainly the best, and caustics are not applicable; but in condylomata, in soft warts, molluscæ, the cauterization of the roots, after the protuberances have been removed with the knife, is of great value. The employment of the liquor was also successful in sebarrhœa, burns, and chilblains.

It now remains for me to point out the advantages presented by chloride of zinc in the treatment of cutaneous diseases, as contrasted with some other caustics in use.

Its principal advantages consist in—

1. That it enters into combination with all elements with which it comes in contact, especially with protein and albuminous matters, while the compounds so formed in their turn produce a penetrating, cauterizing irritation, whereby the parts in the neighbourhood of the eschar contract, diminishing the wound and approximating the edges of the sound part.

2. That this irritation produces a more rapid formation of pus and separation of the eschar, causing the healing process to proceed much more quickly, the surfaces of the wound to form more rapidly, and to exhibit better granulations.

3. That the cicatrization is better, in consequence of the peculiar contraction and uniform destruction of the parts.

4. That the pain, though considerable, lasts only a proportionably short time, and can, consequently, be very much moderated by the use of chloroform.

In these qualities the chloride of zinc excels,

a. The acids, which produce rather a coagulation of the albuminous matters, and form a leathery eschar, which does not penetrate very deeply, and separates only slowly and with difficulty, while the shrivelling of the capillary vessels has a weakening effect on the healing process.

b. Caustic potash, which produces a saponification of the soft parts, incapable of being accurately limited, readily corroding the neighbouring tissues by the secretions to which it gives rise, and likewise creating eschars difficult of separation, which leave neither healthy suppuration nor vigorous granulations.

c. Lapis infernalis, which acts much more superficially, and produces more tedious separation of the destroyed parts, thus giving rise to more persistent pain and less perfect cicatrices.

d. The preparations of iodine (Richter's iodide of glycerin and the preparations of iodide of mercury) likewise penetrate more slowly, create greater reaction of the healthy surrounding parts, are, consequently, also more painful, and, on account of the greater or less amount of iodine they contain, are more uncertain.

With chloride of gold, chloride of bromine, Landolfi's paste, Petrequin's caustic solution of gold in aqua regia, &c., I have made no comparative experiments; nor have I made more use of the pulvis cosmi, or the other preparations of arsenic, which I have avoided on account of their danger and uncertainty, so long as I found the chloride of zinc to satisfactorily replace the other caustics.

I close this short paper with an expression of my wish that chloride of zinc may occupy the same important place in the treatment of cutaneous diseases, that I and others procured twenty-five years ago for green or Dutch soap, as an indispensable agent in the cure of these affections.—'Zeitschrift der k. k. Gesellschaft der Aerzte zu Wien,' 20th Feb., 1860, page 113, and 'Dublin Quarterly Journal.'

EXAMINATION OF SPUTUM FROM A CASE OF CANCER OF THE PHARYNX AND ADJACENT PARTS.

For the interesting specimens of cancer figured in Plate III, I am indebted to the kindness of my friend, Mr Newham, of Bury St Edmonds. They were present in sputum expectorated by a woman, aged forty-four. Mr Newham sends me the following history of the case:—

"Case.—The patient was a small, spare woman, with small features, and very pale. She had never been married, and had for some years been a cook in London. Her health for some years past had been indifferent, but, being of an active disposition, she had never been obliged to discontinue her employment.

"About thirteen weeks ago she was seized with great pain, apparently situated about the centre of the base of the skull, extending to both temples and over the head generally. She was never free from it, and often it increased in severity. There was a dry cough. In a few weeks the throat became sore, and the effort of swallowing produced pain, but nothing could be seen upon carefully examining the mouth and throat. The pain in the head gradually increased, and deglutition became still more troublesome. The pain in the head was so much increased by sleep, that she feared its approach, and refused to take anodynes. At length sputum made its appearance. The cough always appeared convulsive in character, and was accompanied with nausea and a desire to clear the throat of discharge, and did not seem to result from pulmonary obstruction. The sputum was not in the least offensive until a day or two before death. Gradually, in addition to the pain of swallowing, that is, of the *muscular*

effort necessary to the act, there arose a difficulty of getting the food beyond a certain spot opposite to the thyroid, but no swelling could be detected by external examination in this region. At length the cervical glands began to enlarge; the pain and difficulty of swallowing from obstruction of the œsophagus increased. The sputum became more abundant, and her strength failed. She died from exhaustion consequent upon the small quantity of nutriment she was able to take. For the last three weeks of her life she refused all medical aid. As she became weaker the pain diminished, and almost subsided a few days before death."

Mr Newham thus describes the post-mortem appearances :— "The cervical glands involved were situated just outside the carotid sheath. A portion sent for examination was removed from the under surface of the sphenoid and occipital bones; in fact, from the roof of the pharynx. The bones were carious, but whether so originally or from the ravages of the disintegrating deposit did not appear. It felt pulpy, fibrous, and somewhat gritty. The thyroid was considerably enlarged, and a portion of it, which was as hard as bone, was impacted between the larynx and œsophagus, and pressing so tightly on the latter for the last fortnight as to render deglutition almost impossible."

Microscopical Examination of the Sputum.—A portion of the sputum was placed upon a slide and covered with thin glass, and examined without the addition of water or any chemical reagent. The appearances observed are carefully delineated in Plate III. The drawings were made upon the wood-block, and were accurately copied from the specimens in the microscope. I am indebted to Mr Wragg for the beautiful and very perfect manner in which the engraving has been carried out. It is only justice to the engraver to say that so perfect a representation of microscopical appearances on wood has very seldom been obtained.

The specimen is a very instructive one, and shows the manner in which the cancerous mass grows. On a cursory examination, it would appear that the drawings confirm the statements of many observers with regard to the so-called endogenous multiplication of cancer-cells, and excellent examples of the so-called parent cells seem to be scattered abundantly all over the field, but a careful study of the subject proves that the different bodies alluded to are not cells at all. Only a few of the general forms which these bodies assumed are represented, but there were other intermediate shapes too numerous for representation. The observations upon the character of these bodies will equally apply to a number of cancerous growths; but as the appearances in this case were so unusually distinct and well defined, and as it was quite impossible they could have been produced by artificial means, I have selected them for careful study.

Now it will be observed that the bodies in question are not all composed of the same material. Some refract light differently to others, as indicated by the different varieties of shading, and there is an absence of that granular appearance which is observed in the greater number of specimens figured. The cellular appearance of many of the bodies in question is fallacious, and many that would be termed mother-cells are only masses of granular matrix with nuclei irregularly scattered through them. In some instances these have broken in such a way as to leave cavities into which the nuclei evidently fitted. At *p*, fig. 1, such a mass is seen, and at the lower portion is a cell-like piece nearly detached, with others which are quite separated. It is difficult to explain all the appearances represented in the figure, and for the present I shall content myself with illustrating the principal forms exactly as they appeared in the microscope. They were not treated with any reagent. Water was not even added, so that the appearances represented are not produced by any artificial processes whatever. A portion of the mass removed after death is represented in fig. 2, and in fig. 3 the microscopical characters of one of the cervical glands are indicated.—[L. S. B.]—'Archives of Medicine.'

TREATMENT OF EXCESSIVE PERSPIRATION OF THE FEET.

It is well known that excessive perspiration of the feet may be a very troublesome complaint. It not unfrequently produces excoriations between the toes, giving rise to an exudation of a disgustingly fetid odour; and it sometimes occasions ulcerations, which render locomotion very painful, or altogether impossible, forcing the persons affected to interrupt their business occupations. M. Gaffard, of Aurillac, recommends the following means, which he says he has employed in such cases with complete effect. The treatment consists in pouring between the toes a few drops of a liquid, composed of one gramme (fifteen grains) of red oxide of lead, and twenty-nine grammes (about an ounce) of the solution of subacetate of lead (of the French Pharmacopœia): the sesquioxide of lead is pounded in a mortar of porcelain till it is finely divided; the subacetate is added gradually; and the whole is put in a bottle, which is shaken each time it is used. This application made every eight days is sufficient, in most cases, according to M. Gaffard, to cure the affection, and prevent its return. The liquid, without completely stopping the perspiration, moderates its amount, and regularizes the action of the morbid surfaces. The perspiration becomes inodorous, the skin regains its original thickness at the excoriated parts without losing its pliancy, and the parts return to the natural condition of cleanliness and health.

BISMUTH AND GLYCERINE IN THE TREATMENT OF BURNS AND SCALDS.

Professor Richardson, of the Charity Hospital, New Orleans, states that this combination constitutes the best application he has yet met with. The bismuth is to be rubbed up in a mortar with a sufficiency of glycerine to form a thick paste, which should be applied by means of a camel's-hair pencil, or a soft linen mop. Previously to employing it, the parts should, if possible, be thoroughly dried, to which end it is necessary to prick with a needle any blisters that may exist, and carefully wipe the surface by gently pressing it with a piece of dry lint. A thick coating having been applied, the parts should be protected from friction by a sheet of clean carded cotton. In very slight burns, in which there is erythematous redness without discharge, dry bismuth may be dusted on, the secretions of the skin forming with it a pasty, protective coating. —'North American Med.-Chir. Review,' July, p. 656.

ENDERMIC USE OF ANIMAL FAT IN TYPHOID FEVER.

In the 'Southern Medical and Surgical Journal' for June, Dr Baker, of Alabama, has an article upon the above subject: Dr Baker thus reports his experience: "I have for the past five years employed it (animal oil) in all cases (of typhoid fever) where there existed a harsh and dry skin, with the unfailing effect of rendering it soft and pliant, just as it would an old piece of indurated leather. In scarlet fever its application is specially indicated, both during the height of the fever, and in the subsequent stage of desquamation. I have found nothing so beneficial in softening the skin and soothing the irritation during the eruption; and I have also ascertained that its continued application during the period of convalescence, combined with the occasional use of the warm bath, tends almost certainly to prevent the subsequent and so much dreaded dropsical effusion.

"In that dry, hot, and dropsical condition of the skin so often observed during the first two weeks of typhoid fever, when the hand may be held in contact for any length of time with the patient's skin, without producing the slightest moisture, or changing in the least its dry and harsh state, inunction produces the most happy effect; the hot, dry, shrivelled, and harsh skin becoming cool, moist, smooth, and pliant."

We should be happy to make several extracts from the lengthy paper of Dr Baker, but must content ourselves with one or two more. He says, "The reason why I have recommended animal fat in typhoid fever originates in no idea of its exclusive adaptedness to that disease. Its good effects, when thus applied, are equally manifest in many other wasting and long-continued diseases: and here, in passing, I will say, that it is especially advantageous in the *tabes mesenterica*, occurring in the second year of infancy. In such cases, the endermic application of cod-liver oil affords more promise of success than all other medication combined. Indeed, what medical practitioner in the southern country has not heard the old nurses on plantations boasting of the cures they have worked by 'washing' some little, weak-necked, scrawny-limbed, big-bellied infant in 'pot-liquor?'"

Dr Baker concludes his paper thus: "Such is my faith! May I be pardoned for saying, only with that degree of confidence with which the truth should be proclaimed, that I prove my faith by my works, in safely conducting by these means (animal fat externally, and turpentine and brandy internally) many patients through attacks of typhoid fever, and bringing them out in the end emaciated to no great degree, but, on the contrary, with such an integrity of tissue as insures a much more speedy convalescence than takes place in ordinary recoveries.—'American Medical Monthly.'

CAMPHOR AS AN ANTIDOTE TO STRYCHNINE POISONING.

In the 'Pacific Medical and Surgical Journal' for June, Dr M. T. Dodge reports a case of poisoning by strychnine, entirely relieved by the administration of camphor. According to the report, *five grains* of strychnine had been taken *three hours previously*. Ten grains of camphor were given in emulsion, and repeated every half-hour or hour for seven hours, when the spasms entirely ceased, and the patient rapidly recovered. It would certainly be a fortunate discovery should camphor be found to be a reliable antidote to the poisonous action of strychnine. The case reported lacks at least two essential points to make it available as proof upon this point. It is thought by many that much of the strychnine in use is nearly inert, and, if taken as claimed, there is no proof that the article was genuine. More than this, there is no proof but the patient's statement that the five grains of strychnine had been taken at all. There is certainly one suspicious fact in the case, that must in some measure detract from our confidence in the antidotal power of camphor. *Three hours* had elapsed from the taking of the poison before remedial aid was had; and yet the patient was sitting up, and presented no very alarming symptoms. Professor Wood says that, in cases of poisoning from strychnine, the alarming symptoms usually follow the administration in from ten minutes to half an hour. One of two things is evident: the five grains were not all taken, or the poison was not of standard strength; either would affect the result, so far as relates to the antidotal powers of camphor.—'American Medical Monthly.'

LONDON HOSPITALS.

The medical public are so bent at the present moment upon investigating the whole question of hospital management, consequent upon the general *versus* special hospital discussion, that we think it advisable to draw our readers' attention to a matter which bears most intimately upon clinical instruction in our great hospitals. Let us, for instance, take St Bartholomew's Hospital. This great medical institution contains 650 beds, of which 410 are surgical cases, and 230 are medical; whilst the medical officers are four for each department. Hence it follows that each surgeon has to attend about 102, and each physician about fifty-seven patients. When we remember that bedside instruction is the great practical instruction to which medical pupils have to look in order to prepare themselves for the duties of one of the most arduous and anxious of professions, we may very properly demand that this kind of instruction be the very best that can be afforded to them. But what are we to say to a gentleman hurrying through wards containing 102 beds, and "doing" the list within the hour? We have seen something of this scampering process;' and we are bound to say that students, under such conditions, cannot be said to be "walking" the hospital, but running the hospital. It is little more than half a minute to each patient. Can the surgeon call this clinical instruction? Can he do either his patients or his pupils justice? We have mentioned St Bartholomew's Hospital first, for the simple reason that it stands at the head of the metropolitan list; but the same vice of under-officering our general hospitals is observable in nearly all of them. St George's, with 350 beds, has a staff of eight physicians and surgeons. The London Hospital, with 310 surgical beds, has only three

surgeons; and, with 135 medical beds, only three physicians. Guy's, with 550 beds, has but nine medical officers. Able as these gentlemen may be, it is totally impossible that, in the limited time they have at their disposal in the middle part of the day, they can minister to the wants of the afflicted in a satisfactory manner. Twenty-eight per cent. of the patients of the General Hospital at Hamburg pay both for their maintenance and medical care. The State Hospital at Christiania, in Norway, is maintained entirely by the payments of its patients. In the Chronic Hospital of the same city, all inmates who are non-residents pay for their medical care. In Berlin, again, the rule is to find medical institutions paid for by patients' fees. Among these we may mention the Infirmary for Female Patients, partly self-supporting; Von Graefe's Ophthalmic Infirmary, *wholly maintained by patients' fees;* and the Orthopædic Institutions of Eurenburg and Kruse, both also maintained by patients' fees. Even in the Parisian hospitals, private rooms are set apart for paying patients. If payment for medical aid were the rule in our great hospitals, there would be no need of reducing the fees of a staff far more numerous than is at present possessed; the afflicted poor would be gainers morally as well as physically; and the pressure on the public, in the shape of appeals from insolvent hospitals, would be materially lightened.—'British Medical Journal.'

LEGAL INTELLIGENCE.

IMPORTANT TO MEDICAL MEN AND THEIR ASSISTANTS.—BLOOMSBURY COUNTY COURT. SCOTT *v.* EVANS.—This was an action brought by the plaintiff, a surgeon residing at Camden town, against the defendant, his late assistant, to recover the reduced sum of 6*l.*, incurred through the latter's breach of faith in leaving him suddenly without notice or any person to fulfil his duties, whereby he had been put to great expense and inconvenience. Mr W. B. Davies, solicitor, was for the plaintiff, and Mr Ablett for defendant.

From plaintiff's statement, it appeared that defendant entered his service on the 21st of June, 1859, at a salary of 40*l.* a year, with board and residence, and a month's notice of leaving to be given on either side, his duties being to dispense medicines and keep the books. On a Sunday evening in March last the defendant returned home inebriated, saying that he was going out again to spend the night with a friend he had not seen for some time, when witness, expostulating with him, objected to such a proceeding, telling him that if he did, he should the next day give him notice. Defendant replied he must go, and departed, and he (plaintiff) kept his word by giving him notice. Three weeks then elapsed, and he was about closing an engagement with another assistant, when defendant requested that his misconduct, which should never occur again, might be forgiven, and that he might remain; to which, on these conditions, plaintiff consented. He stopped till the 21st of June, when, addressing plaintiff, he said, "Now, unless you give me 10*l.* a year more salary, I shall go directly." Repudiating with astonishment such a demand being made, he, of course, refused it, and defendant went away. He was thus left alone in his business, and it was some time before he was suited with an assistant, paying till then 11*l.* 10*s.* for the services of temporary ones, although he had sued for only part of that amount, money not being his object, but thinking that defendant ought to suffer something for his folly, and himself and others of his class receive a caution for the future.

In answer to Mr Davies, plaintiff emphatically denied ever promising to raise defendant's salary 10*l.*; but at Christmas last gave him 5*l.* as a present for his exertions in completing the books, which were greatly behind, saying that he might on a future occasion repeat the compliment.

Defendant, in reply, said, understanding that at the expiration of twelve months his salary was to be raised to 50*l.*, and plaintiff when asked refusing to do so, he considered he was entitled to leave at once.

His Honour (Mr Lefroy) observed that if even the case had been as stated by the defendant, he was not justified in acting as he did; for surely it was not likely that a medical man would subject himself to be left at once without an assistant. He believed that at the engagement of defendant a month's notice was agreed upon, and on the part of the latter he thought the case a very bad one, and that the plaintiff had been lenient in suing for so small an amount, instead of the whole sum he had been out of pocket.

Judgment for plaintiff, with the whole of the costs.

Births, Marriages, and Deaths.

BIRTHS.

CLAREMONT.—September 3, at Thorney place, Oakley square, the wife of C. C. Claremont, Esq., M.R.C.S., of a son.

COLEBROOKE.—August 31, at Southborough, Tunbridge Wells, the wife of H. Colebrooke, M.D., of a daughter.

D'OLIER.—August 31, at York place, Bow road, the wife of J. A. D'Olier, M.B., of a daughter.

JONES.—September 2, at St Thomas's street, Southwark, the wife of Sydney Jones, M.B., F.R.C.S., of a daughter.

KINGSFORD.—September 2, at Upper Clapton, the wife of C. D. Kingsford, M.D., of a daughter.

SCORESBY-JACKSON.—August 30, at Queen street, Edinburgh, the wife of Scoresby-Jackson, M.D., of a daughter.

MARRIAGES.

HOLMAN—STREET.—August 30, at Reigate, Constantine Holman, M.D., to Marion, younger daughter of William Street, Esq., Retreat, Reigate.

WILTON—ROBERTSON.—August 28, at Indego, Tarland, Charles Edward Wilson, Esq., H.M.'s Inspector of Schools, to Jeanne Farquharson Robertson, second daughter of Andrew Robertson, M.D., Commissioner to H.R.H. the Prince Consort.

DEATHS.

BUSIGNY.—August 29, suddenly, at Ombersley, Droitwich, Worcestershire, Charles Edward Busigny, M.R.C.S. Eng., L.S.A. Lond.

DOOLAN.—August 24, at Bath House, Totterdown, Bristol, John Livesey Doolan, M.R.C.S. Eng., formerly Surgeon of the Royal Navy, aged 83.

GOSSET.—August 29, at 3 Atlingworth street, Brighton, Daniel Gosset, M.D. St Andrew's, M.R.C.S. Eng., L.S.A. Lond., formerly of Leicester, and of Reading, Berks, aged 86.

HEY.—September 1, at Ellesborough Rectory, Bucks, Richard Hey, of York, Fell. (Hon.) and M.R.C.S. Eng., L.S.A. Lond., Consulting Surgeon to the York County Hospital, &c.

KELAART.—August 31, suddenly, of disease of the heart, on board the Steamship 'Ripon,' on the evening before her arrival at Liverpool, Edward Fredk. Kelaart, M.D. Edin., M.R.C.S. Eng., Staff Surgeon in the Army, aged 41.

MACCROSSAN.—August 29, at Dublin, Thomas MacCrossan, M.D., M.R.C.S. Ireland.

MEERES.—September 3, at 19 King street, Finsbury square, Thomas Meeres, M.R.C.S. Eng., L.S.A. Lond., aged 63.

MORRIS.—June 30, at Lucknow, Charles Fredk. Morris, Assistant-Surgeon 23rd Foot (Royal Welsh Fusileers), aged 30.

SCOTT.—August 30, at 139 Falkner street, Liverpool, Roger Wakefield Scott, M.D. Univ. Edin., aged 59. He was in succession Physician to the Liverpool Dispensary and Northern Hospital, and Lecturer on Medicine at the Royal Institution Medical School.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 30th, 1860:—Alfred Frederick Stafford Clarke, Manchester; Thomas Cotton, Spalding, Lincolnshire; John Vivian Faull, Bristol; William Gayton, London; John Thomas Jenkins; Oliver Calley Maurice, Marlborough, Wilts. The following gentlemen also on the same day passed their first examination:—William Bowes, London Hospital; Frederick Marsdin, King's College; Thomas Henry Passmore, Guy's Hospital.

THE OPHTHALMOLOGICAL CONGRESS will be held this month at Heidelberg. Many of the leading ophthalmic physicians and surgeons of Europe are expected to be present.

ON THE COMBINATION OF MEDICINES, AND ON A NEW IODO-FERRIC PREPARATION OF COD-LIVER OIL.—"For more than fifteen years," says M. Devergie, "I have endeavoured to apply to medicine the principle that, in morbid states of the constitution, it is less the use of *any one* therapeutic agent that should be had recourse to, than the combined use of many from which, when tried separately, an equal measure of success is derived. Thus, for instance, the experiments of Guersant and others on chloride of barium, decoction of walnut-leaves, iodine, and also on those agents which have succeeded them—viz., cod-liver oil and iron—have brought out statistics which award to each of these medicines a number of cures, a number of cases in which relief has been experienced, and a number in which no effect has been visible; from which I have been led to the idea that by the combination of these medicines for the treatment of scrofulous affections, we should probably arrive at a cure in a much shorter time; and experience has confirmed me in this idea." In the same way, in syphilitic cases, M. Devergie has advantageously employed a combination of mercury, iodide of potassium, iron, and arsenic. According to him, then, there exist anti-scrofulous, anti-syphilitic, anti-vermic agents, whose efficacy varies with the temperament and constitution of the patient, and with the degree and form of the disease, there being, at the same time, no exclusive treatment for any one period of the disease. Thus, if iodide of potassium is, *par excellence*, the treatment for secondary and tertiary symptoms, it is because in these cases we have exhausted the power of mercury. Hence, then, it is desirable to employ the composite form of all medicines; only that it is necessary to combine them, so that each shall preserve its power of action uninjured and unneutralized by the others. However, by this system we do not consult the tastes of the patient, who is obliged to take at the same time a great many substances more or less disagreeable. For example, M. Devergie for many years has prescribed for scrofula at the same time cod-liver oil, syrup of iodide of iron, gentian wine, and walnut decoction; and this is the preparation from which he has experienced the greatest success. M. Vezu has already endeavoured to associate pure iron with cod-liver oil in an iron oil. M. Devergie, in his turn, has tried a combination of the iodide of iron and cod-liver oil. The following is the formula:—R Pure iron filings, gr. vi.; iodine, gr. xxv.; water, q. s. Combine by trituration in a mortar the iodine and iron, adding a few drops of water; then incorporate the iodide so formed with cod-liver oil, ℥xviii. It is of no importance whether the oil is clear, yellow, or brown.—'Bulletin de Thérapeutique.'

HEALTH AND MORALITY IN SCOTLAND.—As far as the present year has yet gone, it has been one of unprecedented mortality in Scotland. The number of deaths registered during the second quarter of this year has been 2,490 more than the corresponding quarter of 1859, and many more than during the corresponding quarter of any year since the Registration Act came into operation. The mortality has been at the rate of 1 in every 42 persons, the corresponding mean of previous years having been only 1 in every 50 persons. The deaths in town have been 1 in every 37 persons, thus greatly exceeding those in the country districts, where there has been 1 in every 53. Thus the first six months in this year seem strikingly to illustrate the truth of the statement, that the state of the weather in Scotland influences the mortality even more than the occurrence of epidemics. Since January, 1855, when the Registration Act first came into operation, there has been no such continued severe weather as during the past six months; and the Registrar-General of Scotland observes that, though smart epidemics have prevailed in former years, and no general one of a fatal character during the half-year just completed, yet the deaths in that period have exceeded the average by 5,575. Meanwhile, the actual increase of the population during the quarter has amounted to 6,820 persons. It is to be lamented that so many of these new subjects of the realm have been brought into the world illegitimately. In this respect Scotland still retains a melancholy pre-eminence. 2,494 illegitimate births occurred in the quarter, or 1 illegitimate in every 11·3 births. Of course the proportions vary greatly, in the north-eastern division rising as high as 13·7 per cent., at Aberdeen to 14·2, and at Kinross to 14·1. In the southern and north-eastern divisions, where the population is chiefly engaged in agricultural pursuits, love among the stubble the Registrar-General considers to be as

fatal to morality as love among the roses is reported to be. Surely an intelligent supervision might discover and destroy the roots of this evil.

A QUACK DOCTOR IN TROUBLE.—At the Dudley County Court on the 25th ultimo, an action was brought by a labourer, named Sampson Skinner, and his wife, to recover the sum of 10*l.* from a person who styles himself "Dr Miller." It was stated that, on the 21st of June last, the plaintiff and his wife went to the herbal establishment of "Dr Miller," in Dudley, and asked for a pennyworth of Epsom salts. Mrs Miller, in the absence of her husband, gave plaintiff a packet. Upon reaching home, Mrs Skinner dissolved the substance in some water, and proceeded to take it. Remarking a strange taste about it, she asked her husband to taste it also, which he did, and was immediately seized with vomiting. As he had only taken a small quantity, the effect was not very severe. His wife, however, was taken seriously ill, a surgeon had to be sent for, and for some time her life was in danger. The substance given for Epsom salts was found to be sulphate of zinc, a deadly poison when taken in large doses. His Honour at once gave a verdict for the full amount claimed, commenting severely at the same time upon the conduct of Miller in leaving such poisons within the reach of persons ignorant of their deadly effects.

POISONOUS MILLINERY.—Erdmann and Ziureck have frightened the ladies of Leipsic and Berlin with the discovery that some green tarlatans were coloured with arseniate of copper. The colour was merely fixed on with starch paste, so that the least friction sufficed to remove it. Erdmann also speaks of a colouring matter known as cochineal red, which contains a good deal of arsenic in the form of arseniate of alumina. At Berlin, Herr Ziureck was officially appointed to investigate the matter, and he found a good many specimens of green tarlatans which were coloured with the arsenical preparation applied superficially, as described by Erdmann. Certainly the air of a ball-room in which many of such dresses were rubbed together would become rather strongly charged with poisonous matter.—'Chem. News.'

SMOTHERING INFANTS.— There appears something for sad reflection in the recent account of four inquests, and also of six, held by Mr. P. F. Curry, the Coroner for Liverpool, and reported in a local paper in the following curt manner:—The first, on the body of Thomas Cæsar Hope, infant son of Robert Hope, joiner, Warren street. The deceased was found dead in bed on Sunday morning.—Verdict accordingly. The other cases, with the exception of one found drowned, are alike—all found dead in bed on Sunday morning.

MEDICAL CHARITIES.—By the will of the Right Hon. Louisa, Dowager Baroness St John (Lady Vaughan), the following hospitals receive legacies of 100*l.* each:—The Northampton Infirmary, the Bedford Infirmary, the East Sussex and St Leonards Infirmary, and the Middlesex Hospital.—The Rev. John Griffith, M. A., Rector of Merthyr Tydvil, preached an admirable sermon, in Bangor Cathedral, on Sunday last, in aid of the funds of the Carnarvonshire and Anglesey Infirmary; and notwithstanding the cathedral was crowded to excess by wealthy visitors from Liverpool, Manchester, &c., only 23*l.* were collected.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 12.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, September 13.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.
London Home.—2 p.m.

Friday, September 14.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 15.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, September 17.

Operations at the Royal Free Hospital, 2 p.m.
Metropolitan Free Hospital, 2 p.m.

Tuesday, September 18.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

We find it necessary to repeat that Dr KIDD has ceased to report for the MEDICAL CIRCULAR, and that we shall be obliged by all Communications being addressed to the Editor, at the Office, 20 King William street, Strand.

H. H.—1st. Yes.—2nd. The Act only authorises a charge to be made according to qualification.

A SUBSCRIBER.—1st. Several pathologists have expressed the opinion that any cause preventing a due arterialisation of the blood is also a preventive of tuberculosis; Rokitansky instances even cyanosis. You are right as to the *rationale* of it.—2nd. No.

M.R.C.S. ENG.—We have received your note, and will bear the suggestion in mind.

Mr BIRD.—Certainly.

Mr PORTER Communication received.

M.D.—It is not compulsory to register, but it is desirable that you should do so. We understand that many young practitioners do not register until they obtain an appointment; this is unfortunate, as it prevents the 'Register' from being complete and authentic.

INQUIRER.—The experiments alluded to were made by Hewson.

INCOGNITUS.—We cannot comply with your request.

Mr WILLIAM S.—There is no entrance fee. We should advise you to join the Society.

A MEMBER OF THE ASSOCIATION. — You should write to Dr Wynter, who will probably give your opinions the required publicity in the Association's Journal.

Dr J. H. B.—1st. No.—2nd. No.

Dr H. is thanked for the paper.

AN OLD SUBSCRIBER.—As you have not enumerated the hydriodate of potass among the remedies employed, we advise you to try it, as it is generally esteemed the best for that form of ulceration. Nitric acid is also a valuable remedy.

Mr B. SMITH.—It shall be attended to.

Dr RORIE.—Received.

Dr ROBERTSON.—Received.

L. S.—No communication on the subject adverted to could be noticed.

C. D. (Newcastle-on-Tyne). — You cannot be admitted at the London College at present.

Mr DE LISLE.—Received with thanks.

Dr MCMILLAN.—Communication received, and shall be inserted.

T. M. (a Subscriber).—Mr Haynes Walton's is the best practical work on Diseases of the Eye.

CHIRURGUS (Manchester).—1st. Undoubtedly.—2nd. Make no difficulty about it.

OS UNGUIS.—Not without an operation.

Letters received (with enclosures) from W. J. Dawes, C. Clark, W. W. Roberts, C. Lomax, Dr R. Wood, J. C. Murray, J. Jones, Dr Nicolson, W. Walford, R. Lewis, W. P. Murphy, R. Gilbertson, Dr D'Esterre.

BRIET'S CELEBRATED PATENT GAZOGENE,

OR

AERATED WATERS APPARATUS,

For the immediate production of Soda Water, Ginger Beer, Sparkling Wine, Lemonade, &c. Sole Agents for Great Britain: MATHIEU and FRIQUET, 5A Little James street, Bedford row, London, W.C.

This Agency was first established by one of the Partners (Mr F. Mathieu), who kept it from 1851 to 1854, and is now a branch of the Patentee's Paris Establishment. It is the only house in the United Kingdom supplied by the Patentees, and there is no other having the right to use the name of Agents for them.

MATHIEU and FRIQUET are manufacturing the GENUINE LEMON SYRUP, made from the actual fruit. When used with the Aërated Water from the Gazogene, it gives a pure and wholesome sparkling Lemonade of the most exquisite and refined flavour.

POWDERS for GENERATING GAS in the Apparatus.

Special and able Workmen from the Paris Manufactory are kept on the premises, for the prompt and sound repairing of the Gazogenes, at low charges. No other repairer appointed by the Manufacturers.

Wholesale and for Exportation only.

*** This Apparatus is the best extant, and the only one warranted to stand any climate.

Price Lists sent on application on receipt of Business Card.

Guy's Hospital.—The

MEDICAL SESSION commences in OCTOBER. The INTRODUCTORY ADDRESS will be given by Dr WILKS, on Monday, the 1st of October, at Two o'clock.

MEDICAL OFFICERS.

Physicians.—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.

Assistant-Physicians.—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.

Surgeons. — Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.

Assistant-Surgeons. — Alfred Poland, Esq.; Cooper Forster, Esq.; T. Bryant, Esq.

Obstetric Physician.—Henry Oldham, M.D.

Assistant Obstetric Physician.—Braxton Hicks, M.D.

Surgeon-Dentists.—T. Bell, Esq., F.R.S.; J. Salter, Esq.

Surgeon of the Eye Infirmary.—John F. France, Esq.

LECTURERS.—WINTER SESSION.

Medicine.—Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.

Surgery.—John Hilton, Esq., F.R.S.; John Birkett, Esq.

Anatomy.—Alfred Poland, Esq.; Cooper Forster, Esq.

Physiology.—F. W. Pavy, M.D.

Chemistry.—Alfred Taylor, M.D., F.R.S.

Experimental Philosophy.—Arthur Durham, Esq.

Demonstrations on Anatomy.—Arthur Durham, Esq., and Walter Moxon, Esq.

Demonstrations on Morbid Anatomy.—S. Wilks, M.D.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second, and £10 for every succeeding year of attendance; or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session, for general proficiency.

Two Gold Medals will be given by the Treasurer—One for Medicine and One for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics, and Mathematics. The three first Candidates will receive respectively £25, £20, and £15.

Mr STOCKER, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

GUY'S HOSPITAL, July 1860.

St Bartholomew's Hospital

and MEDICAL COLLEGE.—The WINTER SESSION will commence on OCTOBER 1st, with an INTRODUCTORY ADDRESS by Mr SAVORY, at Eight o'clock p.m.

LECTURES.

Medicine—Dr Baly and Dr Kirkes.
Surgery—Mr Lawrence.
Deseriptive Anatomy—Mr Skey and Mr Holden.
Physiology and General Anatomy—Mr Savory.
Chemistry—Dr Frankland.
Superintendence of Dissections—Mr Callender and Mr Smith.
Demonstrations of Morbid Anatomy—Dr Harris.

SUMMER SESSION, 1861, commencing MAY 1st.

Materia Medica—Dr F. Farre.
Botany*—
Forensic Medicine—Dr Black.
Midwifery, &c.—Dr West.
Comparative Anatomy*—
Practical Chemistry—Dr Frankland and Mr Attfield.

* These Lectureships on Botany and Comparative Anatomy have been recently vacated, but the names of the Lecturers will be shortly announced.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to more than 90,000 Patients annually. The In-Patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases by Dr Burrows, Dr Farre, and Dr Black; on the Surgical Cases, by Mr Lawrence, Mr Stanley, Mr Lloyd, and Mr Skey. The Out-Patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT. — Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the Direction of the Treasurer and a Committee of Governors of the Hospital. Some of the Teachers and other Gentlemen connected with the Hospital also receive Students to reside with them.

SCHOLARSHIPS, PRIZES, ETC.—At the end of the Winter Session, Examination will be held for Two Scholarships of the value of £45, for the year. The Examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr Paget, Dr Kirkes, Mr Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

ON THORACENTESIS:
ITS INDICATIONS AND COUNTER-INDICATIONS IN PLEURISY.

DELIVERED AT THE HÔTEL-DIEU,

By M. ARAN.

On the Seat of Pleurisy, especially Pleurisy of the Right Side, and its Relations with Pulmonary Tuberculisation.

You have twice seen me, during the last few weeks, perform thoracentesis on two subjects suffering from pleurisy with effusion. Of these two patients, the one affected with pleurisy of the left side has already left the hospital, perfectly cured. Of the second patient I shall now speak somewhat in detail. This patient was operated on for pleurisy of the right side; and I now take advantage of the circumstance in order to point out to you the indications and the counter-indications of this operation, and shall at the same time speak of the operation itself, the precautions to be taken while operating, and the accidents that may occur during or after the operation.

The patient on whom this operation was performed is a man of thirty-nine years, a ship's painter, who was received into the Hôtel-Dieu on the 9th of June last. Though of a feeble constitution, of a lymphatic temperament, and extremely emaciated, he had never before been ill. He has no habitual cough, is not liable to colds in winter, and has never spit blood; yet his father, he says, died at the age of forty-three years, from a long-continued affection of the chest, which we believe must have been tubercular phthisis. This information we shall presently take advantage of in establishing a point of the diagnosis. His mother, who is now seventy years of age, has, on the contrary, always enjoyed a state of perfectly good health. The hygienic conditions in which our patient has always lived have been very favourable; nor has he committed any excess, or suffered from want, or ever experienced, notwithstanding his occupation, the slightest symptom of lead-colic.

On the 27th of May last, when working in the open air, he was seized with cold; the following night he had slight shivering, followed by fever; and the next day, May 28, when about to return to his work, he complained of a painful degree of lassitude, though at this time there was no impediment to respiration, and he had no cough. On the morning of the 29th he first felt a stitch under the right false ribs, which became aggravated by every respiratory effort, and by cough, which was dry. Beyond these, there was neither diarrhœa nor vomiting, but only headache, which was severe; and there was well-marked difficulty of respiration. The pain seemed to leave the part of the side which it first occupied, for a part a little below the nipple, where it continued for eight days and then spontaneously disappeared. But, notwithstanding this, the patient's sufferings and the difficulty of respiration only became greater; his voice, too, became more and more obscure and abrupt; and then he decided on coming to the hospital. Up to this time there had been no serious treatment.

The following was his state when seen, June 12:—He is seated on his bed in a half-reclining position: the face is considerably emaciated and pale; the eyes greatly sunk; the skin slightly hot; the pulse from 92 to 96 a minute, and moderately full; respiration, 26; slight cough, but without expectoration; nor is there pain on pressing on the part of the side where the stitch was felt. On uncovering the patient, we were struck with the singular appearance of the chest. The two sub-clavicular depressions are greatly shrunk; while, on the other hand, at the lower part of the right side there is a prominent dilatation, characterised by an outward projection of the ribs, with distension and enlargement of the intercostal spaces. The chest, on the same side, during inspiration, dilates *en masse*, without contraction of the intercostal muscles; but the contractions of the diaphragm are equal on both sides. When the hand is applied to the lower part of the chest, where it is enlarged, and the patient made to speak, there is no perceptible vibration. Resonance is completely lost in the whole anterior part of the chest, excepting over the first intercostal space and at a very circumscribed point near the sternum, and the dulness is the more marked the lower you percuss. The liver surpasses the edge of the ribs, at the median line, six centimeters, and two and a half at a line drawn parallel from the papilla. The mediastinum seems pushed as far as the left synchondro-costal line, and the heart deviates slightly to the left. Throughout the whole of this side percussion produces a degree of sound that contrasts sufficiently with the dulness of the right. During auscultation of the anterior and upper part of the right side of the chest, inspiration is perceived to be feeble, and is followed by a prolonged expiration. In the same situation, too, the voice and cough have a marked resonance; but in all the parts underneath where percussion gives a dull sound, respiration is not perceptible. Considerable autophony and bronchophony are perceived, as well as distinct œgophony. At the upper part of the left side respiration is loud and very strong, and the expiration prolonged. There is, too, very sensible resonance of the voice. In every other part the respiration seems normal. The heart-sounds are feeble; and at the base of the heart there is a soft bellows-sound, which extends as far as the large vessels of the neck.

Percussion and auscultation of the back of the chest furnish signs not the least important. The right side, at its lower part, is sonorous over a triangular space, of which the lower border, passing from the middle of the dorsal column, cuts obliquely the spine of the scapula, near its middle. The whole of the chest below this line is perfectly dull, and presents to the finger a degree of resistance that increases the lower the finger descends. On the left side, excepting a slight degree of dulness near the upper part, the sound is normal throughout. On the right side the respiration is heard distinctly enough in that part which continues sonorous, but below that it is completely lost. Corresponding with the line where the dulness begins, there is distinct bronchophony; and with a point formed by the inferior angle of the scapula there is perfect œgophony. On the left, the respiration is strong and loud, especially at the summit. On the part of the digestive organs there is nothing deserving notice.

On the following day, June 13th, the state of the patient was just the same, with exception of modification of some of the physical signs. Thus, under the right clavicle, near the sternum, there exists, but to a very limited extent, a tympanitic sonorousness, plainly and distinctly cavernous; and the bellows-respiration in the same point is nearly amphoric.

If we now consider the principal symptoms presented by our patient, and take into account the initial shivering, the difficult respiration, the pain in the side aggravated by deep inspiration and efforts to cough, the complete absence of expectoration, the disappearance of the respiratory manner in the two lower thirds of the right lung, œgophony so distinct at the angle of the scapula, the loss of thoracic vibrations; the extensive dulness on the same side of the chest, which has a form and resistance that might surely be called *special*;—if we take all these signs into account, every one must recognise the existence of no inconsiderable pleuritic effusion.

But does our diagnosis carry us only thus far; and is it not possible also to ascertain the nature of the effused fluid, and to say whether in this instance the pleurisy is simple or complicated? Without fear of going too far, I believe I can affirm that the liquid is serofibrinous, as it is in all recent inflammatory exudations of serous membranes. In support of this assertion, I would adduce the recent date of the affection, the circumstance that gave rise to it—that is, exposure to cold—and the initial shivering followed by febrile reaction. I would farther say that this effusion is not simple hydrothorax; for our patient shows no affection of the heart or kidneys, or any of the symptoms of a confirmed diathesis, which are the most frequent causes of serous effusions in the pleura. For the same reasons I would reject the notion of a purulent fluid, as there is the absence of slight, irregular rigors, recurring usually in the evening, and the absence, too, of any adynamic or ataxic symptom, and especially the recent origin of the symptoms.

Let us next examine whether our patient's pleurisy is simple or complicated. You are not ignorant of the fact that the pleura may be effected with different kinds of inflammation; some of which are *primary*, and others *communicative* and *symptomatic*. The former, when occasioned by cold, make their appearance in persons otherwise in perfect health, and of strong, robust constitutions. They all manifest intense febrile reaction, have all a decidedly inflammatory character, have all a regular and rapid course, and soon attain a favourable termination. You will see presently whether such is the case in the example under consideration.

As to secondary and symptomatic pleurisies, no less common than the preceding, their occurrence is observed under extremely various circumstances. You may often see them arise during the convalescence of patients from long diseases—typhus fever, for example. I cannot, as regards this fact, too strongly insist on the care with which you should watch over and examine the state of every patient when anything abnormal occurs to disturb the regular progress of convalescence. I shall always recollect the case of a young man that came under my notice at the beginning of my attendance on hospital practice. He had recovered from severe typhoid fever, and everything seemed to indicate that he would soon leave the hospital with his health perfectly recovered, when, one day, he complained of not being well, of loss of appetite, and difficulty of breathing. He had suffered no sudden exposure to cold, had no shivering, nor felt pain in the side. I neglected to examine the back of the chest, and sought in vain to account for the source of the symptoms. The dyspnœa soon increased with astonishing rapidity; the patient was a prey to impending suffocation, and did not long survive. What was my regret, when, on opening the thorax, there was seen an enormous purulent effusion filling the pleura! This painful lesson was not lost on me. Many a time have I since discovered, in analogous circumstances, circumscribed pleuritic effusions that might easily have escaped observation. Let not, then, the impression of this fact be effaced from your minds, but let my error be so far profitable to you as to guard you against the commission of similar mistakes.

Of the secondary pleurisies, some may be called *complicated*, the most frequent of which are certainly such as are coincident with tubercular depositions in the lungs. You also meet with cases of gangrenous pleurisy; that is, with effusions from which there is exhaled a horrible fœtor, resembling that of animal substances in a state of decomposition. These cases—the worst of all—are, however, exceptional, and are usually connected with gangrene of the pleura or lungs.

As regards tubercular pleurisies, they are seen to arise under two very different circumstances; for they may occur, and the effusion be produced, when the pulmonary phthisis has reached its last stage; or, on the contrary, the [tubercular?] diathesis becomes potentially developed in the system through the agency of pleurisy. In the former cases, the pleurisy may present such irregular peculiarities as often to lead into error. Thus, old adhesions may be the cause of altering the features of the disease, and force the fluid to accumulate in parts of the chest the most diversified. They have been seen occupying the lateral part, without advancing or receding. In other cases, the effusion has been on the upper surface of the diaphragm, pressing the centre of the lungs upwards. What is more singular still, there are at least two cases on record where encysted pleurisies have occupied the upper part of one side of the thorax, descending as low as the middle part of the chest, and depressing strongly the lung. You see how difficult it might be to arrive at an exact diagnosis, if ignorant of these peculiarities.

We come now to the second form of tubercular pleurisy—that, namely, which developes itself in subjects predisposed to phthisis, but in whom the physical signs of pulmonary tubercles are still uncertain or altogether absent. Well, I begin with our patient, whose case this is. Several reasons lead me to this opinion; and the first is, that the pleurisy is on the right side. It is now a long time since M. Louis first declared this to be the rule,—that when pleurisy is normal and of a good kind, that kind which is always cured, it has its seat on the left side of the chest. My personal experience, which now consists in some hundred cases, confirms this proposition in every particular. I can now say, regardless of any other sign, that when pleuritis shows itself on the right side, the existence of pulmonary tubercles will be found in 95 for every 100 cases. This statement will, no doubt, seem strange to you; but permit me to add, that it was not till I had engaged in attentive and long-continued observation, that I could myself adopt this opinion. It has happened to me, as to most other physicians, to have the care of, and to cure, patients suffering with pleuritis of the right side, and in whom there was no appearance of pulmonary tubercles. But of these patients I have not lost sight, and a time comes when they present themselves again, when there is no room for doubting in such the existence of phthisis, had not the autopsy also come to confirm the diagnosis. I had lately under my care a man of a very strong and robust constitution, in whom I had not the slightest suspicion of the existence of tubercles. In this patient the effusion was considerable, and on the right side. It had now been of some duration, and nothing led me to think that absorption could be effected. I performed thoracentesis, which gave issue to three and a half litres of sero-fibrinous fluid. The operation was followed by the best results: the patient was perfectly cured, and returned to his occupation, which was hard and laborious. I considered his case to be an exception to the rule I have just laid down. But, ere six months passed, he died in my "service" with lesions characteristic of pulmonary tuberculisation.

In our patient there are other signs that come in aid of the diagnosis I have formed. If he has no cough, never spits blood, is not subject to colds in winter, and has never been ill, yet must we not take into account his great emaciation and cachectic aspect, in spite of the very favourable hygienic condition in which he has been placed? Have we not also learned from him that his father died at the age of forty-three years, after a slow and chronic disease of the chest? If we examine the chest, must we not also attach some value, as a diagnostic sign, to the sub-clavicular depression existing on both sides? Lastly; does not percussion reveal a degree of partial dulness on the left side; and have we not noticed the loud and strong respiration, with prolonged expiration, and resonance of the voice and cough? These signs, I admit, if taken singly, have no pathognomonic importance; but, taken collectively, I deem them sufficient to establish our diagnosis. In our next Lecture I shall speak of the treatment.

SERIOUS SCALP WOUND.

By W. F. McMILLAN, M.D. Glasgow.

On the afternoon of Monday, 20th August, 1860, I was sent for to visit a lad, residing about four miles distant, who had sustained a serious accident. I reached the residence of his father as soon as possible, and found the following state of matters:—My patient was in bed, suffering from a wound on the forehead and scalp, of between four and five inches long, commencing about half an inch above the left eyebrow, and running obliquely upwards and backwards. The surrounding tissues were detached from the cranium for fully three inches on each side of wound. There was bare bone for two inches long by half an inch broad. Hæmorrhage to a considerable extent had taken place before my arrival. Besides this, there was a contused wound on left side of head, nearly two and a half inches long. I learned that the lad had been on horseback, having a large nail-box slung on his back, and that the animal had turned the corner of a field more quickly than he expected, and he was thrown off to the one side. In his fall the nail-box reached the ground first, and he hit it with his head, causing the above injuries. I dressed the wound, inserting three stitches in the large and two in the smaller wound, and kept them cool and moist with wet lint; at the same time I placed him under antiphlogistic regimen. The wounds were dressed once in twenty-four hours, and I am happy to say that they healed by the *first intention*, and on the eighth day he returned to his work in the fields, and has continued at it ever since, never having had one bad symptom.

The following case contrasts strikingly with the foregoing:

On Tuesday, the 21st of August 1860, H. G., a young woman, was pushed violently against a wall, and received a wound in the forehead, about an inch and a half long, and three quarters of an inch broad. I dressed it carefully each day, and yet it kept her nearly three weeks from work, she having had considerable constitutional disturbance.

In both cases the wounds were quite clean, and were treated nearly in the same way; and yet the lesser wound (the female's) was about three times longer in healing. It also caused much more disturbance to the system than the larger wound (the man's). It is possible that the diversity in the circumstances of these two persons, as to air, diet, &c., may have had something to do with the difference of time taken to heal their respective wounds: the woman being a weaver, her system may not have been so able to bear up under an injury as that of the young man, who being a farmer's son, and working constantly in the open air, his system was more qualified to effect the reparative process.

Friockheim.

M. Luca has made a chemical analysis of the liver of a patient who died with atrophy of the pancreas. He found glycogenic matter in the liver; showing thereby that the disease of the pancreas had not sensibly interfered with the glycogenic action of the liver. He also found, on examining a mixture of the different substances, solid and liquid, taken from the cavity of the heart, and from the inferior vena cava near the diaphragm, that the mixture contained no free fatty acids, and that the fatty matter was not decomposed. This fact may be explained by the disease of the pancreas, in accordance with the function given to that organ by M. Bernard.

THE SPIRIT OF THE PERIODICALS.

We extract the following article on *Bleeding Hæmorrhoids* from the 'Journal of Practical Medicine and Surgery:'

"Two men suffering from hæmorrhoids were admitted into the Hôtel-Dieu, under different circumstances. One was a vigorous, athletic lighterman, whose inflamed countenance bore testimony to habitual indulgence in wine and spirits. Two years ago he experienced a sense of local irritation and weight about the anus; from time to time he had since observed unimportant sanguineous exudations from the intestinal orifice, and when he entered the wards, the anus was surrounded by protruding venous tumours. Signs indicative of the presence of the molimen hæmorrhagicum were also present, such as increased heat of skin, frequency of the pulse, hypogastric pain, &c. These symptoms were premonitory of a fresh attack, which terminated in the escape of a small quantity of blood. The general as well as the local condition of the subject immediately afterwards began to improve; the tumours faded, and the patient left the hospital. In this instance, the ordinary means of subduing the disease, such as baths, repose, laxatives, and abstinence, were alone requisite. It is obvious that, if this man, who is obliged to pursue his occupations in a standing attitude, could be induced to reform his habits of intemperance, he might look forward to a complete and definite cure.

"The second case was more interesting. The patient was a coachman, and, like other stablemen, he had been in the habit of drinking white wine in the morning, and brandy several times in the course of the day.

"The almost universally prevalent custom among French operatives to drink white wine in the morning fasting, is, in M. Jobert's opinion, one of the most fruitful causes of hæmorrhoids among the working class. The portal vein conveys the wine to the liver, as it does all other ingested liquids; and as this fluid is more irritating when undiluted and unmixed with nutriment, it acts powerfully on the venous system, which it predisposes to inflammation. To this agency of the wine must be superadded the standing attitude, which numerous labourers are obliged to adopt, and both causes combined will be readily conceived to exercise considerable influence on the formation of piles. No valves existing in the portal system, the column of blood destitute of support weighs upon the veins of the rectum, already in a state of inflammation. Hence increased turgescence and irritation of the intestinal mucous membrane, and the consequent production of hæmorrhoids, which M. Jobert considers as mere varicose dilatations of the mesenteric veins.

"Be this theory correct or not, hæmorrhoids bleed, and the blood occasionally escapes from a very circumscribed spot. This was the case in the patient under consideration. The man was tall, pale, anæmic, extremely debilitated, and day and night lost blood from the anus. On two successive days he was carefully examined with a speculum ani; and at a very short distance above the sphincter, M. Jobert discovered a small, circumscribed protrusion, destitute of fluctuation, and even possessed of a certain amount of hardness; it was formed by a brownish coagulum, protecting a venous aperture. This has been described by Amussat as the characteristic sign of the origin of venous or arterial hæmorrhage. If the surgeon, aware of this circumstance, removes the coagulum, blood issues from the vascular orifice, thus clearing up all doubt as to the precise seat of former sanguineous exudations. In this instance, hæmorrhage had recurred frequently since twelve months. On the first occasion it could be assigned to no distinct cause, but had doubtless been induced by local phlebitis and ulceration; a coagulum had probably formed which a motion loosened, blood had again escaped until checked by a fresh coagulum, and so on. The bloodless condition of the patient thus became perfectly intelligible, and the necessity of arresting a cause of exhaustion so perilous to life was manifest.

"Perfect rest, astringent acid beverages, cold

enemas, the extract and syrup of rhatany, a generous diet, and chalybeates, had already invigorated the patient, improved the condition of his blood, and increased the intervals between the hæmorrhages. A more positive assurance of local cure was, however, desirable; it would have been requisite to apply to the venous aperture, with the assistance of the speculum ani, a small actual cautery at white heat, the only efficacious remedy in this instance, and one which M. Jobert has had many opportunities of resorting to with the greatest benefit. The patient, however, feeling better, and probably dreading the operation, suddenly left the hospital; a circumstance much to be regretted, as in his position a recurrence of the hæmorrhage may lead to fatal consequences.

"These two cases induced M. Jobert to enlarge on the treatment of hæmorrhoidal tumours; a subject we have so frequently expatiated on in this journal, that we shall not reproduce his observations on the present occasion. We shall merely say that the Professor generally uses for their removal the actual cautery or the Vienna caustic."

The 'American Medical Monthly' contains a Report, by Dr JOHN O. BRONSON, of Four Cases of of *Vesico-Vaginal Perforations*. We quote two of the cases:

"CASE 1.—*Cured in One Operation by New and Original Means.*—On the 6th of June, 1856, in conjunction with my colleague, Dr C. A. Budd, I was called in consultation to a case of tedious labour. The labour, which had progressed favourably for a short period, was arrested at an early hour in the day, and at seven in the evening we met in consultation. The position of the fœtus was found to be regular, with the head low down. The vagina lacked moisture, and the external organs were greatly œdematous. It was decided to deliver at once by means of forceps, which was accomplished with care and skill by Dr Budd. This was the fifth child of which she had been delivered, none of whom were then living, three of them having been still-born and withdrawn by the forceps.

"The case was left in the care of the attending physician, who, on the fifth day after, again called me on account of a dribbling of urine, of which the patient complained. I found the vesico-vaginal septum inflamed and sloughing where it had suffered compression between the occiput and pubis. I counselled cleanliness and attention to the general condition of the patient, she being of a delicate constitution, and requiring supporting treatment.

"This course was followed, and at the termination of four months the patient was deemed in condition to bear an operation for the cure of the lesion resulting from the sloughing.

"Upon thorough examination, the parts were found perfectly cicatrized. The cervix uteri had been involved in the general inflammatory action, and had in great part sloughed away. To the left of the median line, and one inch from the cervix, a perforation of the vesico-vaginal septum existed, measuring one inch and a quarter in its vertical by three-quarters of an inch in its transverse diameters. Its border was quite regular, and in a healthy state. The question of an operation was decided in the affirmative, and I resolved to perform it on the following principles:

"Preparation of the border of the opening being the first thing requisite, I deemed a vertical excision as usually practised not as conducive to success as if the border was cut to a bevel, taking more tissue from the vaginal wall, thus producing a more extensive vivified surface, without really enlarging the opening. I considered other advantages to attend this manner of operating, as it involved a principle heretofore overlooked or unmentioned.

"When the bladder is collapsed, the opposing surfaces, by every motion of the body or its larger members, are chafing the one against the other, and thus forcing the fluid it is constantly receiving into its cavity into any fissure or crevice, which in a state of rest would be wholly impervious.

"A familiar illustration of my meaning is seen in a fine-meshed sieve, which will hold a considerable quantity of water if undisturbed, but if chafed even but slightly, by the palm of the hand for instance, the water is forced through rapidly and completely.

"By bevelling the border of the aperture, when the sides are brought into apposition the vesical edge is in closer contact than the vaginal, and a slight prominence is formed on the vesical side, which counteracts, in part, the influence exerted by the collapse of the organ. Another fact having an important bearing on this operation I have failed to find heretofore considered. I mean the difference of structure between the vaginal and vesical tissues. The strong muscular structure of the bladder greatly preponderates over the weak muscular tissue of the vagina. There is a difference not only in power, but also in function. The muscularity of the vagina is only active under sexual excitement; whereas, the muscular action of the vesica is stimulated by the presence of anything in its cavity. This difference presents an indication which is met in great part by this method of denudation.

"Coaptation and maintenance of the lips of the wound in contact, with the exact amount of pressure, was the next subject for consideration.

"Rest is a fundamental law of cure, and the more completely it is effected the more successful will be the result after operations upon the vesico-vaginal septum. To overcome direct opposing traction upon the lips of the wound is not all that is sufficient. A sliding of the lips upon one another must be also prevented.

"To meet these indications, I devised an instrument which combined the power of preserving perfect rest to the parts implicated, in overcoming both direct and oblique traction, and the advantage of being readily graduated in its pressure, external to the vulva.

"Having well considered these matters, I proceeded to carry them into practice.

"On the 30th of October, 1856, in the presence of Dr B. Fordyce Barker, Dr C. A. Budd, and assisted by Dr J. H. Douglas, and Mr Farrington, medical student, I operated on the foregoing principles.

"Placing the patient on her knees, with her body flexed forward, and resting upon her shoulders, in the position first recommended and practised by Wutzer, the parts were brought into view by means of the swan-bill speculum or perineal elevator, as also first practised by him.

"First delineating with a sharp-pointed bistoury the extent to which denudation was desired, I proceeded to dissect a continuous strip from the vaginal border of the opening, three-eighths of an inch wide, leaving the vesical tissue barely encroached upon at its extreme edge. This step was readily perfected with bistoury and scissors. All was now ready for the application of the instrument, which was done by inserting the teeth half an inch from the edge of the denuded surface, and passing them between the vaginal and vesical membranes, and bringing them out at points in the denuded surface one-eighth of an inch from the vesical border. The two parts of the instrument were then approximated, and the lips of the wound brought into close contact, and there retained by means of the thumb-screws, perfectly closing the aperture. A catheter was then introduced and secured in place, and the patient, assuming the recumbent position, was left to rest and await the action of nature.

"On the following day, everything was progressing favourably.

"On the 1st of November, the second day after the operation, by a misunderstanding on the part of the attendant, the patient was not visited, and on the following day I found that the catheter had been accidentally removed and the vesica was filled to its apparent limit, and yet the parts were impervious. I drew off seventeen ounces of urine, giving the patient great ease.

"On the 4th of November, the fifth after the operation, I removed the instrument, and found my fondest hopes realised in complete union of the lips of the wound.

"On the 3rd of December, having perfect control over urinary action, and able to retain her water as long as ever, she was discharged from further care.

"CASE 2.—*Spontaneous Cure after One Year and Three Months' Duration.*—Mrs M——, native of Ireland, twenty-five years of age, mother of one child, consulted me in the month of October, 1857, by reason of inability to retain her urine, it being constantly dribbling away. I found upon examination that a perforation of the vesico-vaginal septum existed near the left border of the trigone, about one inch from the neck of the bladder. The opening admitted the passage of a common silver catheter, and had been produced by tedious labour. Operation was proposed and agreed upon, but violent opposition on the part of her husband to anything having the name of *operation* could not be overcome, and it was therefore postponed until after she should have given birth to a child, of which she was then two months pregnant.

"On the 22nd of May, 1858, she was taken in labour, and after twenty-eight hours, without unusual symptoms, gave birth to a female child. From this time, one year and three months from the birth of her first child, all dribbling ceased, and the patient was well. Upon close inspection of the parts, three weeks afterwards, it was found that union of the two sides of the perforation had occurred, apparently by reason of the pressure of the head of the fœtus occluding the aperture for the time being, while Nature put forth her efforts to permanently close the breach."

We will continue our quotation next week.

The 'Lancet' opens with a continuation of Mr HILTON'S Lectures on *Pain*. Dr COOTE also continues his remarks on a case of *Piarrhæmia accompanying Acute Diabetes Mellitus*, which we will quote next week. The same journal contains an article, by Mr WORDSWORTH, on the *Operation for the Relief of Phymosis*. He says:

"Few of the minor operations of surgery are performed in more varied ways than those commonly practised for the cure of phymosis. Some surgeons are content to imitate the Hebrew circumcisors; others simply slit up the prepuce, and, having introduced a few sutures, leave the angular flaps so produced. In infants it probably does not matter very much which course is pursued; provision having been made for the free exposure of the glans penis by a sufficiently large aperture in the prepuce, nature generally adapts the structures nearly to the normal type by a gradual and modified development, so that scarcely any vestige of either the defect or of the operation practised for its relief can be seen in after life. But with men and boys, in whom there is no longer this mode of adaptation, it becomes a matter of more consequence that the operation should leave the structures concerned in the nearest possible condition to that which nature usually produces, as growth and development can no longer compensate the deficiencies of art.

"Under these circumstances, a moment's reflection will suffice to indicate the procedure which will best effect the object in view. The aperture being contracted and rendered inextensible, principally by the rigid mucous layer of the prepuce, it may obviously be most easily enlarged, and with least mutilation and violence of the organic relations, by a curved incision corresponding with its free margin. The frænum and its lateral prolongations into the prepuce will thus be left intact, and the size of the aperture increased at the expense of the dorsal portion of the prepuce. Having, then, decided on the mode of enlarging the aperture, what is the best means of effecting it? After seeing a considerable number of these operations performed by others in the various ways detailed by systematic authors, and from some experience of them myself, I have latterly performed the operation on a plan which, so far as I know, differs from any other, and I believe affords facilities and advantages over all.

"Let us take a common example, in which the aperture has gradually become so small that it may be compared to a pin-hole. The ordinary silver probe with a point may be introduced by drawing forward the prepuce from the glans penis, and passed as high as the reflection of the prepuce from the penis. This being ascertained, it may be pushed through the prepuce a little nearer to its free margin, or at any other part sufficiently distant to allow of the necessary increase of aperture. An ordinary straight needle, armed with a piece of fine silk, should then be passed through the prepuce at short distances, so as to act as sutures. This may be done as follows:—An assistant holds up the probe, and the operator with one hand stretches the prepuce downwards, and with the other transfixes it with the needle in a curved line, reaching from the orifice to the point of puncture, so marking out the portion of the prepuce to be removed. At least a dozen sutures should be passed, and the upper one

should be a little higher than the aperture made with the probe. Then with a sharp pair of scissors cut off the piece of prepuce between the probe and the sutures at the distance of two lines from the latter. An oval aperture, having its long axis perpendicular, will have been made. The centres of the sutures are then drawn upwards and divided, so that each silk forms two, and lightly tied. A little wet lint is wrapped round the penis, and the patient laid on his back, with a cradle to support the bedclothes.

"This operation differs from the French mode of procedure with the fenestrated forceps, principally by substituting a curved line of incision, by which only the dorsal portion of the prepuce is removed, and the frænum left intact; and the scissors allow of a more clean and accurate incision than the bistoury."

Dr CHILD gives some interesting cases on the *Connection between Chorea and Acute Rheumatism*, which lately came under his observation at the Radcliffe Infirmary, Oxford. We quote them:

"CASE 1.—An agricultural labourer, aged twenty-three, admitted July 4th, suffering from a well-marked but not severe attack of chorea. The right side only was affected. This case in itself presented no remarkable feature, except that afforded by the age of the patient, who had had no previous attack. He was treated with sulphate of zinc, in doses gradually increased up to fifteen grains, three times a day, and was discharged, recovered, on the 8th of August. This young man had suffered previously from acute rheumatism.

"CASE 2.—Also an agricultural labourer, aged seventeen. This case was very similar to the last, was treated with the liquor potassæ arsenitis and moderate purging, and recovered rapidly. This lad's father had suffered several times from acute rheumatism, but the patient himself had never before had either rheumatism or chorea.

"CASE 3.—A little girl, aged twelve, admitted August 1st, and still in the house. This case presents some peculiar features. On admission, the attack of chorea appeared to be very severe, and the child was much emaciated; the skin hot, dry, and remarkably harsh; the tongue dry, and the lips cracked. There was a feeble pulse, and great thirst. No history of the fever was extracted from the mother, but subsequently, when sufficiently recovered to speak, the child told us that some children at home had had 'the fever' just before. The child's appetite was good, but she got scarcely any sleep and screamed violently in the night. A day or two after admission, a rash having all the characters of roseola made its appearance. She has improved rapidly under the use of warm baths, diaphoretic doses of antimony, and a generous diet, with port wine and water. This patient has had chorea previously, but not rheumatism; her mother, however, had chorea when herself a child, and also suffered from acute rheumatism about a year before the birth of this child.

"CASE 4.—This is an ordinary, and not very severe, case of chorea, the patient also being a little girl, and not having suffered any previous attack of either chorea or rheumatism. In this case again the mother experienced an attack of acute rheumatism about a year before the child's birth.

"CASE 5.—E. B——, another little girl, of about the same age, was brought to the hospital, on August 29th, suffering from slight chorea, combined with anæmia and general debility. In this case also I found on inquiry that the mother had had acute rheumatism about fifteen years ago.

"*Observations.*—Of the above five cases, which have come to this hospital in the space of scarcely more than two months, Case 2 was under the treatment of Dr Rolleston, the others under my own. Since the year 1850, when the existence of a connection between rheumatism and chorea was announced by M. Sée, of Paris, and in England by Dr Senhouse, much attention has been given to the subject. M. Botrel, in the following year, went so far as to declare that chorea is nothing [illegible] rheumatism of the nervous 'centres.' Botrel's view was not, however, generally accepted; and opinions on the point have varied greatly since that time—so much so, indeed, that one of the latest French writers on the subject (M. Moynier) declares the connection to be nearly accidental, though he himself, inconsistently enough, tells us that, out of thirty cases which he examined, the connection in question could be traced in eighteen. Dr West has never once met with it, nor (he says) has M. Rilliet, at Geneva. It is well known that both diseases are often hereditary; and Dr Begbie was, I believe, the first to point out the existence of a family connection between the two—to show, that is, that it frequently happens that where one member of a family is subject to chorea, another is rheumatic. The cases given above seem to me to point to the conclusion that rheumatism and chorea are 'hereditarily convertible'—*i. e.*, that rheumatism in the parent may descend as chorea to the child. If this should be supported by more extended inquiries, and more especially if the converse should be found equally true, it would, I think, go far to establish, in part at any rate, M. Botrel's theory, that rheumatism and chorea are not similar only, but essentially identical—*i. e.*, that one and the same blood-poison may manifest itself, according to circumstances, as either chorea or as rheumatism. But, whatever may be thought of the theory, the cases seem to me worth recording, if only as showing the connection between the two diseases to exist in them in larger proportion than in any recorded set of consecutive instances with which I am acquainted."

Mr CRICHTON contributes a paper on the prevention of the formation of *Stone in the Bladder.*

Dr ALDRIDGE reports the following case of *Obstruction of the Bowels* from adhesion to the uterus:

"Mrs S——, aged fifty-seven years, the mother of five children. About six months before her death she had a severe attack of flooding, although her menstrual discharge had ceased years before. She was always of a costive habit, and in the month of February, 1859, symptoms of obstruction of the bowels came on, which became more and more aggravated up to the period of her death on the 10th of April following. For some weeks before her decease she had stercoraceous vomiting, the ejected matters being of a yellowish colour, watery, and having a strongly fæcal odour. She seemed to die gradually of exhaustion.

"*Examination two days after death.*—(The abdomen only was examined.) On opening the abdominal cavity, the intestines were seen to be smeared with a yellowish-coloured, watery, offensive matter, similar to that which she had vomited during life. This fluid must, therefore, have escaped into the peritoneal cavity through some hole in the gut. However, it cannot be said that this rupture of the bowel occurred during life, because the texture of the lower part of the small intestine was found to be so extremely soft and friable that it was rent by the slightest touch. In some parts it was gangrenous. It is, then, more than likely that the tear may have taken place after death, either by the pressure of gas developed in the bowel, or by movements of the body, or while opening the abdomen. The small intestine was seen to be very much distended, particularly the lower portion, which was of enormous diameter, nearly equal to that of a normal large intestine. The coats of the ileum in nearly its whole length were in a high state of inflammation. Near the lower end, approaching the cæcum, were many dark-coloured patches, some as large as a two-shilling piece, others smaller, where the whole thickness of the intestinal wall was perfectly gangrenous. The texture of the gut for several feet above the cæcum was so friable, that on moving one coil upon another it tore at various points. In the upper part of the small intestines was found the same yellowish-coloured, watery, fæcal matter that the patient had vomited during life; lower down the contents of the bowel became more consistent; and for several feet from the lower end of the ileum the latter was enormously distended with tenacious, yellowish-coloured fæces, very much resembling putty. The cæcum and large intestine were nearly empty, only a few knots of hardened fæces being found in the latter. In the lower end of the ileum, therefore, the obstruction was seated. On careful examination, the latter was seen to be dragged down into the cavity of the pelvis, and to be firmly adherent to the back wall of the uterus. When the small intestines and the contents of the pelvis were removed from the body, the state of matters could be clearly seen. About six inches from the ileo-cæcal valve, the ileum had become firmly adherent to the posterior wall of the uterus—rather towards the right side—and to the right ovary. The gut at the adherent point made a sharp turn towards the cæcum. Accordingly, everything requiring to pass through this part of the bowel had to travel along its canal bent almost at a right angle. The calibre of the ileum at the attached point seemed smaller than normal, but not much so. It is obvious that this sharp bend in the canal of the gut must have tended very considerably to retard the passage of the fæces through it, and, the latter having been hard and dry, as is usually the case in persons of obstinately costive habit, it can easily be understood how stoppage to the passage of the contents at this point occurred. Once commenced, such an obstruction would only become aggravated in the course of time by the gradual accumulation of fæces above it, and by the strong muscular efforts of the bowel to propel the contents onwards, as happened in this case, in which, during life, the violent peristaltic action of the intestines could at times be distinctly seen. It is not unlikely that if the patient had at a sufficiently early period overcome the tendency to constipation by keeping her bowels in a rather relaxed condition, the obstruction might have been averted, or at all events delayed. On removing the uterus from the body and cutting it open, the whole of the organ was seen to be one mass of epithelial cancer (cancroid), thus accounting for the floodings which the patient had some months before death, and also, in all probability, for the adhesion of the ileum to its posterior wall, as above described. The cancroid disease having implicated and eaten into the whole thickness of the uterus, even to the serous covering of the same, peritonitis seems to have been set up at this point, and to have thus occasioned the attachment of the loop of intestine to it. The coats of the ileum for an inch or two above and below the adherent part seemed to be perfectly healthy. The adhesions between the small intestines and the uterus were very firm, and must, therefore, have existed for a considerable time, perhaps for months.

"At what period the cancroid disease of the womb began it is of course impossible to say, but that it had already attacked the uterus six months before the fatal termination of the case is evident from the occurrence of severe flooding at that time. If obstruction of the bowels had not supervened, and thus put an end to the patient's existence, it is very probable that ultimately a fistula between the uterus and ileum might have taken place by the extension of the cancroid disease through the adhesions and through the coats of the gut."

Two cases of *Idiopathic Tetanus*, treated by Indian hemp, are reported by Dr FARRAGE.

We extract the following article, by Mr BARNARD HOLT, on *Allarton's Operation*, from the 'Lancet' of the 8th inst.:

"The main objections which have been hitherto urged against its performance have been in reference to the size of the stone and the enlargement of the prostate gland, the consequent difficulty of extraction, and the effect of forcible dilatation on the neck of the bladder. Having lately performed this operation three times, where these difficulties were prominent features in each case, I desire to record the results.

"J. R——, a child aged eight years, was admitted into the Westminster Hospital under my care, April, 1860, suffering from stone in the bladder. The symptoms had existed for eight months prior to his admission, and consisted in difficulty and frequency of micturition, which required considerable straining to effect; occasional passage of bloody urine, and, but rarely, pain at the extremity of the penis. The boy having been placed under the influence of chloroform, a sound was passed to the neck of the bladder, where its further progress was arrested by some foreign body, which a slight amount of pressure sufficed to displace. The sound being thus fairly introduced, a stone was immediately detected, which, from the extent of surface traversed, appeared to be large.

"I decided on performing Mr Allarton's operation. On May 8th, while under chloroform, a staff as large as the urethra would admit was

introduced, and the stone immediately detected. The child was now secured in the ordinary manner, and the forefinger of the left hand being passed into the rectum, the exact situation of the prostate was ascertained. A sharp-pointed and somewhat triangular knife was now thrust into the mesial line of the perinæum, with the back towards and about three lines in front of the anus, the finger in the rectum guiding the knife, and preventing its being wounded. An incision was now made directly upwards, and the groove of the staff cut into by opening the urethra immediately in front of the prostate; and the knife was now run backwards and forwards to a slight extent so that it might be fairly divided, the tegumentary opening being enlarged as much as appeared necessary in its withdrawal. The forefinger was now removed from the rectum, and passed into the wound, with the nail in the groove of the staff, which thus formed an accurate guide for the director, which, being made with a handle at right angles, was passed along the groove into the bladder. The assistant was now directed to pull the staff gently but firmly upwards towards the symphysis pubis, whilst I pulled the director gently downwards; and the forefinger of the left hand being passed between these two instruments, was gently wormed between them with a twisting motion, dilating the parts as it proceeded, until the neck of the bladder was reached, when both staff and director were withdrawn, and the dilatation was continued still further by rotating and moving the finger from side to side. The forceps were now introduced upon the finger, which was withdrawn as they passed into the bladder, so that to the present time no urine had escaped. The stone having been detected, the blades of the forceps were separated, when the gush of urine carried it between them, and with gentle traction it was removed. As was anticipated, it proved of considerable size, measuring two inches long and one inch wide, and weighing 240 grains; it was of the triple phosphate variety. The hæmorrhage was of the most trifling description, and beyond the smarting attendant upon a wound he had hardly suffered anything. There was no involuntary escape of urine after the operation, but it was passed at will, for the first week through the wound, but afterwards per urethram. Eight days from the operation he was walking about the ward, and in a fortnight was discharged cured.

"The second case occurred in a spare, feeble man, aged sixty-five, who had suffered from stone for four years prior to his admission. The urethra admitted a full-sized sound, and the prostate was perfectly health. The bladder was, however, considerably contracted, not holding more than four ounces of urine; and the stone, which was readily detected, was large and dense. The same proceedings were adopted as have been already described; but the stone, proving even larger than was anticipated, eluded the blades of the forceps. A large pair were consequently had recourse to, and the stone removed. It was found to measure two inches and a quarter long by one inch and a half in breadth, and weighed 570 grains. It was of the oxalate of lime variety, coated with phosphates. The patient was comfortable during the evening, and passed his urine at will. He was, however, seized in the morning with a rigor, and died suddenly.

"The post-mortem was made twenty-eight hours after death, and the bladder having been removed, the incision was found to be exactly in front of the prostate. The bladder was now cut into, and the mucous membrane corresponding to the neck was found to be congested and slightly torn, not, however, extending into the prostate gland, and much less than is met with in the lateral operation. The kidneys were in an advanced stage of cystic disease; the heart fatty; but the other organs were healthy.

"The third case occurred in my private practice, in the person of a gentleman aged seventy-five, of spare habit, who had suffered from diseased prostate more or less for the last eight years, during which time he had occasional hæmorrhage, sometimes slight, and sometimes sufficiently severe to call for the exhibition of gallic acid, the bleeding being at all times provoked by any extra walking or jolting exercise. Although there was no pain at the extremity of the penis after micturition, yet the symptoms to some extent simulated those of stone, and the bladder was from time to time carefully examined both by myself and others, without, however, detecting any foreign body. Early in 1859, while at his seat in the country, he was attacked with inflammation of the bladder, characterised by rigors, great frequency of micturition, spasms of a most violent character, and occasional pain at the extremity of the penis, the urine depositing the usual amount of muco-purulent, tenacious deposit. Suitable remedies were had recourse to, and in the course of three months he recovered; the spasms entirely subsided, the urine regained its healthy character, but the difficulty of expulsion had so far increased as to prevent his passing more than an ounce at a time. He was therefore directed to pass his own catheter three or four times in the day and night, which he accomplished without either difficulty or suffering. In the winter of 1859, being again in the country, he had another but more severe attack, which apparently arose from standing on damp ground, and it was evident, from a sudden discharge of pus and extreme tenderness of the prostate, that an abscess of that gland had formed and burst. His symptoms were now very distressing, the bladder much more irritable, and the pain at the extremity of the penis more decided; and being now unable to pass any urine naturally, he was compelled to rely entirely upon the catheter, which was passed every three hours. The bowels were daily relieved by enemata. The horizontal position was maintained, and all the known remedies had recourse to, belladonna, copaiba, and chlorodyne giving the greatest relief.

"In the spring of the present year he was removed to town, the frequent and almost irresistible urgencies continuing, and the pain at the extremity of the penis being more acute. Opium, in the form of suppositories, was the only drug that now afforded the slightest relief.

"On Sunday, June 15th, after violently straining at stool, the bladder became more than usually irritable; and being requested to pass his gum catheter, I immediately detected a calculus, rough, and, so far as could be ascertained by such an instrument, not very large. A consultation with Mr Arnott and Mr Cæsar Hawkins was held; and as lithotrity offered no chance of relief, Allarton's operation was decided upon.

"On June 27th he was placed under the influence of chloroform, and the operation, as already detailed, was performed. Not the slightest difficulty was experienced in reaching the neck of the bladder, but the size of the prostate prevented the interior being explored, or the stone being felt with the finger. The forceps were consequently substituted, and being buried to a considerable depth, a stone was caught and removed, proving large, smooth, and polished. Another was sought for and removed, which bore an accurate resemblance to the first. It was, therefore, evident there must be a third, which, after slight difficulty, was also included between the blades of the forceps, but being larger than either of the former ones, it required some little patience and gentle traction to remove it. The parts, however, yielded, and the third, somewhat roughened, stone was now abstracted. The first measured 1⅝ in. by 1¼ in.; the second, 1⅝ in. by 1⅜ in.; and the third, 1⅝ in. by 1¼ in.; the weight of the three being 960 grains. The incision was insignificantly small; the hæmorrhage very trifling; and my patient being now placed in bed, shortly recovered from the effects of the chloroform, and simply complained of the slight smarting of the wound. The neck of the bladder retained its contractility, and there was not any involuntary escape. The suppository was introduced as usual; and, excepting when the urine was withdrawn, he slept tranquilly. For the first three days he progressed in the most favourable manner; the intervals were increased, the catheter being introduced every four, instead of every three, hours; the spasms were less frequent and less intense, and he was nearly relieved from the pain he had previously experienced, when, on the fourth day, he was seized with rigors, extreme and urgent pain in the region of the stomach, vomiting, and his pulse, which was exceedingly weak, rose to 130; skin hot; countenance anxious; and the urine presenting an appearance of bloody jelly. Opium and stimulants were administered, the bladder was injected with tepid water, and he rallied. He, however, continued exceedingly ill for three or four days, when the attack gradually subsided, the urine became more natural, but the spasms of the bladder recurred; and fearing the possibility of a calculus having descended from the kidney, he was again examined, under the influence of chloroform, without, however, discovering any foreign body; a roughness was detected with the gum-elastic catheter, but not with the sound, and in all probability depended upon a calcareous coating of some portion of the mucous membrane; indeed, this was subsequently ascertained to be the case, for, upon introducing a lithotrity spoon, a portion of gritty matter was removed, and eventually the corresponding mucous surface, coated with phosphates, came away in the eye of the catheter. Small particles of the same deposit have from time to time escaped. The frequency and spasms have now entirely subsided; he is enabled to pass per urethram from two to three ounces of urine; the bladder will retain from ten to twelve ounces; the wound has so far healed as to be hardly perceptible, and when necessary he can introduce his own catheter. The bowels, which have hitherto required enemata of water, have acted naturally since taking the confection of senna; and an examination per anum proves the prostate to be diminished in size. He is daily gaining flesh and strength, and when the weather will permit drives out.

"The present cases have been described simply as examples to prove that large calculi and an enlarged prostate form no bar to the operation, and, as far as they go, establish the facility with which a large stone can be removed without injury to the neck of the bladder. It is true that the mortality is about the average; but as in the fatal case there was probably sufficient cause in the state of the kidneys and heart superadded to the rigor, from which persons in advanced years frequently die, I cannot consider it as in any manner militating against the operation.

"The case of the boy was interesting in showing how circumstances may alter and modify symptoms generally relied upon as characteristic of stone. The pain at the extremity of the penis was the exception and not the rule, and evidently depended upon the stone generally occupying the same position and requiring to be displaced before the sound could be fairly introduced. The diagnosis was correct in reference to its size, which it must be admitted very far exceeded the average of such cases at such an age.

"In the second case, the facility with which the stone was detected, and the ringing sound, afforded sufficient evidence of its size and density to preclude any advantage from lithotrity.

"The third case must be considered as the most important of the three. The size of the prostate—which did not permit the finger to reach the bladder after the necessary incisions had been made—the long duration of the disease, the inability to pass any urine without the introduction of a catheter, the irritable state of the bladder, the emaciated condition of my patient, and the presence of three such very large calculi, were sufficient to test the operation to the utmost. I may mention that this gentleman had been subject to severe bilious attacks which very much resembled the one that supervened on the fourth day, and that the issue of the case proves the symptoms to have depended upon a deranged liver.

"I have described the operation as it was performed; and although the precaution of introducing the finger between the director and the sound may not be absolutely necessary, yet I am convinced it simplifies the operation to such a degree that no surgeon of common intelligence need fear undertaking it. The extraction of the stone requires care and gentleness. A minute lost is a minute gained, if a large calculus can be removed through the neck of the bladder without injury; and I feel convinced this can always be effected if the necessary care is exercised. In almost all the descriptions of the ordinary forms of operating, the direction is, to have a large external wound. Such is not necessary; and if a stone can be removed, without bruising, through a moderate wound, it is certainly better than making a large one.

"From all that I have yet seen of Mr Allarton's operation, I consider it a most valuable one: the wound is less; the hæmorrhage is less; the constitutional disturbance is less; there is no chance of infiltration of urine; and, as a matter of comfort to the patient, the ability to retain the urine is of the utmost value and importance."

Mr Brent makes some observations, in the

same journal, on *Fatal Effects arising from Enlargement of the Thymus Gland in Children.* The mode of death appears to be by convulsions and sudden spasmodic closure of the glottis, arising from the pressure upon the adjacent nerves by the enlarged gland. Mr Brent observes :

"The thymus in the human subject increases in size very rapidly after the seventh month of fœtal life, and at birth at the full period has commonly varied, (as stated in the 'Cyclopædia of Anatomy and Physiology') from 84 to 240 grains in weight. At nine months afterwards, according to the same authority, it is found to be about 270 grains—4½ drachms—in weight; at a variable time after which period it progressively declines in size. I find that Kopp states his having noticed several cases of suddenly fatal dyspnœa, occurring in children in whom the gland was found of large size, and that he concludes there is some essential connection between the glandular enlargement and the suffocative paroxysms. Dr Copland ('Dictionary of Practical Medicine,' art. Larynx and Trachea, p. 679) has remarked, however, that Mr Hood, of Kilmarnock, was the first to direct attention to enlargement of the thymus gland, and its influence in producing morbid closure of the glottis, with suffocation. But he does not even hint that the effects of the preternatural enlargement are other than mechanical—such as pressure on the veins at the top of the chest, inducing congestion and effusion in the head ; and no supposition appears to be entertained by him that an unusual size of the gland is accompanied by an increased nervous susceptibility. I have been led to conclude, from the history of the cases that have come under my notice, that a correlation exists between the size of the thymus gland and the development of the brain and impressibility of the nervous system. In such instances of sudden death coincident with abnormal enlargement of the thymus as have fallen under my observation, the children have been noticed as peculiarly forward and intelligent for their ages. The work first quoted above states that 'absence of the gland has only been observed in cases of acephalism, where the brain and many other parts have been simultaneously deficient.' If it be true, then, that the greater size of the thymus gland has anything to do with the greater development of the nervous matter, force, or excitability, there will be a double reason why an unusual enlargement, or a non-absorption, of that body should occasion suffocative dypnœa,—namely, both from the greater excitability produced, and the inordinate pressure exercised by the gland in a state of turgidity."

The 'Medical Times and Gazette' opens with M. Claude Bernard's Lectures on *Experimental Pathology.* The present part contains some observations on the Effects of Woorara. Dr Wynn Williams reports *Two Cases of Epilepsy,* in which the operation of tracheotomy was performed. He says :

"As there have not been many recorded cases of epilepsy in which the operation of tracheotomy has been performed, as recommended by the late Dr Marshall Hall, the particulars of the two following cases may possibly be of some interest.

"The first case is that of T. P., aged eighteen, son of a cabinet-maker, who consulted me in September, 1855, on account of epileptic fits, for which I had attended him from time to time since he was ten years of age. The fits, to which he was liable at all hours of the day and night, had lately increased in frequency and duration ; and it appeared not improbable that they would in a short time have rendered him idiotic. He had tried every remedy likely to benefit him, without having derived any permanent relief. He had, it is true, derived temporary benefit from several remedies prescribed ; but the benefit, if, indeed, it can be considered such, was merely illusory, as the paroxysms had only been postponed to recur in greater severity. It seemed as though the medicines administered had prevented the paroxysms breaking forth until the system had become charged, so to speak, with a number of small paroxysms, which, when united, became strong enough to obtain the mastery, and had then broken forth with redoubled fury. The same effect I have seen produced in other cases.

"Such being the state of my patient, I proposed to his parents to open his trachea, and they, as well as the patient himself, willingly assented.

"On September 10 I proceeded to operate. The patient was placed in a chair, my assistant holding back his head, so as to draw out, and make tense, the trachea and its coverings. I then plunged Mr H. Thompson's tracheotome into the trachea, between the first and second rings,—gave a few turns to the screw to separate the blades,—with very little difficulty introduced the tube between them, and withdrawing the tracheotome, left the tube in the trachea. There was not much blood lost during or after the operation. Unfortunately the tube, on the following day, slipped out, and I was unable to reintroduce it without the assistance of the tracheotome ; but on carefully inserting this into the opening, and dilating it by means of the screw in the blades, I easily got the tube between them into the windpipe. For four or five months after the operation I thought my patient would really have been benefited by it. The fits became far less in frequency and severity ; indeed, he at one time remained several weeks without a fit at all. My hopes, however, were again doomed to be blighted. In six months the fits began to recur nearly as often as before the operation. He wore the tube in the trachea about three years, readily taking it in and out himself. I then removed it ; I saw him a few weeks ago ; the opening is still patent, and he breathes freely through it. He goes about and assists his father a little in the workshop. It is possible that this case might have terminated more satisfactorily had not the patient been addicted to habits of intemperance, as I afterwards learned he was, both previous to and after the operation. Had I been previously made aware of this circumstance, I should not have proposed the operation.

"The second case is that of T. F., aged twenty-five, a quarryman, who consulted me in July, 1856. He had been subject to epileptic seizures in the night for many years, but had only been subject to them in the day for two years. He had in consequence been obliged to relinquish his employment. He had undergone a good deal of treatment previous to coming under my care. His object in coming to me was that I might perform the operation of tracheotomy upon him, he having heard of the previous case. Considering him a good subject for the operation, I, on July 9, proceeded to operate in the same manner as in the preceding case. I do not think half-a-dozen drops of blood were lost. The patient went on very satisfactorily after the operation. The epileptic seizures became gradually less severe and less frequent, and for the last two years he has had no attacks during the day-time, and only very slight ones at night. I saw him a few weeks ago in apparently good health, although he informed me he had occasionally, though very rarely, slight fits when in bed. He now goes about by himself, and works in the fields, but has not ventured to resume his work in the quarries. He still wears the tube in his windpipe, and will not hear of its being left out, for fear the hole should close up. Both he and his friends firmly believe he has been benefited by the operation."

Dr T. A. Carter contributes some suggestions for the improvement of *Paracentesis Abdominis* in cases of Ascites, which we will reproduce next week.

Dr Candy reports, in the same journal, the following case of *Puerperal Convulsions* in a Primapara :

"Mary Ann C., aged 20, residing in Great Barr street, Birmingham, was taken in labour of her first child on the evening of January 4. I was first sent for the following morning. I found my patient was a stout, plethoric young woman, of a nervous temperament, but there was nothing about her general aspect to cause me any anxiety as to the successful termination of the case. On making a vaginal examination, I found the os uteri quite high up in the pelvis, and about the size of a sixpence, and the labour pains were regular but feeble. I ordered her ol. ricini ℥ss, and took my leave. About eight p.m. in the evening I was sent for again, but found that the process of dilatation had gone on very slowly, the os being a little larger than a shilling. The pains being feeble, and my patient anxious for sleep, I gave her tinct. opii, ℥ xl., and ordered her to be put to bed, hoping that, after a few hours' sleep, labour would progress more rapidly. About half-past eleven at night I was sent for in great haste, as my patient had been suddenly taken sick, and shortly afterwards had a fit, in which she bit her tongue. This was soon followed by a stronger attack, which induced her attendants to send for me in such haste. I found her in a semi-conscious state, with rather a quick but feeble pulse, and complaining of pain across the forehead. I applied rags dipped in cold vinegar and water to the head, which soon brought her round, and she was able to walk gently about the room. Labour had made but little progress, and finding my patient wished to sleep, I gave her tinct. opii, ℥ xx. ; and after waiting two hours, I left her comfortable. The next morning, between eight and nine, I was again summoned, as the fits had returned after she awoke from a sound sleep. Finding such to be the case, I asked Dr Warden, the Honorary Surgeon for the district, to accompany me, being duly provided with instruments, if necessary. We found her in a semi-conscious state, with the os uteri fully dilated, and the head of the child low down in the cavity of the pelvis. Dr Warden and myself agreed that it would be desirable to terminate the labour as soon as possible, so accordingly the long forceps were applied by him ; but almost directly afterwards she had another fit, during which the head was delivered ; the shoulders and breech were expelled during the next pain. The child (a male) was remarkably well developed, and appeared asphyxiated, but rallied on the application of cold water sprinkled on its face and chest. About five minutes after its birth the mother had another rather severe fit ; but finding her pulse rapid and feeble, I judged it improper to bleed her, but trusted to the application of cold to the head, and allowed a free ventilation through the room. The placenta was expelled naturally, in about ten minutes, and there was little or no hæmorrhage. During the next hour she had several severe fits, but after the last she fell into a dull, heavy state, from which she did not quite recover till four or five o'clock in the afternoon. I remained with her for two or three hours, but finding the fits had left her, giving directions for the application of cold to the head to be continued and the room to be darkened, and as soon as consciousness returned to give her some beef-tea or arrow-root.

"On calling to see my patient the following morning, I found she had passed a quiet night, having slept three or four hours. She complained of severe pain across the forehead, and a dimness of sight, the results of the nervous disturbance and altered circulation through the brain. I prescribed an aperient mixture, containing magnesia sulphatis ℥j., infus. senn. co. ℥iv. ; infus. gentianæ co. ℥vj., of which she was to take three table-spoonsful every four hours, and a pill containing hyd. chloridi gr. iij., pulv. opii gr. j., h. s. s.

"January 8.—Her bowels have been freely opened, the pain in the head is relieved, and her vision somewhat clearer. I drew off some of her urine to take home with me, for the purpose of ascertaining the presence of albumen, but I could not discover a trace of it after careful examination.

"10th.—The pain in her head has nearly gone, and there is a tolerable amount of milk in her breasts. She complains of a troublesome cough, which causes an increased flow of the lochial discharge. I ordered tinct. camph. co. ℥ss., æther chlor. ℥ij., syrupi tolut. ℥j., ex decoct. Senega ℥vij., two table-spoonsful three times a day.

"12th.—Her cough is not so troublesome, but her headache has returned. Tongue foul ; pulse 130, sharp and full. Ordered her liq. ammon. acetatis ℥iv., vin. ant. pot. tart. ℥ij., mist. camph. ℥iv., two table-spoonsful to be taken every four hours, and a powder of hyd. chlor. gr. iij., pulv. rhei gr. xv. at bed-time.

"13th.—She is much better to-day ; the bowels have been freely opened. To continue her mixture.

"16th.—She got up yesterday for an hour or two, but found her head became giddy on walking.

"In conclusion, suffice it to say she is going on favourably ; and if the headache returns, she finds relief from taking some of her aperient mixture.

"*Remarks.*—1. I have my doubts whether the fits were induced by the opium I administered during labour, or whether they resulted from exhaustion consequent upon a lingering first stage of that process. 2. The case is interesting from the fact of the absence of albumen in the urine, which has been observed in many cases. 3. In

the rapid recovery of the patient. 4. In the simplicity of the treatment, compared with that which would be adopted by many in similar cases."

Dr SKINNER concludes his paper on *Deodorization in Obstetric Medicine*, which we extract. He says:

"While in attendance upon a lady during her confinement lately, I observed her snugging the bedclothes under her chin and around her neck. I asked her if she felt cold; she replied no, but that she did so in order to enable herself to breathe a purer air than that coming from beneath the bedclothes. Upon hearing which, I immediately bethought myself of a deodorant of the lochial discharge, and for this purpose I instituted a number of experiments with oil of tar and other well-known deodorants.

"*Deodorant Preparations.*—It would be needless for me to give the details of the various means adopted and of the different substances used, so I shall content myself with stating the composition of a powder which I have found in every way well suited to the purpose:—Calcined oyster-shells, lb j.; oil of tar, gr. lxiv.—Mix. This powder may be variously applied; the following method will be found effectual, if not the best that can be adopted:—One table-spoonful of the powder is to be mixed with from two to four table-spoonsful of the finest dry bran, and spread between the folds of the ordinary pudendal napkin, so that one ply only shall be left between the powder and the patient; the napkin may be stitched along either extremity if required on account of the escape of the powder; and it is to be pinned before and behind to the ordinary obstetric binder. The powder and napkin must be renewed as often as the nurse thinks proper.

"The advantages of this powder over that of any other, and over the much-talked-of one of MM. Corne and Demeaux in particular, is,—1. That it does not cake or set, and adhere to the napkin-like powders prepared from the sulphate of lime. 2. That its absorbing property is not inferior to, nor is it more caustic than, those prepared from sulphate of lime. 3. That powders prepared from sulphate of lime and tar, or oil of tar, retain the peculiar penetrating odour of tar; whereas the powder prepared from calcined oyster-shells and oil of tar has not any smell of tar, but a mild, agreeable, and fragrant smell of the finest oil of peppermint; and although the oil of tar is so altered in smell by the calcined shells, its deodorizing property is rather increased than otherwise.

"*Practical Remarks.*—The experience I have had of this powder warrants me in making the following remarks:—If the application of the powder is properly managed (and it only requires the exercise of common sense), as soon as the lochial discharge comes in contact with the napkin, it is deodorized; not only so, but from the great affinity which the lime has for water, the discharge is rapidly absorbed towards the particles of bran, which in their turn act the part of a sponge, besides extending the deodorizing surface. When the powder is used in combination with proper ventilation and attention to cleanliness, the napkin, the bed, the patient, and the apartment will be found to smell quite sweetly, so that the most fastidious could not find fault.

"The nurse who was in attendance upon the lady previously alluded to, and who has seen twenty years of service, informs me that the napkins are generally put into a tub of water to steep before washing, that the water has invariably a most offensive smell; but in the present case, the first in her long experience, the tub, water, and napkins were all equally free from smell.

"I think it proper to give a practical hint here, and nurses should be informed of it—namely, that it is necessary to shake the loose powder out of the napkins before putting them into water, and they ought to be rinsed out in hot or cold water once or twice before putting them to the wash, because the lime will so harden the water that it will be impossible to get a lather with any amount of soap. It may be supposed that the quicklime will injure the napkins or the patient: there need be no fear of either accident, as no such misfortune has happened hitherto. The powder may be placed upon the tongue without producing any caustic effect; besides, I beg to state that the oyster-shells are not thoroughly calcined—they are simply rendered red-hot for one hour in an ordinary fire, without any blast.

"There is one other purpose to which I apply this powder, mixed with bran, namely, the deodorization of fæcal matter, particularly if *en masse*. All that is necessary is, that the surface shall be covered with a layer of the powder; the instant that this is accomplished, all smell ceases as if by magic.

"*Liquid Deodorant Preparation.*—For the deodorization of liquid fæces, or where a fluid form is preferable, as, for instance, as a vaginal injection in cancer of the uterus, I use the following preparation; and one great advantage of it is, that it may be dispensed by chemists, the same as any other prescription: ℞ Tinct. camphoræ, tinct. myrrhæ, āā ʒiij.; lin. saponis, ʒij.; acidi acetici glacialis, ℥xx.; ol. picis, ʒj. Add the liquids in the above order and agitate. The product ought to be of a pale sherry-wine colour, and perfectly clear. Each teaspoonful contains about ten minims of oil of tar.

Rationale of the Preparation.—The tinctures of camphor and myrrh dissolve both tar and the oil of tar; the myrrh makes the camphor much more miscible with water, and the soap causes the whole to mix more readily with water. The camphor, myrrh, rosemary, and the acetic acid render the strong odour of the oil of tar not only less objectionable, but positively agreeable. The proportions in the formula are the result of very many careful experiments.

"*Directions for Using the Preparation.*—1. One teaspoonful of the tincture added to a liquid stool, and slightly agitated, however fetid, it is deodorized instantly. Solid fæces require sufficient water added to cover them. 2. One teaspoonful added to a pint of water, and briskly shaken for a few seconds, forms tar-water, or a deodorant lotion, gargle, or vaginal injection. The atmosphere of a room may be deodorized in a few seconds by moistening a towel with this lotion and waving it about the apartment, or by evaporating or burning a teaspoonful of the tincture in a saucer or plate. 3. One teaspoonful added to a pint of water forms an invaluable enema, the chief advantage of which, in a lying-in chamber or sick-room is, that it deodorizes the stool before it is passed into its extra-intestinal existence. (For this exceedingly ingenious application of deodorization, I am indebted to my much-esteemed friend Dr Andrew Fyfe, of this town. As I have already tried the plan, I can state that the effect has been completely successful.) 4. Stools requiring to be kept for Medical inspection, whether in hospital or in private practice, may be made perfectly free from smell by adding to them a teaspoonful of the tincture.

"*Practical Remarks.*—Let me add one or two remarks on other conditions in which I have used both the Powder and the Tincture. (a) In cancer of the uterus or rectum, when the passages become blocked up by cancerous deposition, and when deodorant injections and suppositories are used at a disadvantage, the powder mixed with bran and used as directed for the *post-partum* management of labour, already described, leaves almost nothing to be desired. (b) In cases of incontinence of urine from organic disease, from malformation or functional derangement of the bladder in the female, the powder, used as directed, will be found to be a *sine qua non*. It dries up both the urine and the discharges, and deodorizes them at one and the same time. As a matter of course, fresh powder and napkins must be renewed, but not nearly so frequently as by any other plan. (c) In some forms of leucorrhœa and menorrhagia, until the condition is cured on which the loathsomeness of the discharges depends, and in some cases of healthy (but fetid) catamenia in strumous subjects, I have found the powder a great boon to the female. When the stools of infants are offensive, the same simple means, only using the nippen or diaper cloth instead of the pudendal napkin, will effectually deodorize them. (c) In puerperal fever, when there is a fetid discharge, I should undoubtedly use vaginal injections of tar-water as well as the powder; and deodorizing enemata, if the bowels require moving. (f) In the consulting and dissecting rooms, tar-water as prepared in direction No. 2 will be found a most agreeable and effectual deodorant for the hands, when used with a little soap and soft or warm water; and a bottle of such tar-water poured down any bad-smelling waste-pipes, or such like, will render good service. (g) As an injection into the veins to preserve subjects for dissection, I think that water saturated with the tincture or the oil of tar, mixed with soap and water, would be certain to deodorize, if it did not stop decomposition; but as its deodorizing action depends chiefly upon its power of stopping decomposition, I almost feel certain of its success in this particular; it only requires a trial. I have in my possession a uterine fibroid polypus and an aborted fœtus with the secundines, in the highest state of preservation in nothing but tar-water (Aqua Picis Liquidæ D). When they were first put up as wet specimens, two months ago, decomposition had already begun; but the instant that they were immersed the smell disappeared, because the action of decomposition was stopped. One great advantage in the use of tar-water as a preservative fluid is, that it has no action on the tissues. If it be found successful for dissecting purposes, there is one thing certain, that it will neither corrode the scalpel, like the ordinary metallic solutions, nor will it be found objectionable on account of its smell, like solutions of creosote. (k) In incontinence of the fæces, from whatever cause, the powder and a napkin will be found of the greatest benefit.

Dr FIGG's paper on *Turning in all Cases of Labour* is continued in the same journal.

We extract from the 'Dublin Hospital Gazette' the following case of *Enormous Urinary Calculus*, reported by Mr J. HAMILTON:

"Mr Hamilton, in presenting a calculus of immense size formed in the human bladder, stated that the specimen, with some notes of the case, had been transmitted to him from Dr Crane, of Wexford.

"The patient was a young man of about twenty-seven years of age, who had, previous to his being attacked with this disease, always enjoyed good health; but two years before his death he got a severe fall in a ploughed field, and subsequently felt acute pain in the pubic region, followed by painful and difficult micturition, irritability of the bladder, and other symptoms of stone. He did not, however, apply for medical aid until about two months before his death. At that period he was seen by Doctors Goodall and Boxwell, of Wexford. He was carefully examined by these gentlemen, and a stone at once detected in the bladder of immense size, the bulk of which could be easily felt by manual examination over the pubis and by the finger in the rectum. In fact, so large was the calculus, that the sound could not be passed farther than the neck of the bladder, where the instrument struck against it and was stopped. When the question of surgical treatment was mooted, and whether any means of ridding the man of the calculus could be entertained, he got alarmed, and left the infirmary. He afterwards went into the workhouse, where in a few days he died. On the entrance of this man into the workhouse, he was examined by Dr Crane, who also detected the immense size of the stone. It should be observed that, during a long period previous to this man's death, there was an incessant stillicidium, or oozing away of urine from the bladder. The urine seemed to pass off as soon as secreted, and dribbled away without pain. The post-mortem examination was made by Drs Goodall, Boxwell, and Crane.

"On slitting open the urethra and bladder, it was found filled with the stone closely adherent to it, the stone occupying the entire cavity of the bladder, and so closely that it was most difficult to get it out; it required much force, using the handle of a forceps, to prize the stone from its adhesion to the inside of the bladder.

"The bladder was much thickened, and the mucous membrane inflamed, of a plum colour, but no sign of ulceration, abscess of its walls, or sacculi; the ureters very little dilated, and the kidneys somewhat enlarged, but not otherwise unhealthy. The stone itself was of great size, larger than the closed fist; it was irregularly oval, and evidently moulded to the shape of the bladder, the anterior and narrower end corresponding to the neck of the bladder, and the lower surface impressed with the figure of the trigone. A rounded projection on the surface answered to a cyst in the corresponding portion of the bladder. The stone in some parts, at the time of removal, was so soft that it was thought almost impossible to remove it entire. It was of the colour of mortar, and composed of the triple phosphate and evidently some animal matter, emitted a strong ammoniacal smell, and weighed three-quarters of a pound.

"Though larger stones are recorded by Earle and others, yet a stone of this size is very rare indeed. From the close contact with the bladder in this case, the operation of lithotomy could not be attempted; nor, from the size of the stone, could either lateral or abdominal operation be performed with any hope of success. Indeed, in such cases, as in Earle's, and one recorded by Civiale, the attempts are always fatal, and a similar result must have followed any similar attempt in this case."

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under - - -	3s.	6d.
Per Line Extra - - - -		6d.
A Column - - - - -	2*l.*	2s. 0d.
A Page or Three Columns - -	5*l.*	5s. 0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 19, 1860.

THE BRANDY PRACTICE.

If we were asked what cause more than any other had retarded the progress of Medical Science, we should answer, Vanity—the vanity of each man in upholding his own opinion. However small our experience may be, we believe firmly in the notions we have imbibed, no matter how, or from whom. A single successful case will often determine the judgment of a sanguine man; and his opinion will be the more obstinately fixed, inasmuch as, from lack of further experience, he has been unable to compare and weigh the results supposed to have been obtained. "That's my opinion;" "my experience is decidedly in favour of such a remedy;" "that's an excellent drug—I have seen it succeed in desperate cases, when everything else had failed,"—are decisions which the interlocutor dare not gainsay. Among a multitude of contradictory affirmations, the wise man contents himself with concluding that nothing certain is known; or, if he be more charitably disposed, that there is some element of good in all the suggestions, however apparently diverse, if we could but discreetly distil it out.

For some years there had been a growing belief in the efficacy of large libations of wine and brandy in the treatment of acute disease, until we, somewhat amazed at the bold assertions and equally bold practice which seemed to support them, challenged discussion, and liberated the minds of men from a too servile dependence upon the dogmas of authoritative professors. The open arraignment of this practice in a public journal called forth the latent dissatisfaction of many sensible and experienced men, and emboldened others to pursue inquiry into the subject with a view to a definitive settlement of the controversy.

Since the time when we opened our pages to this discussion, it cannot be denied that there has been a marked ebbing of the tide of opinion, and that even the stoutest defenders of stimulation express themselves with more wariness and qualification. Is it possible to bring the points in dispute to a satisfactory issue? Can we define the diseases, the conditions, and stages in which stimulation may be beneficial or the reverse? There ought to be no doubt that we shall, in due time, be able to achieve this certainty; otherwise Medical Science must remain a wretched jumble of contradictions — no science, indeed, but a repertory of guesses, a puzzle-box of dislocated figures and facts. This would be a disheartening prospect for the labourer in the medical vineyard. Who could put his heart into his work, if he seriously believed that a philosophical certainty in physic was an end of impossible attainment?

Probably the best mode of laying a foundation for this proposed fabric of Medical Science, is to collect several large series of facts and reduce them to percentage values. However defective statistics may be in affording a positive rule of practice in particular cases, they nevertheless present us with approximative truth, enable us to lay down general principles, and provide us with guides and landmarks in the application of our knowledge. Statistics afford us, then, the best clue for finding our way out of this complex labyrinth of medical practice.

Acting upon this thought, Dr P. Fraser has, with much labour, collated the practice of the Physicians and Surgeons of the London Hospital during a period of thirty years. The interesting articles in which the results of his researches have been published, have been reproduced in the MEDICAL CIRCULAR, and our readers have no doubt perused them with curiosity and advantage.

These statistics are not limited to the exposition of the effects of stimulation in any one form or class of diseases, but apply to disease generally; and although this indefinite mode of treating the subject necessarily leaves open the numberless practical questions that arise at the bedside, yet it nevertheless presents results of very considerable value.

With regard, then, to the use of stimulants, we find that Dr Fraser makes the following significant remarks:

"Attention should be drawn to the fact that in the year 1844 there was expended for stimulants only 821*l.*, being the *smallest* amount during a period of 22 years; and that the mortality in that year was 6 per cent., the *smallest* percentage of mortality during the said period of 22 years. We are not quite satisfied but that, if a rigid inquiry were made, the largest mortality would be found where the largest quantity of stimulants was given. It is to be observed that in the year 1851, when the number of patients—viz., 4,051—was larger than in 1857—viz., 3,935,—the mortality was nevertheless greater during the latter year, as 8 per cent. to 6·50 per cent.; although the increase of expenditure for articles of luxury, &c., during 1857, exceeded that of 1851 by the large sum of 962*l.*"

The supporters of the practice of stimulation must be somewhat surprised at these results. Should they have any doubt about their correctness, we hope that they will immediately apply themselves to overset them with an array of facts equally extensive. King's College Hospital would be a rich field in which to delve for this important purpose. Dr Fraser continues his analysis, and provides us with other facts equally striking. He says:

"From the year 1849 to 1853 inclusive, the annual average quantity of wine employed by each physician was 4,928 ounces. During the same period the annual average number of patients under the treatment of each physician was 390; the annual average mortality being 9·68 per cent.

"From the year 1854 to 1858 inclusive, the annual average quantity of wine employed by each physician was 12,803 ounces. During the same period, the annual average number of patients under the treatment of each physician was 391; the annual average mortality being 11·87 per cent.

"In the surgical wards a similar unexpected result is observed.

"From the year 1849 to 1853 inclusive, the annual average quantity of wine employed by each of the surgeons was 17,533 ounces. During the same period, the annual average number of patients under the treatment of each surgeon was 1,075; the annual average mortality being 4·48 per cent.

"From the year 1854 to 1858 inclusive, the annual average quantity of wine employed by each of the three surgeons was 38,016 ounces. During the same period the annual average number of patienta under the treatment of each surgeon was 1,036; the annual average mortality being 5·06 per cent."

We reproduce these figures, not to invite in their behalf the implicit reliance of our readers, but to show that so far as the doctrine of general stimulation has been applied to the test of fact, it has altogether failed to establish its utility. These tables show, on the whole, that the larger the amount of stimulation, the higher the mortality; a result that is calculated to awaken the astonishment of the uncompromising defenders of this dogma. It is possible that another set of tables may produce results that may counterbalance those arrived at by Dr Fraser; be it so, nevertheless it will be difficult to show that excessive stimulation is either judicious or beneficial. We have employed the phrase "excessive stimulation," because we should be loth to inculcate that a moderate stimulation in appropriate cases may not be advantageously practised, and because it is the only phrase that characterises the indiscriminate and heroic practice of Dr Todd and his immediate followers. It will now be admitted that we acted wisely in bringing this subject under the notice of the Profession; and we hope yet to see the inquiries which Dr Fraser has commenced extended to the several classes and special types of disease, by which means we may arrive at more definite and practical conclusions than the present tables afford.

LITHOTOMY AT NORWICH.—From the establishment of the Norwich Hospital, in 1772, to the end of last year, being a period of eighty-seven years and a half, 863 cases of stone in the bladder were admitted within its walls, and the calculi removed by the following methods:— Lateral operation, 803; extracted by dilatation (females), 41; lithotrity, 11; median operation, 8. Of the 803 cases, 698 resulted in recovery, and 105 terminated fatally, giving a proportion of 1 in 7·647. Of the 41 females, 39 were cured, 2 died, the proportion being 1 in 20·5. One case ended fatally after the performance of the median operation. Taking the whole number, the recoveries were 755; the deaths, 108; the proportion, 1 in 7·99. The males numbered 822; the females, 41, or 1 in 20. Of late years the average of success has been high. From June 1853, to December 1859, a period of six years and a half, 69 patients were operated on; 4 died, the rest recovered, the proportion being 1 in 17·25. If 9 lithotrities and 3 females be omitted, there remain 57 on whom the lateral and median operations were performed: and as the deaths are 4, the result is 1 in 14·25.

SUMMARY OF THE WEEK.

GENERAL SLADE, LIEUTENANT-GOVERNOR OF GUERNSEY, AND THE HOMŒOPATHS.

Strange it is, that men in high position, holding responsible offices, seem ignorant of, or are so stolid as to be inaccessible to, the influence of public opinion. One would conclude that no class of men would earlier imbibe a respect for, and be brought to acknowledge its value, than military men. Numerous instances contradict this proposition, and prove how strangely they disregard the expression of public opinion. On some occasions this insensate disregard has been manifested by men of high professional status and ability. It is still more strange that public bodies seem more amenable to the influence of public opinion than private individuals. No civil or social force is equal in its influence upon society, save the law. Even the law cannot long resist or stand in opposition to public opinion. It is a great leveller, and all succumb before it. Those who recklessly put themselves in opposition to the judgment of their fellow-citizens, soon betray the inconvenience of their position, and feel about for some succour. The help they endeavour to propitiate betrays the feebleness of their cause. Appealing to some respectable motive and incentive, they endeavour to give sanction to this conduct. Thus, a liberal and scientific Profession, through the fiat of its established and acknowledged authorities, repudiates the schism of Homœopathy. It demands a denial of this schism from candidates for their degrees, honours, and appointments. None can legally practise their Profession but by the licence and permission of these authorities. Notwithstanding this state of things, sanctioned by the law of the land and the Government of the country, a man holding high command under the Crown — representative of her Majesty as Lieutenant-Governor of Guernsey —sets it at defiance, and has the bad taste to appoint a Homœopath for his Staff-Surgeon in the Guernsey Royal Militia, of which he is Commander-in-Chief. If this was a wanton act of premeditated insult, his corps and fellow-officers would surely be degraded, if not promptly resented by the resignation of the insulted Medical Officers. If it was sheer ignorance in the Governor, still in either case no other action could ensue than what took place—namely, the resignation of their commissions. Necessarily public indignation, as is usual on such occasions, became freely expressed. To avoid the storm thus raised, the Lieutenant-Governor absents himself from his command. At a public dinner given on his return by the Staff-Officers of his Regiment, amongst other platitudes he says: "Be assured that no cabal, however crafty—no clamour, however loud—and no press, however powerful, will cause me to swerve from the strict line which my *conscience* points out to me to be the correct one." Now we know that when a man talks about his conscience, he is generally in a bad way, for "conscience does make cowards of us all." It is, at any rate, quite evident that General Slade is of the sort of over-"conscientious" who "will strain at a gnat and swallow a camel."

General Slade had better make peace with his Medical Officers, for surely they will no more submit to insult than himself.

"Man! proud man,
(Drest in a little brief authority;
Most ignorant of what he's most assur'd,
His glassy essence,) like an angry ape,
Plays such fantastic tricks before high heaven
As make the angels weep."

PROFESSORS AND PUPILS.

An interesting period is on the eve of commencement, for both Professor and Student. The Medical neophyte, entering upon professional enterprise, has a misty, yet hopeful and sanguine, prospect before him. Having hitherto realised nothing in the domain of science or art, the ideal presents itself to his imagination for his hopes and fancy to play upon. He adopts his Profession upon some principle of choice. Some near relative may have followed the Profession—father, brother, or uncle. He hears from all quarters that the Profession is a hard-worked one. He embarks in it, therefore, with that stern reality before him. If a man be determined to work, he will conquer the difficulties he undertakes. The Student sees his seniors of a year have made a substantial advance. To his work he engages—he must have it always in hand. There will be no time for pleasure, so called; it must be in his work he finds his pleasure. The Professor's task, on the other hand, is an exceedingly responsible one. His hopes, in a certain measure, have already become realised in the position he has attained. No doubt he is an ambitious man, or he would not have embarked in his anxious career. If he be also conscientious, his fears commenced with his duties, and will not diminish as he proceeds. He may entertain fears of doing too little, or attempting too much. He had better be assailed by the latter than the former; he had better do little, if it be done well, than much loosely and unsatisfactorily performed. The fears of a brave and conscientious man are like discretion, which constitutes the highest attribute of valour. He fears he may come short, and aims to conquer. This man will conquer, by making every step safe as he proceeds, and victory crowns his journey. The snares which beset his path are the tendency of the day to unceasing novelty. If we thoroughly comprehended the knowledge we already possess, Pathology would not be the mystery it is. To follow out too many things without understanding the mutual relations of all, is like a child picking up pebbles upon the seabeach. The type of disease is constituted of a great whole, its prototype being health. The elements or constituents of life, health, and disease, picked up separately convey no meaning. These added together, their relations and constituents understood, convey definite knowledge, by which truth may become established. This is urged, not to discourage, but to recommend that the fruits of inquiry should be condensed and amalgamated.

LONDON HOSPITALS.

There no doubt is experienced some hesitation and difficulty in deciding upon the Hospital to be chosen for study; each, in his search and inquiries, being governed by some peculiar circumstances of attachment to individual Professors, or by convenience of locality. It is certain that the atmosphere, if we may so speak, of each Hospital is different; some bland and soft—others keen, sharp, and severe. This circumstance, no doubt, may be more or less attributed to adventitious or accidental concomitants, constituting elements either of the men who form the Medical and Surgical Staff, *genius loci*, or the condition of prosperity or want of prosperity, encouragement or discouragement, with which the Charity may be favoured. We may remark in passing, that it is a cheering circumstance to see men labour with alacrity, zeal, perseverance, and success under untoward auspices, who examine not too nicely or scrupulously the conditions by which they are surrounded, the tools they are required to work with, but earnestly set to work to finish a good labour in a workmanlike manner. If our opportunities of observation justified the attempt, it would be an invidious task to make comparisons of the merits of the different centres consecrated to carry out the behests of humanity. All are inspired with the same ardent desire that the funds of charity shall give a return of the highest interest and best recompense to the donors by the largest relief of disease and mutilation. Guy's Hospital is a noble institution, of which its officers, reciprocating the estimation in which it is held by the public, earnestly labour to justify and confirm that high approval. Utilitarianism rules and inspires the labours of the Staff of Guy's Hospital. Pedantry has no footing to be traced through its extensive wards; action and a quiet air of business pervade. Each individual looks beyond himself, entirely occupied by what is going on, and exclusiveness is a thing unknown; the work in the Surgical departments being always well and satisfactorily done under such leaders as Hilton, Cock, and Birkett. The magnitude of the establishment, and on operation days so much on hand, prevent, perhaps, so good an *ensemble* being practical as might be desired. Of St Bartholomew's, having ourselves been one of its Alumni, it may become us only to observe they retain that *savoir faire* for which they have been so long distinguished in an unbroken

line, until now, from the time of Pott. The Nestors of Surgery have fondly dwelt within its munificently-endowed cloisters—perhaps too fondly. The vitality of St Thomas's is as much sustained by its traditions as by its magnificent charities. As of old, St George's consistently retains the aristocratic *prestige* which its neighbourhood no doubt inspires. It possesses eminent Operative Surgeons: we need not remind our readers of Tatum, Johnson, and Hewett. University College Hospital is aspiring—ambitious and utilitarian: the names of Quain and Erichsen in the Surgical department guarantee its success and celebrity. But we are travelling into a region too interesting to follow—time and space are beguiled, and we must pause. We must not pass King's College Hospital. The Surgical Chief of this Institution having conquered the world of Surgery, stands conspicuously an object of admiration. A uniform scale of merit inspires and pervades the whole Staff. Let the juniors avoid a pedantic and *doctrinaire* tendency, opposite to that of their leader. The reflection which his distinguished position confers upon them, should induce them to refract and utilize the rays thus received. The spirit of enterprise which characterises them will not be less cultivated or adorned by such policy. London contains no better or more skilful Surgeon than Mr Curling of the London Hospital.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS

OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 180.)

We can only afford space to take a rapid review of the various experiments and inquiries in natural history which occupied John Hunter during the remainder of his life, and which laid the foundation of the science of Palæontology, which is at present pursued with so much ardour and success by the Owens and Darwins of the present day, as it had been by those of the last generation.

In 1773, he read a paper to the Royal Society giving an account of the electrical organs of the torpedo; and two years after, of the fresh-water electrical fish, the gymnotus electricus, which he was the first to dissect. He discovered the electrical organs to be seated in large muscles running parallel to the length of the fish. Every farthing he could spare was devoted to these objects. Everard Home states that as soon as he scraped together ten guineas, he always made by purchase some addition to the collection in his museum. Mr Nicoll, the bookseller, father to the present or late Mr Nicoll, of Pallmall, with whom Hunter was on the most intimate terms, was an old Scotch friend, and had married Cruickshank's sister. This gentleman had had four children, three of whom died, and the survivor and youngest was undergoing the same process of hardening, by inuring to cold and sparse clothing, which the father considered necessary to make them of robust health and vigorous constitution. Hunter calling upon him one day, addressed him—"Do you mean to kill this boy also?" Mr Nicoll inquired what he meant? John Hunter then gave himself considerable pains to make Mr Nicoll understand the necessity of sustaining a certain degree of caloric in the rearing and nursing of young animals, and explained to him the process of incubation, and the application of the principle to sustain the growth, development, and health of young animals, by regulation of temperature and sustaining caloric. On another occasion, meeting Mr Nicoll, he addressed him in the following abrupt manner:—"Pray, George, have you got any money in your pocket?" "Yes." "Have you got five guineas? Because if you have, and will lend it to me, you shall go halves." "Halves! in what?" inquired his friend. "Why, halves in a magnificent tiger, which is now dying in Castle street." Mr Nicoll lent the money, and Hunter got the tiger.

The formal and fashionable Dr Garthshore—powdered, puffed, polite and well dressed, a favourite among dowagers—often dropped in to consult Hunter, and frequently would address him—"My d-e-a-r John Hunter;" on which occasions, John Hunter treated him with very little ceremony, and would reply—"My dear Tom Fool!" To raise money, he gave private lectures on anatomy and operative surgery. Although these lectures were attended by some who became afterwards the most celebrated men of their time, the number of the class never amounted to twenty at each course.

His circumstances were now so much improved, that he was enabled to engage a clever and promising young artist, Mr Bell, to live in his house, as a draughtsman, to assist in making anatomical preparations. Mr Bell thoroughly entered into the spirit of John Hunter—completed a large collection of delicate and curious preparations, and enriched the museum with a collection of artistic and spirited drawings. This gentleman obtained, through the interest of Sir Joseph Banks, an appointment as Assistant-Surgeon in the East India Company's Service. He thus improved his position in life—became a skilful anatomist, and good practical surgeon. He died in 1792, from fever, in the island of Sumatra. He sent home valuable contributions to natural history, and rare specimens of animals and corals, and contributed two papers to the 'Transactions of the Royal Society.'

In the autumn of this year (1776) John Hunter had a severe attack of illness, for which he went to Bath. This attack of disease awoke him to a serious consideration of the state of his affairs. He had hitherto expended all his earnings upon his museum. Arrived at fifty years of age, he had made no provision in case of death for his wife and family, and had always lived beyond his income. To make the collections in his museum valuable in the event of death, he saw the necessity of an arrangement of its contents, with a catalogue of the various specimens and preparations. Everard Home, during his absence at Bath, had commenced a description of the preparations; but Home, who had been six years in his house, was obliged to look out for some mode of livelihood, which resulted in an appointment in the army. Thus Hunter's labours became more severe. His personal and domestic expenses were not excessive, his family being small, and free from extravagance. When a few years afterwards he purchased the leasehold of the house in Leicester square, he mortgaged it before he could pay for it. For a long time his fees were absorbed in payment of bricklayers and carpenters, and which went but a very small way in the furnishing even a portion of this building.

In 1778, John Hunter received the appointment of Surgeon Extraordinary to his Majesty. About this time, Dr Cogan, with the aid of Dr Hawes, established the Royal Humane Society, Dr Hawes obtaining for it Royal patronage. The idea was introduced from Holland. John Hunter took an interest in its promotion, and read a paper to the Royal Society—"Proposals for the Recovery of Persons apparently Drowned." In this year he completed the second part of his treatise on the 'Human Teeth,' which he published; and also his treatise on the 'Venereal Disease.' He also in this year communicated a paper to the 'Philosophical Transactions,' on the 'Heat of Animals and Vegetables.'

About this time commenced a correspondence between John Hunter and Dr Jenner, who was practising as a surgeon at Berkeley in Gloucestershire. This correspondence extended over a period of several years, and is throughout highly characteristic of the blunt, matter-of-fact forager levying contributions far and wide. In this instance he displayed his usual discrimination and judgment, anxious to solve certain problems in natural history connected with the habits of various animals, especially of hybernating animals and reptiles, the temperature of plants and vegetables. These letters have been preserved, and are given fully in Barron's 'Life of Dr Jenner.' Jenner's letters in reply are not in existence. It would seem that Hunter's engagements were of that hurried nature, that he sacrificed everything not essential to the objects he had in view. If we may use the expression, he gave the *cue* to Jenner, knowing the man; he aimed to inspire him with the same pursuits and ideas. Jenner, like Hunter, was a naturalist.

Amongst several schemes John Hunter proposed to Jenner, was a plan to establish a School of Natural History, in which they might both be employed. He had made similar proposals to others: Jenner declined this offer. In those days, comparative anatomy and natural history were in their infancy; and in addition to the difficulty of the undertaking, such an exclusive class must have been very limited in numbers. A pupil of Hunter's, and on intimate terms with him as a friend, one morning at breakfast mentioned, in a casual manner, "that he had some thought of giving a course of lectures on comparative anatomy." Hunter looked up, and drily replied, "Sir, that is a bold undertaking. I had thought myself of doing the same thing; but the difficulties and necessary qualifications were so great, I did not think myself competent to the task. But you, I dare say, may feel yourself quite equal to it." At this time, and for some years, he devoted his attention to the subject of vital or animal heat; and his letters to Jenner gave many suggestions for experiments upon different animals. Thus, he was importunate to obtain hedgehogs. In one letter he asks for a *colony* of hedgehogs—all he had were gone. He was inquisitive to learn their habits and mode of feeding. He says, "one an eagle ate, and a ferret caught the other." His inquiries included the bustard, pea-fowls, viviparous lizards, and various other animals. About this time, Sir Charles Blagden communicated to the Royal Society some details of experiments instituted by Dr Fordyce, himself, and others. These experiments were made to determine how far the living body possessed the power of maintaining its standard heat, when exposed to air, at high temperatures. This drew from Hunter a valuable paper on the heat of animals and vegetables. It contained a history of various experiments made many years before; which experiments established that living animals, in proportion to the rank they hold in the scale of creation, possess the power of retaining their heat, and of resisting external cold.

These inquiries gave origin to some wild and extravagant speculations. John Hunter entertained the possibility of freezing human beings, and of their resuscitation by thawing, after a lapse of two or three centuries. He further anticipated making a fortune by this wild and senseless proposition. Hence the active correspondence with Dr Jenner, to which we have alluded, concerning porpoises, cuckoos, and blackbirds, and their nests and modes of breeding. Bats, eels, their sexes and propagation, not then understood, and the migration of swallows, were the subjects of inquiry. He also was equally inquisitive about vegetable life, fossils, and organic remains. His inquiries about hedgehogs were to determine their temperature at spring and autumn, and how much fat they lost during hybernation. They were also made to determine if the function of digestion continued during that condition. The details, although we have not improved upon them, are amusing in the present day, especially the minute instructions he sent to Jenner on making him a present of a thermometer, directing the mode in which he should use the instrument. His mind, stored with a large volume of nature, had a restless acquisitiveness, which could only be satiated by possession of her objects. He adopted few propositions as settled or granted. From limited book knowledge, and reading this was perhaps a necessity. He loved liberty of thought and mental freedom; no authority influenced him, until sanctioned by experiment

and his own judgment. Thus self-reliant, his progress was genial, and his anatomical demonstrations unassailable. But these triumphs would have proved barren without an ordeal to test their merit and determine their truth. When called upon to unfold the nature of his inquiries, he became foiled. He discovered that the memorial of thought, if engraved upon enduring tablets, obtained its expression through language, written or oral. John Hunter had by his labours rendered this a more difficult task, inasmuch as he had widely extended the field of discovery in science, in which language had ever been defective. In William Hunter, John fortunately found the accomplishments and learning of which he was deficient. Many of his discoveries must have remained in obscurity from incapability to express them, or to do them justice through the medium of language. It is stated, that in conversation his language was not only strictly grammatical, but his words always well chosen. It is supposed that his early intercourse with his brother conduced to this colloquial correctness. Dr Adams says,—"His last work, which was not all printed off at his death, was, I believe, entirely his own. It abounds with typographical errors throughout. . . . . It is generally supposed that his short preface was revised by Sir George Baker." (*a*).

In 1779, he published an account of the Free Martin in the 'Philosophical Transactions.' This animal was an hermaphrodite black cattle. It elicited from him an important paper upon hermaphrodism in general, accompanied with plates, and a description of its sexual organs. His avidity to obtain preparations to place in his museum from his friends made him a great beggar. The late Dr Clarke had a preparation of an *extra-uterine fœtus*, detained in the Fallopian tube. It had undergone partial development—the mother died of internal hæmorrhage, in consequence of rupture of the tube. Dr Clarke would not part with this specimen, on which John Hunter had often looked with longing eyes and set a high value. "Come, Doctor," said he, "I positively must have that preparation." "No, John Hunter," was the reply; "you positively shall not." "You will not give it me, then?" "No." "Will you sell it?" "No." "Well, then, take care I don't meet you with it in some dark lane at night; for if I do, I'll murder you to get it."

John Hunter used to say, that philosophers lie like the devil. It would seem that his brother thought they also thieved like the devil; and we must allow him to have had considerable practice in that art, especially upon John; thus fulfilling the exclamation of the Frenchman, "*Grand anatomiste, grand voleur.*" It was a more than usually barefaced act of this nature which roused John's indignation, and produced the fatal quarrel. He had shown William a curious pathological specimen obtained from the body of a Guardsman; William borrowed it of John, to show at lecture: on some future occasion, John seeing it in his museum, claimed it, and insisted on its return, which William refused.

There were singular coincidences between the opinions of John Hunter and of some of the ancient classical physicians. If he had understood the classics, he would have been, with great plausibility, charged with plagiarism. Thus he propounded opinions in public lectures which may be truly called revivals of the ancients. John Hunter would have been too proud to have availed himself of such authority, and to have proved that his thoughts were sanctioned and consecrated by the dust of antiquity. Hunter, in his lecture describing lock-jaw, says, "that if the spasm be confined to the neck, and the patient survives the fourth day, a favourable prognostic may be formed; that if it extends beyond the muscles of the neck, and the patient survives the fourteenth day, a favourable change usually commences at that time." Celsus remarks, when the spasm is confined to the neck,—"Ea sæpe intra quartum diem tollunt si hunc evaserunt, sine periculo sunt." The latter portion of John Hunter's prognosis is supported by Hippocrates. A still more singular coincidence of opinion, amounting nearly to the copy of an entire chapter of Celsus, is disclosed in John Hunter's work on Syphilis. Hunter clearly described the syphilitic ulcer, its true character being distinct from every other ulcer. Celsus, in his chapter 'De Obscenarium Partium Vitiis,' with equal faithfulness, and nearly in the same language, describes every kind of ulcer peculiar to those parts in his time. John Hunter also afterwards showed the distinction between the true syphilitic ulcer and all other sores of those parts. His being illiterate exonerated him in this instance from plagiarism. Even the learned members of the profession overlooked this ancient authority, although an almost universal controversy prevailed upon the subject. Had the pathological acumen of Celsus been known and appreciated, the scourge which has devastated society for the last five centuries might have been avoided. We have sufficient proof of his candour by the reference he has made in elucidation of this subject to every modern writer. These are not the only coincidences of John Hunter's opinions with those of Celsus. In the conclusions treating of animal heat in his 'Animal Economy,' pp. 103-4, the language of both is nearly similar. Celsus says,—"Neque enim natura sanguinis est ut calet, sed est his quæ in homine sunt, is vel calescet, vel frigescit."—Liber iv., cap. 3.

(To be continued.)

(*a*) Adams' 'Memoirs of the Life of John Hunter,' p. 235.

GENERAL CORRESPONDENCE.

THE MEDICAL PROFESSION, THE PRACTICE OF MEDICINE, AND THE FORTHCOMING INTRODUCTORY LECTURES.

To the Editor of the Medical Circular.

SIR,—The great recruiting time for the Profession is close at hand, when new levies are added to its ranks. From whence do they come? is a question as easily answered as asked. Not from the aristocracy, its scions and offshoots, and not from the wealthy commonalty, for these especial reasons, that there are no loaves and fishes, no sinecures; consequently, no patronage to fill snug lucrative berths for which next to nothing is done. It is recruited from the Profession itself—doctors' sons following their fathers' vocation, as certain advantages offer themselves by their so doing; lower grades of other professions sending some few of their offshoots to join the ranks; whilst successful tradesmen and agriculturists, who have worked their way in the world, and been able to give their boys a fair education, aspire to see them above their own degree and station, and are not a little proud of them as doctors. Thus we find a very varied class shouldering their way into public patronage and usefulness, the various gradations of position keeping place with the supply. Those who enter its ranks have to work hard, and to depend on their own personal exertions for living, for competency, and for fame. The largest number only get a living; by no means a large percentage ever get a competency, or are able to retire after a long life of drudgery on their own actual savings; whilst fame and competency are gained by few. As, however, a certain position in society is gained by the Medical fraternity, so is it aspired to by various grades of the middle classes. The battle, however, is not won by the strong, nor the victory by the mighty—or, rather, the most deserving do not always meet with the most success, nor are the most talented or scientific the better thought of. It does not require much learning or talent to become a thriving practitioner, and I don't know whether a limited supply of science is not the best medium to success, because it is accompanied with more assurance. Some do not care for science as long as they have a diploma to get their living; some have not the capacity, even if they tried; others have no time, even if they had both: it is the few, then, that pursue science *con amore;* so that if anything is gained by the other classes, it is on the authority of the working few. I say this, because it accounts for the few observers and thinkers we have in the Profession. Such is the paucity of knowledge possessed by the public generally of their bodies or their ailments, that they are no judges of either the science or talent of one man over the small quantum of knowledge in another. Their confidence and their estimate of worth depends on many other matters. In large communities, such as the metropolitan towns, *further advice* is always at hand; whilst in country parts people put up with what they can get, though in these districts considerable talent often exists. The man succeeds best who pursues the even tenor of his way, and satisfies the limited capacity of his patients, coinciding with their opinions, and making his treatment satisfactory to them. If they say they are bilious, the fact is admitted; if they want their bowels opened, it is done: in fact, everybody knows that a man with a tolerable address, and a little knowledge of disease and drugs, whether he have a diploma or not, yet calling himself a doctor, is as likely to do as well in town or country as the best man in the world. Such is the Profession, and which is due in a great measure to the state of the practice of Medicine—my second proposition. This is all matter of opinion, proved daily in hospital practice and teachings, in private practice, and in the records of the Medical journals. Thus disease finds its way into the wards—then comes the art of finding it out;—herein consists the charm, here the mighty magic that seizes the mind of the student. The patient and laboured investigations of the best-informed men working away in the groove of routine—the whole life of the patient, his secret microcosm, must be revealed; every symptom must be elicited, every sound within his chest recorded, every part of his body passed in review, for something must be determined on. The patient has no business there unless he can reveal some specific disease; and this being predetermined, it is safe to be found. We might ask, what is the bias of the physician? If we know that, we may, perhaps, be sure what the disease will be; for had the man gone to another hospital, it might have been something else. But there are, nevertheless, diseases and organic lesions so distinctive, that none can doubt them: yet where these do not exist and doubt does, then I say, opinion rather than actual fact obtains, which is as likely to be wrong as right. Cases are recorded, similar affections rise up in the mind; the teaching goes on. Then the treatment begins, wherein no reason or philosophy finds a place. Here fancy and predilection for some favourite drug or remedy is fully gratified. The learned physician has seen the greatest success attend the administration of such and such things, acting sometimes like a charm, reducing a train of symptoms, indicating immense mischief, into comparative safety, and it is wonderful it is not better understood. Singular enough, in other hands, under apparently similar circumstances, it never succeeds; whilst other *savans* have seen the very opposites succeed to a miracle. Very strange this! but we find the same in private practice. Whatever the crotchets or peculiar mode of practice in the teacher, the pupil becomes indoctrinated with them, and carries them—that is, as much as he can remember—into future practice; though, by the way, it is very well known that directly he pockets his diploma, so great is the latitude of the art of physicking, that he soon has his own private opinion, and physics accordingly. This is seen by the cases sent to the journals from all parts of the country; cases well drawn up—the sufferings, symptoms, and appearances all recorded, and the treatment attached. There are not two men who would have treated these alike; there is not a single man who reads them can say whether the treatment was right or wrong, on philosophical principles or laws of life. The patient recovers in one case, no one can tell how; or dies in another, no one can tell why. We seem in all this to live *in nubibus*—to be gratified more by the wonders of complexity, peculiarities, rarity, and extraordinary freaks of Nature in the metamorphoses of elementary matter, and deposit of this within certain organs, and so affecting the human body with disease, than in the elucidation of first principles of the laws which govern them, or by wise and simple rules to correct them. That a correct treatment cures, is no more explained than is an incorrect one, in ending the other way; whilst often an incorrect treatment will cure by simply altering the elements of living masses, as accidentally to assist Nature more by hit, than wit. But this is one of the most dangerous accidents, because it is the very fact that leads to a record of the treatment of the case which others follow, if not with a fatal, at least with opposite results. Who shall say, then, that Medicine is not an occult art? Now, let us for one moment, in this *getting* enlightened age, see how all this acts on the public. Our Nestors and Achilles of the Profession drive the public into the arms of charlatans. Hydropathy and other quackeries pick the pockets, whilst Homœopathy commits open burglary on the

houses, of the Profession. Yet this great combined Troy of Humbug may be truly said to "stand on our weakness, not her own strength."

As I have but limited space, I will conclude my third proposition on the forthcoming Introductory Lectures. What are they likely to be? Will they contain anything new? Will genius flash her sparks of fire; or will dull routine, couched in most carefully-written phrases, delivered in soft platitudes with the utmost decorum of enunciation and refined taste, preside? If it falls to the lot of the Surgeon, he will of course be eloquent on laying the foundation in anatomy and physiology; if to the Chemist, he will speak of these also, and urge the study of his particular science, showing what it has done, how it is advancing, and what mighty principles it has already developed, and will continue to do; if to the pure Physician, he will touch on both subjects, but cite the careful and attentive study of disease, the investigation of all that bears upon it, the induction of facts, and follow them to their pathological termination, where physic no more avails. Every Lecture will be in the language and thoughts peculiar to him who delivers it; but will they differ from what we have seen recorded every year for the last quarter of a century? Will routine be overstepped? Will any man amongst them bring forth anything new? Will any declare the practice of Medicine at a standstill, with doubt and uncertainty surrounding it? Will any deplore the want of first rudiments in the administration of remedies; the chemico-vital causes of health itself unknown, whilst its effects are alone considered? Yet there must be a point from which disease should start on its destructive course, regulated by some laws of consecutive action that have hitherto escaped observation. Will any show the progressive development of functional disturbances of secretions and organs, to the highest condition short of inflammatory actions and fevers, and reduce these again by some laws of progress and retrogression to a condition of health? Will any be so bold as to suggest reasons why some systems are more open to receive aërial poisons or atmospheric miasmata in preference to others, or any theory more extended than what is called the disposition—a term that covers an immense amount of undiscovered matter? Will any be found to give a chemico-vital philosophy why a morbid condition of the secretions should produce in one system measles, in another scarlet fever, in a third an organic lesion? Will any dare to amend the cumbrous nosology of Cullen, and propound some simple doctrine on all those disorders which might come under one head that are not of an inflammatory type, classing those which are of this character into some simple form? Will any be found who, in their course of teaching, will correct the nomenclature of the Profession, which none at present can perfectly understand, as terms for adverse actions are often mutually used? Will any point out those classes of disease which are distinctly characteristic of arterial, venous and capillary derangement, or those which are due purely to the digestive, the appropriative and hæcal departments? Will any call attention to the great fact of adverse opinions given in our Courts of Law in forensic cases, which draw down such opprobrium on the whole Profession, that makes one shudder at seeing a host of medical witnesses, and glad to escape the gibes of the public at no two agreeing? Will any simplify the use of drugs, and so divide them into classes most efficacious in those disorders short of inflammatory actions and fevers, and those which alone have influence on these latter, and others which have mechanical actions alone? Will any, in fact, give the world the charm of some novelty, and some hope of Medicine moving out of its present groove; and will any man, with his subject vividly impressed upon his mind, give a startling extempore discourse that shall make the flesh of his hearers quiver? I fear we have no such Brutuses or Antonys, "to make the stones of Rome to rise and mutiny." Would that we had! if it was only to mutiny against the dull, tame order of things which every one hugs and worships, but which is a mere dead body continually dressed in fresh cerements. Considering the amount of thought brought to bear on the treatment of disease by so many hospital professors, it may appear extraordinary that the largest experience in the widest fields produces no greater results. It cannot be, then, from the magnitude of the field worked in, that the most originality springs. Observation in a far smaller area often produces far greater results. Professors without genius are only teachers of already-admitted dogmas,—the personification of what is known, rather than leaders of new trains of thought. They, therefore, more frequently obstruct than advance; fix, more than progress: nor does it follow that when they alter, they improve, for minds once enslaved become for ever prejudiced.

Alas! then, Sir, I fear you will have nothing to record; the excitement of the first meeting of the Sessions may urge the students to request the Lecturer to publish his "elegant discourse," on which, with "soft, reluctant, amorous delay," he will request time to consider. That all the Lectures will be in accordance with established facts, theories, doctrines, and routine, there is no doubt—no more than that we may say with Solomon, after hearing them, "There is nothing new under the sun,"—though it is quite time there was in the Practice of Medicine.

Benjamin Ridge, M.D., &c.
21 Bruton street, Bond street, W.
September, 1860.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

(Sept. 4th.)—Lithotomy, Lateral Operation—Amputation of Foot (Pirogoff's Operation). (Sept. 11th.)—Amputation of Leg.—Mr Bryant. Amputation of Thigh—Amputation of Hand.—Mr Cock.

In our last number we had occasion to notice the frequency of lithotomy cases for operation occurring in this hospital. On this day three lateral operations were performed upon boys from eight to thirteen years of age, and seven cases of lithotomy have been operated upon within the last fortnight. In the case operated upon to-day by Mr Cock, the patient a boy about ten years of age, the stone was found so soft, it broke under the forceps during extraction; the bladder required, consequently, to be syringed for removal of the bits of stone; the stone was phosphate of lime. In the case operated upon by Mr Poland, the stone was of medium size, of phosphatic shell and lithic acid nucleus. In the third operation, by Mr Forster, on a boy about ten years of age, the stone was a lithate, with a thin phosphatic skin—so thin that it easily rubbed off—about the size of a large elongated almond.

Pirogoff's Operation.

The patient, a man about twenty-seven years of age, had suffered from disease of ankle-joint, including the bones of tarsus, and extremities of tibia and fibula, for more than twelve months. He had been admitted in hospital and discharged for change of air to Margate, and readmitted about five weeks since. Mr Bryant said it was a subject for consideration which operation was best to be done. The choice lay between Syme's and Pirogoff's operation. The patient had lately become very irritable, and his constitution was evidently giving way from suffering. The objections to Syme's operation were, that the expanded ends of the extremities of tibia and fibula between the malleoli offered a base too broad, to cover which with an artificial foot would require it to be much wider than natural, and it would not, consequently, correspond with the other foot, but be considerably wider at the heel. He said, in this case there was one objection to Pirogoff's operation. From the long-continued confinement in a horizontal position, the matter found amongst the tissues had gravitated upwards under the integuments, and thus rendered them boggy. In consequence, some sloughing might occur in the process of union of soft parts, which was no uncommon occurrence, and he decided to perform Pirogoff's operation. Mr Bryant carried a lunated incision from external malleolus of the left foot to the internal malleolus. He then carried a semicircular section over the dorsum of foot and ankle-joint. After dividing tendons and ligaments, he carried the saw through the os calcis, from below upwards, without disarticulating the ankle-joint, taking care to avoid the artery. Three vessels were required to be secured. The flap containing os calcis was then brought forward, and it was found necessary to saw off a small portion. The flap was secured with strong pins, wound round with silk ligatures, as for hare-lip. Thus, by having firm hold of flap containing the portion of os calcis, any spasmodic action of gastrocnemius muscle might be counteracted.

(Sept. 11th.)—Amputation of Leg.

This was a case very similar to one we recorded recently, and equally curious. The patient, a young man about twenty years of age, had been afflicted with partial paralysis of right leg from the effects of a fit which occurred a few months after birth. The development and growth of limb were stopped, it being full ten inches shorter than the other leg. Sensibility of the leg to touch remained; there was not *anæsthesia* of the limb. There was great diminution of circulation below the knee. The surface was cold and discoloured, being of a deep purple hue. The foot was greatly deformed—*equino-varus;* a very common circumstance in such conditions of limb. Good motion existed at hip and knee joints. Mr Bryant performed the double-flap operation at upper third of leg.

Amputation, Lower Third of Thigh.

This patient, a woman twenty-two years of age, had anchylosis of hip and knee joints, and malignant ulcers on ankle and foot. Mr Cock decided that amputation would offer some facility for locomotion with help of artificial leg, whereas she now possessed no power of motion. It would necessarily be a semi-rotatory motion from the pelvis. Mr Cock performed the double flap-operation.

Amputation of Hand, Lower Third of Arm.

This patient, a washerwoman, fifty-nine years of age, had diseased hand from a poisoned wound. The accident occurred six weeks since, and indicated great degeneration of soft and hard parts, *theca* of tendons and ligaments destroyed. Mr Cock considered the hand worse than useless; it presented an enlarged deformed mass, in appearance strongly resembling elephantiasis. An artificial hand, supposing the disease could be cured, which was improbable, would be decidedly preferable, as the anchylosed metacarpal bones extended in straight lines would be always in the way. Removed at lower third of forearm.

KING'S COLLEGE HOSPITAL.—(Sept. 8th.)

Sinus in Urethra, at Anterior Aspect of the Scrotum.—Mr Lee.

A fine young man, about eighteen years of age, received fifteen months since severe injuries, with fracture of pelvis. He had an abscess formed, which discharged internally. Another abscess formed on anterior part of scrotum, which communicated by sinus with the urethra. All the urine consequently passed by this sinus, and the semen also. There was no chance of healing the sinus while a drop of urine could remain or lodge in this opening. Mr Lee decided to make a fresh opening into urethra, about half an inch below and posterior to the sinus; then to pare with tenotomy knife and scissors the callous edges of the sinus with the object of producing a healthy process between pared edges. These several operations Mr Lee performed. After performing the first, he introduced an elastic catheter, to remain in the new opening beneath the sinus, thus preventing any urine passing during the process of healing through opening where the sinus had previously existed, or beyond the new opening. The new opening made to effect this object would heal freely after cure of the anterior sinus, it being a recent incision. In bringing edges together, after paring them, Mr Lee used metallic sutures, and instead of carrying them horizontally from side to side, introduced them longitudinally. This plan was necessary, as in erection the ligatures would, if placed horizontally, be torn out; whereas longitudinally, from the free edge of the prepuce, dilatation would be obtained sufficient to prevent this accident. Chloroform was not administered.

UNIVERSITY COLLEGE HOSPITAL.

(Sept. 3rd.)—Inguinal Hernia (Wutzer's Operation)—Sinuous Ulcer of Rectum, with Hæmorrhoids—Phymosis. (Sept. 10th.) Amputation of Breast.—Mr Thompson.

Wutzer's operation of invagination of scrotum was performed by Mr Thompson on the right side, in the usual way, on the 3rd instant, and was progressing favourably at this date; the patient, a man about twenty-five years of age.

Sinus of Rectum, with Hæmorrhoids.

The patient, a female twenty-five years of age, had a fissure of rectum externally, forming a

jagged ulcer, exceedingly painful from fæcal matter always lodging in it. Mr Thompson divided the ulcer freely with bistoury, guided by forefinger of left hand. This done, discovered a group of internal piles, which Mr Thompson secured with silk ligature. They were brought externally with forceps and tied.

PHYMOSIS.

This patient, a youth about sixteen years of age, suffered much derangement from seminal discharge, in consequence of irritation of the mucous membrane at the extremity of penis. Mr Thompson included end of prepuce between nippers, and amputated its extremity under influence of chloroform. Carried an incision of it longitudinally over dorsum of penis beyond the glans. He then removed the lateral flaps thus made by circumcision, leaving the glans and anterior penis completely denuded of mucous membrane.

(SEPT. 10TH.)—AMPUTATION OF BREAST.

The patient, a female of about forty years of age, was operated upon under chloroform. The breast showed a discoloured, malignant-looking modulated tumour, which had existed sixteen years. Slow in its early development, it latterly progressed more rapidly. The tumour was situated on the anterior and superior aspect, including nipple, of left breast. Mr Thompson said that his first impression remained, that this tumour was not immediately malignant. Its characteristics were so far favourable, that no lymphatic glands in the neighbourhood of clavicle or in axilla were enlarged, or lymphatic vessels inflamed. He amputated by a circular or oval incision—vessels required to be secured as operation proceeded. The tumour was removed very clean—there were no adhesions. It was detached easily from pectoral muscle by handle of knife. Upon cutting into the tumour, *colloid loculi* were distinctly seen dispersed over it here and there. They contained the characteristic gelatinous, slimy, glairy fluid. We understood Mr Thompson to say, that he considered *colloid* tumour not cancerous, although so considered generally; and that this patient might be exempt from relapse, and enjoy length of life, notwithstanding this disease. He was not quite satisfied of the true nature of the tumour. It certainly showed some indications which might lead to mischief. But its development having been so slow—sixteen years—glands and lymphatics not tainted, and no detachments or surrounding adhesions, were favourable circumstances.

ST GEORGE'S HOSPITAL.—(SEPTEMBER 13TH.)

AMPUTATION OF LEG.—MR TATUM.

This was an interesting and curious case. The patient, a man about fifty years of age, lost the metatarsal bones many years since from disease, which extended, and included the tarsal bones, and the whole foot and ankle. The disease assumed a malignant form. He had for many years entirely lost the use of his leg. It was a very unpromising case to operate upon; but the patient was gradually sinking, from irritation produced by the existing mischief. Mr Tatum considered a chance still remained to save life by removal of limb, if done beyond the limit of diseased tissues. He had seen it successful when another bone than the seat of disease was chosen for the seat of operation; although, from the worn-down condition of the patient's health, the chance was small. He performed the circular section, under chloroform, at upper third of leg. In cutting through, the tissues were found dense and almost cartilaginous. The muscles, upon dividing them, showed fatty degeneration throughout. The periosteum was also found very much thickened, and hard and swollen. A gland in the groin was enlarged, which was the gland receiving the lymphatics of the foot. Mr Tatum said it might not be so enlarged from the malignant disease, but enlarged from irritation set up. The same might be the case of the periosteum. No use had been made of the leg for many years. Muscles assuming fatty degeneration is explainable from innutrition. Being out of use, development and growth cease, and fatty degeneration occurs. The tendon of gastrocnemius had never been used for many years. The degeneration had also extended to the vessels. They had become so brittle and rotten, that the operation was greatly prolonged, since no ligature would hold—and their security could only at length be accomplished by including them in surrounding tissues.

Mr Tatum said the amputated leg would be injected for preparation, and might be examined in the museum. To dissect it now would spoil it for preparation.

OUR NOTE BOOK.

STEADINE, A SUBSTITUTE FOR HOG'S LARD IN THE PREPARATION OF MEDICINAL OINTMENTS.

In the last number of this Journal (Art. 5,856), when describing the ointment used for quinine frictions, we reproduced the formula of a pomade recommended by Dr Sémanas, of Lyons. This preparation has been criticised in the pharmaceutic review of the 'Moniteur des Sciences Médicales.' M. Parisel observes that the dose of quinine (30 to 60 gr.) is too large for the proportion of lard (5 dr.) "This mixture," says the author, "is very difficult to effect, and very mutable; the sulphate of quinine must therefore either lie unchanged upon the skin, or remain attached to the cotton-wool. But if steadine is substituted for axunge, the preparation is easily made up, and the amount of the saline ingredient may be decreased by ¼, on account of the greater facility for absorption imparted by this excipient." Many of our readers being probably unacquainted even with the name of steadine, it may perhaps be useful to supply them with an account of this new substance, which we extract from a paper on ointments, published in the above journal (July 7th, 1860), by M. Parisel himself:

After alluding to the impropriety of adopting as an excipient, for medicines soluble in water or alcohol, hog's lard, a substance essentially incompatible with water, and very subject to deterioration from contact with the atmosphere—a substance which, far from promoting the introduction into the system of the medicinal agent, forms, on the contrary, an impervious obstacle to absorption by the obliteration of the apertures of the skin,—M. Parisel cursorily glances at the attempts at reform which have been made in this matter. Amongst others, he records those made by M. Deschamps, the head apothecary of the asylum of Charenton. For three years this gentleman has tested, with most conclusive results, the comparative action of liniments, pomades, and soaps. Two cases, relative to the external use of iodide of potassium, are analyzed, as follows, by M. Parisel:

An ointment was prepared with 2 drachms of iodide of potassium and 1 ounce of lard.

A soap containing 1 drachm only of the same medicine was compounded with 10 drachms of excipient.

"For four successive days," says M. Deschamps, "we performed a friction every night upon the epigastric region with the first pomade, and we tested the urine excreted during the night which followed its fourth application. We detected the presence of iodine in this secretion, but in much smaller quantities than when the soap had been used in the same manner. We found, moreover, that by washing the anointed part with water, a considerable amount of iodide of potassium was obtained. Indeed, the water of the fourth lotion, performed six days after the friction, contained more iodine than the urine."

A similar experiment was made with liniments prepared with iodide of potassium compounded with olive-oil and with a saponifying excipient. The former remained unchanged on the skin, producing no other effect but to grease the surface and soil the linen, whereas the latter was clearly absorbed, a fact which was peremptorily established by distinct physiological effects.

The integument absorbing very slowly, if at all, fatty substances, numerous modifications have been proposed for the preparation of those topical remedies which have always obtained popular credit.

Mindful of the oleaginous baths which formerly were prescribed with benefit in many instances, M. Jeannel, principal apothecary at the Military Hospital of Bordeaux, has again recommended their adoption, and advised the addition of an alkali, to render them more effective. M. Tripier, an army-apothecary, has replaced plasters by soaps with organic base. Various other soaps have been likewise proposed, prepared with guaiacum, iodide of potassium, croton and cod-liver oils, mercury, &c. The codex has even retained two old compounds, one of which is extensively used, Sturkey's soap and opodeldoch, or linimentum saponis.

Facts have hitherto been, without exception, favourable to the use of soluble fatty substances. In a medical and therapeutic point of view, stearates are better excipients than lard, which has been shown to interfere with the power of medicines prescribed internally, by M. Blondlot, who, in a communication we recently noticed, demonstrated that fats destroy the solubility of arsenious acid.

Now M. Parisel is also anxious to have a share in this pharmaceutical reform in the preparation of pomades, and the excipient which he proposes to the Profession is *steadine*, a denomination which is but a contraction of the word *stearadine*, resembling fat. Steadine is prepared as follows: Lard, 3½oz.; water, 3½oz.; soda deprived of its carbonic acid by lime, 15 grains.

The soda is weighed and used dry. It should be melted in about 4 drachms of water; the lard is then gradually added alternately with the remaining water. The operation of this mixture is both swift and simple: in ten minutes, four pounds of steadine may be prepared.

This new adipose substance presents the appearance of a whitish, fatty compound, inodorous, insipid, and intermediate between cerata and lard. Its consistency, soft at first, soon acquires more firmness: it is not, like axunge, liable to liquefy during warm and to harden in cold weather. It indefinitely preserves its colour and density, unless left constantly exposed to the atmosphere; a practice injurious to other pomades and fatty matters, which turn rancid from prolonged contact with the oxygen of the air.

The slight addition of the alkaline ingredient is undiscoverable from taste or from examination with test-paper, being entirely saturated by the fatty excipient. It suffices, however, to create a new fatty substance of a mixed nature, a medium between fats and bodies soluble in water. A new and solid species of glycerine is thus produced, which is to a certain extent soluble in oils and water. This double property renders it capable of being in the preparation and use of pomades as serviceable as glycerine itself for oils and liniments.

Ointments containing metallic bases, oxides, chlorides, sulphurets, iodides, salts, &c., remain unaltered; the iodide of potassium pomade preserves its whiteness, and does not lose its iodine.

For the purpose of manipulation, it will be found most convenient. Insoluble powders mix with it promptly and with great accuracy. It is more readily combined with vegetable powders than lard, a bad solvent of their active principles. Soluble salts, extracts which require previous dilution in water, can be immediately and completely associated with steadine; whereas, when hog's lard is used, the repulsion between the ingredients is so great that a very protracted and persevering manipulation is necessary before even a badly-assorted union can be effected.

"Twelve months," says M. Parisel, "have elapsed since our first experiment. All the pomades and some ointments have been prepared according to our new process, and the success, both pharmaceutic and therapeutic, has answered our most sanguine expectations. Several physicians have watched our attempts with an active interest deserving of our gratitude, and all have been struck and pleased with the results effected. We may especially mention simple mercurial ointment, in much use for the destruction of a class of parasites which are more troublesome than dangerous. Our establishment, in consequence of the close vicinity of the barracks, dispenses an unusually large quantity of this remedy, and the military surgeons who have prescribed it have unanimously acknowledged the superiority of our steadine mercurial ointment.

"In the preparation of the ung. hydrarg. two hours' trituration have proved sufficient for the complete extinction of the mercury, instead of one month, the time usually necessary for the purpose. No rancid lard or suet, which is so injurious to the skin, was used; recently-prepared steadine has always, to our great surprise, been sufficient.

"The valuable cosmetic known under the denomination of *pommade de concombres*, the preparation of which is usually very arduous, was rapidly obtained; its perfume is more pungent and its chances of rancidity less than those of the same substance sold by perfumers. The cucumber-

juice, filtered and steadined, intimately mingles with the lard. The alkali, being in infinitely small proportion (1 per cent.), this preparation is less injurious to the skin than scented soap, which contains from 8 to 12 per cent.

"Pomades with the juice of other herbs, such as house-leek, elder, hemlock, &c., are prepared with equal ease.

"With regard to therapeutics, positive effects are obtained with substances soluble in water, such as acetate of lead, alum, tartarised antimony, sulphate of zinc, arsenical salts, preparation of morphine and quinine, and many others. Phosphorus pomade keeps also better when it has been prepared with steadine than with common axunge."

Not only is this new excipient useful in a medical sense, but also with regard to economy, *i. e.*, to the cleanliness and preservation of linen. Thus, to speak of mercurial ointment only, M. Jeannel replaces with much advantage the common ung. hydrargyri by mercurial stearates, white and oily substances perfectly defined, rational and stable compounds, for which steadine would be a most appropriate excipient.

Medicinal stearates will doubtless sooner or later replace the greater number of ointments. The first in use have been prescribed by Gondret, Alibert, Dupuytren, Devergie, &c.

Quite recently, M. Ricord has introduced into therapeutics the stearate of iron. Other inventors will doubtless follow in the same track, and the future edition of the new codex will have to assign to stearates and steadine a proper place by the side of the surviving pomades compounded on the

on its destructive co
of consecutive ac
observation.

nal of Practical Medicine and

development.

CHLOROFORM IN STRANGULATED HERNIA.

In the 'American Medical Gazette' for June, Professor E. S. Cooper, of San Francisco, has an article upon the reduction of strangulated hernia by the application of collodion. He reports one case in which it succeeded after taxis failed. "A thick coating was applied all over the hernial tumour, which being permitted to dry and contract, another was put over it. After making two or three applications, and witnessing the result, the patient was left in charge of a student, who was directed to apply the collodion (an article of much greater consistency than that in general use) every ten minutes until my return. This course being continued for nearly two hours, the tumour was found soft, and reduced in size one half or more—strangulation being, in fact, removed. The small portion of the hernial sac remaining out of the abdominal cavity was returned without the least difficulty."

Prof. Cooper gives the following conclusions: "1st. That we will always be safe in resorting to the use of collodion in strangulated hernia before using the knife, which, at best, is a dangerous remedy.

"2nd. If the collodion fails, the case will be none the worse for an operation, because two hours will generally be a long enough time in which to give it a trial; and during this period no more fluids can accumulate in the tumour, but, on the other hand, part of those already collected will be sure to be forced out, whether strangulation is subdued entirely or not.

"3rd. That taxis should never be resorted to before collodion has been applied, because, in the former, bruising of the parts is liable to occur, but not in the latter, which, in addition, is much the more potent agent in pressing the blood out of the veins of the part, and thereby relieving the strangulation."—'American Medical Monthly.'

STRICTURES OF THE URETHRA.

In the 'American Medical Gazette' for June, Prof. James Bryan has an article upon the treatment of this troublesome and hitherto seldom-cured affection. For fifteen years past, Prof. Bryan has been treating strictures of the urethra by internal section; a mode of treatment which, he says, in that time, and with rather extensive experience, he has never known to fail. We must refer our readers to the original article for a description of the instrument used. He concludes his paper with the following remarks: "The more cartilaginous and impervious the stricture, the better; and I have yet to see a case in which I have failed to open a passage to the bladder. It is well known that the treatments by caustic, dilatation, and external section, are all followed, from time to time, by severe accidents, such as increase of the stricture, false passage, with urinary infiltration, fistula, &c. &c. I have, as yet, met with none of these things in this treatment; nor are any reported by Civiale, Strafford, Amussat, Dorner, Jameson, or others. *A priori* reasoning doubtless deters many from attempting the practice; but after a careful review of the results of other modes of practice, not excepting Symes' operations, I am clearly of the opinion, that in a majority of the cases of permanent stricture, the treatment by internal section, in the hands of careful and judicious surgeons, is by far the safest, most free from danger, most certain, and most satisfactory."—'American Medical Monthly.'

FŒTUS CARRIED TWENTY-TWO MONTHS BEYOND TERM.

Before the Boston Society for Medical Improvement, as per report in the 'Boston Medical and Surgical Journal' for June 14th, Dr Storer reported the case of a woman who carried the product of conception for more than two years and a half! At the full period she "was supposed to be in labour, and sent for her family physician to attend her." "The pains, however, were not constant, or of much force, and soon subsided entirely, never to return as true labour pains." Twenty-two months later she died, having carried the product of conception the while, and menstruated irregularly until the time of her death.

"At the autopsy a very extensive adhesion was found between the fundus of the uterus and the small intestines, and also between its side and the sigmoid flexure of the colon. The Fallopian tubes and ovaries were found in their natural relations to the uterus. The uterus contained a fœtus in the natural position for delivery, but no trace of a placenta could be found. There was about a pint of thick yellow fluid in the uterine cavity. An opening in the left side of the uterus communicated with the interior of the colon, and the left hand and forearm of the fœtus were passed into the bowel, as far as the elbow. Faculent matter had passed into the cavity of the womb. The os uteri was entirely closed, and no trace could be found of it upon the inside."

LIQUOR AMNII.

In the New Orleans 'Medical News and Hospital Gazette' for June, Prof. D. Warren Brickell has a very interesting and able paper on the function of the liquor amnii. He enumerates all the functions ascribed to it by obstetrical writers, fourteen in all. The first eight enumerated he considers quite visionary, and, with perhaps one exception, entirely unfounded in fact. The eight rejected, each has one or more of such names as Churchill, Rigby, Dewees, Tyler Smith, Baudelocque, Cazeaux, Ramsbotham, &c., in their support. Prof. Brickell urges his objections forcibly, and we think conclusively. The functions named by authors to which he gives his assent are the following: 1st. The liquor amnii secures the fœtus from external violence; 2nd. It protects the fœtus from the uterus; 3rd. It protects the cord and placenta from pressure during gestation and labour, and thus preserves intact the circulation of the child; 4th. It assists dilatation of the os uteri in labour; 5th. It favours the presentation of the head of the child; and 6th. It favours the development of the fœtus. The third and fifth functions he considers of the first importance, though insisted upon by only a very few obstetric writers. To the above functions Prof. Brickell adds another, thus: "I assert that an important function of the liquor amnii is to counteract the specific gravity of the fœtus, and thus prevent disagreeable physical results to the woman in the later months of pregnancy, when the weight of the child becomes considerable. At full term the well-developed fœtus weighs from six and a half to eight pounds; and from the seventh to the ninth month of pregnancy, the weight varies between four and a half to five pounds and these first-named weights." We have not the space to give the Author's argument in full, and must be content with a synopsis. "I find by actual experiment, that if a five-pound weight is placed on the back of my hand, and the palmar surface of the hand is then placed to a table—thus establishing counter-pressure—pain is soon experienced, and it is not long before that pain becomes insufferable—the degree of endurance, of course, varying in different persons, according to the degree of muscular development, &c.; and I am sure that long continuance of the pressure would cause death of the tissues immediately, under the weight." . . . "If there was no water in the womb, the weight of four and a half to eight pounds would be pressing on the womb tissue (inferiorly), with the counter-pressure of the pelvis below; and this, as we have shown, could not be borne." Now, with all due respect for the opinions of Prof. Brickell, we cannot avoid the conclusion that this function is somewhat visionary and chimerical. We have certainly seen patients in whom the liquor amnii had escaped, and yet the fœtus of near maturity was carried for days, and, in one or two rare instances, for weeks, without any expressions of discomfort from pressure, &c. We all know that females occasionally carry solid tumours, surrounded by no fluid, for years, without any of those disastrous effects upon the tissues to which Prof. Brickell alludes. To carry a weight of that of the human head upon the shoulders, would, in a few hours, become a tiresome feat; but to carry the head where nature placed it, is a different matter altogether.—'American Medical Monthly.'

THEOPHILUS THOMPSON, F.R.S., F.R.C.P.

Death has been paying us sudden and startling visitations of late. Month after month our ranks have been thinned by the unexpected fall of some of our best and ablest men; and now yet another has been added to the list, already too long. We are sure that the recent announcement of the death of Dr Theophilus Thompson was observed by none of our readers without genuine sorrow and concern. By his removal, a life of more than ordinary activity, usefulness, and scientific success has been brought to an untimely close; and not merely a large circle of private friends, but the whole Medical brotherhood, and, indeed, society at large, have sustained a loss which will be neither soon nor easily repaired.

Dr Thompson commenced his professional studies at St Bartholomew's Hospital, and subsequently continued them for two years at Edinburgh, where, after familiarising himself with the teaching and practice of the Dublin and Paris schools, he graduated with distinction in 1830. He then settled in London, and was shortly afterwards elected Physician to the Northern Dispensary. For fourteen years he continued to discharge the duties of this office with the most laborious care, conscientious precision, remarkable skill, and undeviating tenderness to the sick poor. About this time Dr Thompson took a special interest in diseases of the nervous system; and some of the fruits of his investigations were embodied in the articles "Hysteria," "Neuralgia," "Chorea," and others, contributed to the 'Library of Practical Medicine.' These articles were in advance of the time at which they were written: clearly and elegantly composed, they also carry the stamp of correct observation, close reasoning, and great practical skill. He lectured for some time, on the Practice of Medicine, at the Grosvenor-place School of Medicine, when this institution was directed by Mr Samuel Lane. Here, as elsewhere, he won the respect and affection of colleagues and pupils.

In 1847 Dr Thompson was appointed Physician to the Hospital for Consumption, then instituted in Marlborough street, prior to the erection of the present building at Brompton; and in the organisation and management of this noble institution he continued to take a prominent part almost to the close of his career. It was thus that his later inquiries became specially directed to the investigation of thoracic disease, and enabled him to make those contributions to our knowledge of pulmonary affections which gave him so high a place in professional estimation, and made his opinion at once eagerly sought for and highly valued.

Dr Thompson enjoyed at the Brompton Hospital great opportunities of investigating the pathology of pulmonary diseases, and of testing the value of remedies proposed for their treatment by himself and others. Of these opportunities he availed himself with rare diligence and discrimination, and his published papers afford good evidence of the success of his work—valuable for the errors which it refutes as for the truths which it advances and confirms. Numerous, however, as are the fruits of his labours which we have reaped, we are assured they are but few compared to those which would have sprung from his inquiries if they had been permitted to be continued.

Dr Thompson helped much to remove the mystery which for a long time obscured the art of auscultа-

tion, and published some valuable and fruitful hints on the subject, with a view to the simplification of terms and arrangement. He early drew the attention of the profession to the value of cod-liver oil in the general treatment of phthisis, and to the use of bismuth and oxide of zinc in the alleviation of some of its most distressing symptoms. In 1844 he prepared a laborious, learned, and otherwise admirable account of the successive epidemics of influenza, issued by the Sydenham Society. In 1856 appeared his Clinical Lectures on Consumption, delivered at the Brompton Hospital—a work at once eminently suggestive and practical, and indicative of the author's remarkable fertility in therapeutic resources, and of his mastery of those minor details of management which conduce sometimes more than medicine to the successful treatment of disease. In the following year he published his Lettsomian Lectures, previously delivered before the Medical Society of London. The theme again was phthisis, and in the treatment of it he revised some of his earlier opinions, and exhibited that disregard of self, that candid and genial acknowledgment of the labours of others, and that unaffected love of truth for its own sake, which so eminently distinguished him amongst his brethren.

More lately the medicinal use of ozonized oil occupied Dr Thompson's attention, and after a carefully-conducted but incomplete series of experiments, he directed the attention of the profession to the subject, in a paper published in the last volume of the 'Medico-Chirurgical Transactions.' His last paper was on the Changes of the Blood produced by the Administration of different Oils. It was read before the Royal Society, and was justly considered to be a contribution of great value.

These, however, were but a few of the scientific subjects which engaged Dr Thompson's thoughts. Much he proposed, which, if he had lived, he would have executed. One design only we shall mention, because its object would supply a peculiar desideratum. He contemplated the production of a systematic work on the Practice of Medicine, which was to have been based on the records of typical cases, and confined, in its treatment of general theories, within the strictest limits which a rigid induction from them would justify. This was an original and great idea; and it is to be hoped that his son, who has already given evidence of his father's talents and virtues, will not allow the materials collected for its realization to be lost.

As early as 1855, slight indications were observable of that progressive muscular atrophy which, in 1859, compelled Dr Thompson to withdraw from the active duties of his profession, and, at a later period, terminated his life. In 1857 and 1858, he derived some benefit from the use of the Buxton waters. In 1859, he spent some weeks, under the care of Dr Wetzlar, at Aix-la-Chapelle, but without any lasting improvement. The progressive failure of muscular power, and other symptoms associated with it, suggested to the minds of the medical friends in attendance upon him the existence of softening of certain parts of the spinal cord; but he himself said this hypothesis was not needed to account for his symptoms, and was inadequate to explain them. At first the muscles of animal life were alone engaged; by-and-bye those of respiration became involved; and in this condition he was attaked with bronchitis. Declension was now rapid. The bronchi became loaded with mucus, which could not be expelled; and though the intellect remained strong and unclouded, the physical power succumbed, and he entered into his rest on the 11th of August, in the fifty-third year of his age.

Dr Thompson was a regular attendant at the Medical and Royal Medical and Chirurgical Societies. Many of his papers were read before them, and were recorded at the time in the pages of the 'Lancet.' In debate he was clear, argumentative, and suggestive. He was thoroughly independent. He was the constant friend of free discussion and a free press. When a base conspiracy was formed against this journal, and when that conspiracy developed itself at one of the annual meetings of the medical and Chirurgical Society, Dr. Thompson placed himself foremost amongst the defenders of the 'Lancet.' This was an act so characteristic of the man, and so honourable to his memory, that we cannot pass it by. In a few energetic, noble, and convincing sentences, he demolished the sophistry and the malignity of our opponents. This was the more to his credit as he was totally unconnected with us, except as an occasional contributor. This tribute to the only independent medical journal which existed was spontaneous and disinterested. It failed, indeed, to convince the majority of a packed meeting of their cowardly and contemptible conduct; but out of the meeting-room his speech produced a result which, whilst it placed him in a position of the highest honour, covered the conspirators with irretrievable disgrace. We have no cause to regret the results of that memorable onslaught on our credit and independence. The 'Lancet' flourishes: where are the conspirators?

Our limits must content us with this imperfect sketch of Dr. Thompson's medical career. In questions of treatment, and in the scientific inquiries of medicine, his opinion was esteemed by his professional brethren amongst the very first. That he did not rise to quite a corresponding notability with the general public, may be attributed, perhaps, to a slight excess of scientific caution and social reticence, which refused to bow to the popular taste for a certain dogmatism and pretentious positiveness. Dr Thompson's intellectual habits were carefully formed, and his discriminating taste in literature and composition told most favourably on his own style as a writer. Amongst the most pleasing characteristics of his mind were a genial fancy, a playful humour, a fluent elegance of speech, and a remarkable facility for illustrating the chance subjects of conversation by the resources of a richly-stored and highly-cultivated mind. An almost chivalrous devotion to truth was a leading feature, not only of his scientific enterprises, but of all the thoughts and occupations of his life. In the cheerful equanimity of his course the real principle of his life was revealed, and felt, more or less, by all who came in contact with him. It was not the struggle for gain or professional notability, but the earnest and loving search for truth. He accepted with simple faith the highest truths of the spiritual world, and rejoiced in following out their harmonies throughout the realms of matter and mind. It was this which gave the chief dignity and unity to his life, and made death itself something far other than an interruption or an overthrow. We can scarcely conclude this notice better than by a quotation of his own words. At the end of his Clinical Lectures on Consumption, he characteristically wrote: 'Am I passing beyond becoming bounds in suggesting the reflection that, while witnessing such transitions from languor and decay into undying life, we may ourselves realize the truth that death is not the end of existence; that it is something grander than human skill defeated; that when art can do no more, and friends 'weep at the vestibule as the spirit passes out of doors,' we may win glimpses of brighter scenes, where the cares and passions of this lower life shall cease to engross, and the germs of opening science shall expand into the fulness of infinite truth?"—'Lancet.'

SIR R. A. CHERMSIDE, M.D.

It is with regret that we have to record the death of Sir Robert Alexander Chermside, which took place at Oxford on Saturday week. The deceased was the third son of the late Dr Chermside, of Portaferry, Co. Down, and entered the Medical Service of the Army in 1810 as Assistant-Surgeon in the 7th Hussars. He served in France, Spain, Flanders, and elsewhere, and was present at the battle of Waterloo. Immediately after that sanguinary engagement he was promoted to the Surgeoncy of the 10th Hussars. In 1821 he was admitted a Licentiate of the Royal College of Physicians, London, and in 1836 elected a Fellow of that College; he graduated as M.D. at Edinburgh, and was a member of the Royal Colleges of Surgeons of London and Edinburgh, and of the Société de Médecine Pratique of Paris. For some years previous to his death he held the post of Physician Extraordinary to her Royal Highness the Duchess of Kent, and was Physician to the British Embassy at Paris. In recognition of his war services he was created a Knight Commander of the Order of the Guelphs of Hanover, a Knight of St John of Jerusalem, a Knight of the Red Eagle of Prussia (conferred for services to the Prussian troops in the campaign of 1815), and a Knight of the Legion of Honour of France.

"Suffocation" of Children in London.—Dr Lankester, in his 'Fourth Annual Report' as Officer of Health of St James's District, calls especial attention to the increase of infant mortality from suffocation:—"There is one group of deaths which present in our parish a very extraordinary increase, and which I do not think I ought to pass over without notice. I allude to the record of deaths by suffocation. Of the fourteen cases recorded this year, eleven are of infants under one year of age. In 1856 only two such cases were recorded; in 1857 not one; in 1858 there were only four. It appears that, in general, these cases are recorded as found dead in bed with their parents. Such death is suggestive of culpable carelessness on the part of parents, or of horrible criminality. The increase of infant mortality, under the head of 'Suffocation,' is not confined to our parish, but embraces the whole metropolis. In 1858, there were 230 deaths from suffocation; and in 1859, there were 288 deaths from the same cause. As a proof that there is something more than an increasing indifference to the sanctity of human infant life, I would refer to the fact, that recently no less than eight children were found murdered in one week in various parts of London."

DEATHS.

Chase.—July 29, suddenly, at Brooklyn, New York, Edward Chase, formerly of Luton, Bedfordshire.

Chermside.—September 8, at Oxford, Sir Robert Alexander Chermside, M.D.

Johnson.—September 2, at Stockport, Cheshire, George Johnson, M.D. Univ. Edin., aged 50.

Maclaine.—September 8, at Cranham cottage, Garngad road, Glasgow, J. D. Maclaine, Lic. Fac. Phys.

Moore.—September 6, John Moore, of Keastwick, near Kirby Lonsdale, formerly of Bolton-le-Moors, aged 81.

Piercey.—September 10, at St Thomas' street, Portsmouth, Moses Piercey, M.R.C.S. Eng., L.S.A. Lond., aged 49.

Turton.—September 3, suddenly, Randle Turton, of Ablow House, Wolverhampton, M.R.C.S. Eng., L.S.A. Lond., aged 52.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, September 6th:—Francis James Hammond, Sherborne, Dorset; George Handcock, Cad-Busfon, Leeds; Henry Wright Lomas, Belper, Derbyshire.—The following gentlemen also on the same day passed their first examination:—Charles Henry Fowler, Charrington street, Oakley square; Joseph Harper, Great Torrington, North Devon; William Owen Jones, Bryntegid, Bala, North Wales; William George Tayler, Kilmeston, Alresford, Hants.

Appointments.—Dr Anstie has been appointed Assistant-Physician to Westminster Hospital.—At a meeting of the Committee of the Liverpool Dispensaries, held on September 6, Mr James M. Bennett was unanimously elected Hon. Surgeon to the South Dispensary, in the room of T. D. Fletcher, Esq., resigned. Mr Bennett had previously been one of the House-Surgeons to the Institution.

Testimonial to a Surgeon.—A handsome silver tankard has been presented to J. C. Garman, Esq., manufactured by Messrs Etheridge, of Norwich, and bearing the following inscription:—"Presented to John Cooper Garman, Esq., M.R.C.S.L., by upwards of 300 inhabitants of Shipdham and neighbouring parishes (the poor forming the greatest number), as a mark of respect upon his leaving Shipdham. June, 1860."

The late Smyrna Hospital.—A question of about three months' pay in connection with the late Smyrna Hospital has at length been decided in favour of the four senior Medical Officers concerned—Drs Leared, Barclay, and Gibbon, and Mr Holthouse. The case had been entrusted by his colleagues to Dr Leared, and that gentleman cordially acknowledges the disinterested kindness of Mr Brady, M.P. By his persevering efforts, this just claim was at length conceded by Mr S. Herbert, Secretary at War. This is not a solitary instance of Mr Brady's good offices in behalf of his own profession, whose fearless champion he has always proved himself.

Radcliffe Infirmary, Oxford.—We have the pleasure to report the munificent gift from his Grace the Duke of Marlborough of 164*l.* to this Institution. This sum, in addition to gifts in 1858 and 1859, has been derived from the payment of visitors to Blenheim Palace and Gardens. The amounts in 1858 and 1859 were respectively 100*l.* and 135*l.*

American Diplomas.—An American medical contemporary states that the case with which charters are now obtained from state legislatures, for every nondescript association of men, whether for proper or improper purposes, has effectually broken down all safeguards to respectability, and thrown the field of medicine widely open to every species of adventurer. Charters are granted by state legislatures to any and every body of men, for any and every conceivable purpose, without discretion or reserve. At nearly every session a batch of medical institutions are chartered, embracing every shade of quackery; and these, equally with the respectable and legitimate schools of medicine, are entitled to confer the degree of M.D., and to represent themselves abroad as universities. It is difficult to imagine

a more deplorable state of confusion than such reckless state patronage of ignorance and quackery must produce. Already it threatens to disorganise the educational system of the Profession in America; for adventurers are thus freely enabled to purchase that academical status which only education can confer in other countries. The inevitable result must be, that since we have no means of distinguishing here, amongst the multitude of American colleges, those which apply the necessary tests to their members from those which admit the most unworthy persons, American diplomas will fall into discredit, and will be regarded as one of no value.

LUNATICS IN SAVOY. — France, in annexing Savoy, assumes also charge of the lunatics, idiots, and cretins of Savoy, to whom the benefits of the enactment, under the French law, concerning the support of persons of deranged mind is extended by two new decrees. The asylum erected at Bassens, near Chambery, received by these decrees the character of a public establishment, and a hundred free places in it are reserved for the most helpless idiots and cretins of the two departments of Savoy and Upper Savoy. A subvention of 40,000 francs is granted for expenses of construction and organisation, and for payments of the debts of the public asylum for idiots at Bassens.

THERE is a talk of forming an Academy of Medical Sciences in the island of Cuba.

BEQUEST.—M. C. Berrier, a manufacturer at Liege, recently deceased, has bequeathed to the civil hospitals of the town the sum of 223,000 francs, and the reversion of his dwelling-house, on condition that the Administration of Hospitals shall pay to his widow an annuity of 10,000 francs during her lifetime.

"CHEMISTRY," says Miss Nightingale, "has as yet afforded little insight into the dieting of the sick. All that chemistry can tell us is the amount of 'carboniferous' or 'nitrogenous' elements discoverable in different dietetic articles. In the great majority of cases, the stomach of the patient is guided by other principles of selection than merely the amount of carbon or nitrogen in the diet. No doubt, in this, as in other things, Nature has very definite rules for her guidance; but these rules can only be ascertained by the most careful observation at the bedside. She there teaches that living chemistry, the chemistry of reparation, is something different from the chemistry of the laboratory."

THE use of hypophosphites in phthisis has been tried even in Spain. Don Marsillach has subjected twenty patients to its use; seven of these died, twelve were unable to continue taking it, and one only—a doubtful case—got well. The Don, therefore, agrees with M. Dechambre, Dr Quain, and others, as to the inefficacy of the remedy in phthisis.

A TIMELY HINT.—M. Lukomski, having forwarded to the Société de Chirurgie a 'Memoir on the Treatment of Syphilis by Successive Vaccinations,' M. Guérin was requested to report upon it. In concluding his report, he proposes that the author should be called upon to cease this kind of experimentation, "which is dangerous to the patient, and may at last compromise the operator."

THE 'Boston Journal' contains an account of a successful operation of gastrotomy, performed for the purpose of extracting a bar of iron from the stomach of a juggler, who had allowed it to slip down his œsophagus during the performance of one of his *tours de force*.

"I OFTEN think," says Sydenham, "that we forget the good rule *festina lente*; that we move more quickly than we ought to do; and that more could be left to Nature than we are at present in the habit of leaving to her. To imagine that she always wants the aid of Art is an error, and an unlearned error too. If it were so, she would have provided for the human race less than its preservation demands."

PROFESSOR BOYER, OF MONTREAL.—This distinguished physician, one of the Medical officers of the Hôtel-Dieu Hospital at Montreal, and Professor of Medicine and Medical Jurisprudence in the French College of Medicine in the same city, has just left England on his return to his native country, after some months' sojourn in this metropolis and the principal capitals of Europe. He has met everywhere with the respect due to his position and standing in the Profession, and his natural urbanity of manner and kindness of heart. The hospital to which the Professor is attached is the largest in Montreal, and contains several hundred beds; it was founded originally by the nuns, who perform the duties of Sisters of Charity.

"THE campaign," we read in a French journal, "undertaken for the repression of Quackery, is carried on with success. We have to register two more judgments of the Correctional Tribunal, with an indemnification for the Medical men who are plaintiffs."

THE Scientific Congress of France assembled on Sunday in the Hôtel de Ville of Cherbourg, for its annual session. The number of members of the Congress now is 560.

A PERSON signing himself "Robert Maber, Surgeon, formerly of Swansea," appears to have an honourable residence in the Agapemone. As there are men in our Profession who really believe in Homœoqnackery, Table-turning, and Clairvoyance, we need not be surprised that one should be found with an intellect fitted for the Agapemone.

M. VELPEAU says that many plans have been proposed to obtain obliteration of arteries without ligature, but almost all of them have been abandoned; in his opinion acupressure will share the same fate. In two cases in which he tried it, inflammatory symptoms necessitated the removal of the needles. Might not M. Velpeau just as well refuse to amputate a limb, because the operation is sometimes followed by accidents of this kind?

EXTRACT OF RHATANY.—When prescribed in aqueous solution, the extract of rhatany generally falls to the bottom. This may be prevented by adding to the pulverized extract a little water, and from twenty to twenty-five drops of alcohol—an addition, however, not required, when tinctures are prescribed with the extract.—'Bull. de Thérap., June, p. 538.

IN this country none of the higher posts of honour which incite the members of other Professions to intellectual efforts, neither the peerage nor the legislature, are open to Medical men. Those, too, of our brethren who are most competent to speak upon the many important topics connected with the maintenance of health, whether at home or abroad in connection with our colonies and dependencies, are not, as a rule, occupying the administrative offices for which they are peculiarly fitted; and Medical men are seldom sought out as the friends and advisers of those high in place, who could not but be advantaged by their counsel. Such a state of things must be regarded as unfavourable to the due position and prospects of Rational Medicine. "They order things better in France," whatever we may think of our neighbours in other respects. There, Medical impostors are dealt with fairly, but summarily; and the members of our Profession, in common with scientific men, are seen to occupy high stations in the State.—Dr. Ward's 'Hunterian Oration.'

AN UNUSUAL SURGICAL LESION.—M. Gosselin admitted at the Beaujon Hospital, on the 1st ultimo, a robust man, aged forty-three, who had met with a fall from a plank lying between boat and quay, just after he had made a great effort to place a sack of coals on his shoulder. On admission, no fracture or dislocation could be observed about the shoulder-joint upon which he had fallen, and where pain was complained of. Simple contusion was the diagnosis. The man was seized with delirium the same evening (probably *tremens*), and died fourteen hours after the onset of the cerebral disturbance. On the examination, no lesion was discovered, but a little blood within the capsule, and a slight crushing the spongy texture of the head of the bone. Was this the result of the fall or of the effort?

ANOMALY OF THE URETERS.

Professor Barbosa observed the following curious anomaly in a body brought to the Lisbon Anatomical School. Two distinct ureters existed on the left side, entering the bladder by two distinct orifices. The left kidney was longer by three centimetres than the right, and the two ureters at their origin in the fissure were each provided with a separate pelvis, the united capacities of which only equalled that which would be required for a kidney of this size. The two canals, separated from each other by about three centimetres at their origin, pursued the normal course one before the other. At about five centimetres from the bladder they united into a single cord which traversed its muscular tunic. Careful dissection, however, showed that this confounding together was only apparent, the two tubes being separable as far as their entrance into the bladder, at the angle of the trigone, where were two small orifices one or two millimetres from each other. During the last two centimetres of their course the contiguous walls of the two tubes were so blended together as to constitute but one.—'L'Union Méd.'

APPOINTMENTS FOR THE WEEK.

Wednesday, September 19.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, September 20.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, September 21.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 22.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, September 24.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, September 25.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

CHIRURGUS.—Yes; the qualifications suffice.

MR PARKER.—Note received.

MR ADAMS.—1st. It is a reliable preparation.—2nd. Sarsaparilla is utterly useless.

A NON-REGISTERED ASSISTANT. — You ought to register.

L.R.C.P. EDIN.—1st. Yes.—2nd. Not at present.

A SUBSCRIBER.—The benzoated oxide of zinc ointment is ordered to be prepared, by Mr Wilson, by first melting the benzoin with a slow heat for twenty-four hours, then adding it to the zinc ointment. It is useful in some cases of eczema, but we have oftener known it fail.

H. L., on Antimonial Poisoning, received. The article does not, however, contain any new views or facts that would justify its publication in our pages.

DR EDWARDS is thanked.

MEDICUS (Cheltenham) will find the article he requires in the Number for Dec. 14, 1859.

R. H. B.—The higher fee is unnecessary.

DR RIDGE.—Received and inserted.

MR DE LISLE.—Received.

Letters received with enclosures.—Dr Seaton, G. Downie.

Mr Harris (who for SEVEN YEARS was Secretary, &c., to the Medical Directories) has REMOVED from Adam street, Adelphi, to 21 King William street, Charing cross, where business matters generally are promptly and faithfully transacted on moderate terms.

INSTRUMENTS, Books, or any other property, obtained or disposed of to the best advantage.

PATENTEES, and others requiring assistance, are invited to call or communicate: likewise,

MEDICAL GENTLEMEN having anything they wish introduced to the Profession or Public are invited to apply.

ADVERTISERS, and Parties wishing to Advertise, are advised and assisted.

MR HARRIS having travelled through England, can afford information, &c., respecting the different Towns; also on matters connected with Life Assurance.

INVALIDS and others requiring any information may save time, trouble, and expense, by personal or written application.

PARTICULARS of anything Advertised in the 'Medical' or other Journals afforded to Enquirers, and the articles, or any others, examined, procured, and forwarded on receipt of P.-O. order for the amount.

ALL LETTERS and replies thereto must be prepaid.

OFFICE HOURS from Two till Five, or by appointment.

ADDRESS, Mr C. J. Harris, 21 King William street, Charing cross, London,—W.C.

Pure Air is as valuable as Pure Water, and may be obtained, with perfect Ventilation, by the use of WHITE'S PATENT VENTILATOR and AIR PURIFIER, which is invaluable for Sick Rooms, Public or Private Buildings, and especially so for India. May be seen at Mr HARRIS'S, 21 King William street, Charing cross, W.C., from Two till Five.

N.B.—Medical Gentlemen are invited to inspect this Instrument.

CLINICAL LECTURES.

ON THORACENTESIS:
ITS INDICATIONS AND COUNTER-INDICATIONS IN PLEURISY.

DELIVERED AT THE HÔTEL-DIEU,

BY M. ARAN.

(Continued from page 172.)

You have seen me perform thoracentesis. The puncture was made in the seventh intercostal space, in the direction of the axilla, and gave issue to 1,900 grammes of a serous fluid, which became a gelatinous mass like the coagulum of blood abstracted by venesection. You have thus seen verified the first two points of the diagnosis; that is, that there was an abundant effusion, and that the effused fluid was the product of inflammation of the pleura. The night following the operation, the patient, who experienced no untoward symptom, slept well and felt greatly relieved. His pulse, the following day, was 96, and the respiration 24; this morning it is only 20. I need farther only say that the lungs, in consequence of the evacuation of the fluid, have regained nearly their normal volume, and so present a larger surface for the purposes of respiration. Have you not also seen that sonorousness soon became re-established throughout the whole chest, and the respiratory murmur reappear where it was some hours before completely wanting?

I am not ignorant that a good many physicians could be found who would not in this case have had recourse to the same means. They would first have employed blisters and diuretic potions, and have waited in the hope of seeing absorption take place—a method I have not followed, because I have learned from experience that in such cases you wait in vain and for too great a while. Consider, besides, the general state of the patient; and is it not apparent that that could only have become worse and worse under the influence of continued confinement to bed, and the impediment which the respiration suffered from such copious effusion? Nay, more; I shall say that the complication with tubercles, which some regard as a counter-indication of the operation, is, on the contrary, one of the reasons that led me to decide on it. In fact, I regard the effusion as a source of irritation—a sort of thorn which, by its presence, favours the development of tubercles. In my opinion, the indication is express: the fluid is to be evacuated. As regards the physicians who, on the contrary, consider the tubercular complication as counter-indicating the operation, they are chiefly guided by the following reasons:—The lungs being strongly pressed together, the walls of the caverns are maintained in contact; hence conditions the most favourable for cicatrization of the caverns. But in our patient such was not the case; for, when forming our diagnosis, the question, you are aware, was not whether the lungs were excavated by vast anfractuosities, but simply whether there were tubercles in the first stage of development. Moreover, no one has yet shown that cicatrization of the caverns ever takes place under the circumstances now mentioned. It is pretended by others that evacuating the fluid by thoracentesis favours the development of the tubercles. I acknowledge my repugnance to admit that by ridding the patient of one complication of his ailment, you only favour its farther increase. It is objected also that the fluid may be reproduced by the irritation which the tubercles exert on the pleura. But when an organic affection of the heart, of the liver or kidneys, brings on ascitis, are these objectors prevented from having recourse to abdominal paracentesis by any such considerations? Thoracentesis, practised in former ages, next lost sight of, and now lately restored, is certainly one of the finest conquests our art has achieved, and one of the most powerful therapeutic means in the practice of Medicine—thanks to the untiring efforts of M. Trousseau. Nor have I any hesitation in saying that, from the perfection to which the instruments have been brought, the operation, as regards its manual execution, is one of great facility. All but free from pain, exempt from every danger, and never hurtful, nothing but this operation can, in certain cases, free us from the impending danger.

Let us now consider, what are the circumstances in which thoracentesis is especially indicated? The three principal are these:

1st. Where there is much effusion, and the whole of one side of the thorax is dull on percussion, and the respiratory murmur is heard only over a very small extent. In these cases of great effusion, patients are seen in very different states: some suffer only debility and depression, or at most slight difficulty of respiration and some palpitation of the heart; others are oppressed with excessive dyspnœa—the respiration is hurried, the pulse is small and scarcely to be counted, and the face is oppressive of the utmost anguish. In cases such as the last all are agreed, and in these cases every one will perform thoracentesis. Of course I do not speak of those who regard the existence of tubercles as a counter-indication. In the former case the operation is, in my opinion, no less urgent; and this is the opinion of an immense majority of the Profession.

2nd. When the effused fluid is in small quantity, but increases rapidly for twenty-four, thirty-six, or forty-eight hours, and there is reason to fear repletion of the pleural cavity; here, again, do not hesitate, for there is reason to fear the occurrence of fatal syncope from compression or displacement of the heart. Recollect, moreover, the history of the patient recovering from typhoid fever whom I was so unfortunate as to lose, and could not tell what was the matter.

3rd. When the effusion is small in quantity, but of three or four weeks' standing. The repeated application of large blisters has, in such cases, been without success; nitrate of potassa and other diuretics have been used without advantage; the line bounding the dull part of the chest remains the same, and the general state of the patient grows worse: under these circumstances, wait no longer, but have recourse to thoracentesis. Your patient will not only take no harm from the operation, but may be completely cured in a few days.

To these three principal indications I would add a fourth, which has reference to the patient's age. If what I have just said to you be applicable in the case of adults, it is still more so where the patients are children or old people; but for different reasons. In children, on account of the activity of the secretory functions, the pleuritic effusions are produced with great rapidity, and you have, in such cases, to apprehend fatal syncope. When the effusion has existed for some time and is then absorbed, owing, in part, to the flexibility of the ribs at this period of life, the thoracic parietes of the same side shrink considerably, and the chest then presents those frightful deformities so well described by Laennec.

But in old people, on the other hand, there is no reason for fearing these deformities of the chest. The ribs, being less flexible, will resist the atmospheric pressure and the shrinking of the false membranes; and if I mention the energy with which secretion is carried on in the young, we have here, on the contrary, feebleness of absorption. In fact, a chronic, stationary state is the predominant character of pleuritic effusion in old persons. In such subjects, after one or two months or more, while the local symptoms plainly continue unchanged, you will see them lose their appetite, become more and more emaciated, the tongue get dry, with slight fever, in some cases, towards evening, and in the night some degree of sub-delirium. Do not wait, however, if you have the patient under your care from the first, till you arrive at such a point; and if it is only now that you are called in, practise now the operation. You will, in such circumstances, meet with success, as I have experienced, and have seen real resurrections from impending death.

THE SPIRIT OF THE PERIODICALS.

The 'Journal of Practical Medicine and Surgery' contains the following article on the *Use of Electricity for the purpose of ascertaining the Gravity of Traumatic Paralysis—Puriform Collections within the Joints of New-born Children—Good Effects of the Removal of the Protruding and Denuded Astragalus.*

"It was formerly supposed that the paralysis which frequently accompanies dislocations of the shoulder was special to the deltoid muscle, and consequent on the stretching or contusion of the circumflex nerve during the displacement of the bone. A more careful clinical inquiry into the nature of the injury has, however, shown that other muscles besides the deltoid are subject to this loss of power, although the fall which caused the disease may not necessarily have occasioned either fracture or dislocation. The muscles supplied by the radial nerve are sometimes alone affected, and occasionally those which receive the filaments of the ulnar and median. M. Nélaton further remarked that this form of paralysis results from the pressure exercised upon the brachial plexus, closely embraced between the first rib and the clavicle, which is very moveable; therefore certain nerves or nervous filaments will readily be conceived to escape compression, and partial or incomplete loss of power to be thus induced.

"An illustration of this sort of paralysis was afforded, at the Hospital of the School of Medicine, by a man who, in a fall from a considerable height, had dislocated his shoulder. The luxation was reduced with ease, and the arm kept for a fortnight perfectly steady and immovable; but when the patient attempted to use the injured extremity, he found that abduction of the limb was utterly impossible; not that the dislocation had not been well reduced, or that a fracture of the acromion or collar-bone had taken place, but because the deltoid muscle was paralysed by the mechanism above described. In this kind of injury it is interesting to know that electricity supplies us with the means of ascertaining readily whether or not the paralysis is likely to be of long duration. For this purpose the muscular contractility should be tested with the wet sponge attached to a conductor; and if the muscle responds to electric influence, a cure will certainly be effected in the course of two or three months; but, in the contrary case, the prognosis is very serious. It has been stated, it is true, that even after atrophy, a muscle might revive; but this, in M. Nélaton's opinion, is very rare, the converse being far more probable. The Professor observed that he had found traumatic paralysis indefinitely persisting, despite cauterization, atrychnia, electricity, &c. In the case under consideration, paralysis had lasted fifty days; electricity was resorted to, the muscle obeyed its influence, and a favourable prognosis, which the future course of the disease has since justified, was pronounced. The man had been admitted into hospital on the 8th; on the 9th electricity was applied for the first time, for the purpose of diagnosis, and was continued up to the 15th as a means of treatment. On the 16th the power of abduction had feebly but distinctly returned; the limb could be raised from the side; and when the arm was horizontally extended, it preserved this attitude for several seconds without support.

"This case, and others of a similar description, which we have recorded, show that in traumatic

paralysis inductive electricity is a valuable resource, and may be considered one of the most felicitous applications of this power in surgical practice.

"Another but far different disease of the shoulder-joint suggested to Professor Nélaton a few remarks on a kind of puriform arthritis, which may be called puerperal arthritis of infants. A child, aged two months, was affected in the left shoulder with a considerable swelling, presenting all the signs of a liquid collection within the capsular ligament. The mother stated that she had been ill after her confinement, and that, towards the fifteenth day, the child had seemed to suffer from the shoulder, which had become tumefied; an amelioration in the infant's condition had, however, followed, but without any concomitant decrease of the swelling of the joint.

"The disease consisted in puriform effusion within the articulation. In the children of women predisposed to puerperal affections, pus forms very rapidly in the joints. M. Nélaton related the case of a child, heir to one of the most extensive landed estates in France, and whose mother had died afterwards from puerperal fever. Eighteen days after the birth of the infant, the left knee became the seat of fluctuation, and Professor Dubois, who attended the family, called in M. Nélaton in consultation. 'If the patient were an adult,' said the latter, 'he would have nine chances out of ten against him after the evacuation of the puriform secretion. It may not be so in an infant; let us, therefore, give an issue to the pus: it is the only chance of safety.' This advice was adopted by M. Dubois: a puncture was performed, a large quantity of purulent matter escaped, and after much anxiety the child eventually recovered, and is now in sound health. We should add that, although the suppuration of the knee continued no less than two months, no anchylosis followed.

"Since that period M. Nélaton has observed many similar cases in infancy; and whenever the tumour was punctured in time, and a fistular aperture became established, the results were satisfactory. The Professor has resolved to perform the operation in the case of the child who suggested these remarks, and we will refer to it, if necessary.

"We cannot conclude this summary of M. Nélaton's clinical lecture without recording the result of an important operation performed two years ago by this surgeon, in the same hospital. A coachman, in a fall from his box, dislocated his ankle. The astragalus formed a considerable protrusion, and the excessive distension of the stretched integument brought on gangrene. The fall of the eschar exposed the astragalus; and a fortnight after the occurrence of the original accident, M. Nélaton removed this bone. After the performance of this operation the case progressed rapidly towards cure, and the following is at present the condition of the extremity: When the patient is seated, and the length of both legs is measured between the ground and a ruler placed across the basis of the patellæ, the shortening of the injured limb does not exceed ten or eleven lines. The external aspect of the foot is, moreover, natural, and with the exception of slight swelling, which yields to exercise, the patient's gait is satisfactory. The result is especially interesting, inasmuch as at one of the recent meetings of the Surgical Society the question of the removal of the astragalus in similar cases was discussed, and several of the members expressed their partiality for amputation above the malleoli, precisely on account of the alleged difficulty which the subject would subsequently experience in walking. An eminent surgeon from Nantes, Dr Letenneur, has personally witnessed three cases of removal of the astragalus, which terminated favourably. Here, therefore, are four cases which, in analogous circumstances, would, if necessary, encourage the practitioner to make every attempt to save the foot."

The following cases of *Vesico-Vaginal Perforations* are reported in the 'American Medical Monthly,' by Dr JOHN O. BRONSON:

"CASE 3.—*Cured in One Operation by New and Original Means.*—Mrs G——, native of Ireland, thirty-two years of age, was received into the New York Infirmary for Women and Children, Sept. 12th, 1859, giving the following history: She was the mother of three children, all of whom had been delivered with instruments, on account of a contracted pelvis. The last child was born still, in October, 1857, when she was in severe labour forty hours, at the end of which time her attending physician called Dr A. K. Gardner in consultation, who immediately delivered her with forceps.

"On the seventh or eighth day after, urine began to dribble through the vagina, and had continued ever since. Upon examination, a perforation of the vesico-vaginal septum was found to exist about a quarter of an inch from the cervico-vaginal junction, of a size admitting the passage of a uterine sound. Operation was determined upon. On the 14th of September, after thorough evacuation of the bowels, I proceeded as in the aforementioned case, with my patient in the same position. On account of the distance of the opening from the vulva, the successive steps of the operation were attended with some difficulty.

"In performing the denudation, the tissue was found to be dense, and of too little vitality to augur well for success; nevertheless, it was finished, and the instrument applied as in the first case. On account of the relation of the parts, however, the instrument was slightly curved, thus allowing of a better adaptation. As in the former case, a catheter was secured in place, a suppository of opium introduced into the rectum, and the patient left to rest.

"Dr George T. Elliot, Dr E. Blackwell, Dr Hughes, Dr Underwood, Dr Stratton, and Dr Cushing witnessed, and assisted in the operation.

"On the 19th the instrument was removed in the presence of Dr John Howe and Dr Hughes, and union was found to be imperfect, although no communication existed between the bladder and vagina.

"20th.—A small spot of moisture upon the sheet, yet upon examination no point was ascertainable through which water could have flowed. Nitrate of silver applied to the uncicatrized part, and a catheter passed, to be retained. 21st. Catheter withdrawn. 25th. No abnormal opening into the bladder. The vitality of the parts before mentioned evident in the cicatrization. Nitrate of silver has been occasionally applied, with good effect.

"October 30th.—Retains her urine perfectly, and has done so since the 20th, holding it for two hours.

"November 2nd.—Bed again wet. No aperture, however, existed, and another cause had to be assigned. It was believed to be inability of the bladder to retain beyond a certain quantity of urine, and that it passed by the urethra.

"The solution of the question was supported by the fact, that it never passed during the day, and only those two times at night. Commenced to menstruate.

"November 9th.—Perfect control over urinary action; cicatrization complete; discharged cured.

"In the month of November I visited her at her home, and found her happy, in the freedom from one of the most, if not the most, serious of all maladies.

"CASE 4.—*Cured in One Operation by Means of the Silver Suture.*—Mrs C——, native of Ireland, twenty-four years of age, was received into the New York Infirmary for Women and Children, October 28th, 1859.

"She had passed through the terrible ordeal of tedious labour, under the care of that curse of his race, a base pretender, who had blazoned in his window "Physician, Surgeon, and Accoucheur," and who, in every medical or surgical act, added to his daily sins that heinous crime of trifling with human life for filthy lucre.

"She suffered the galling pains of ineffectual labour for the greater part of two days, when her attendant delivered her by means of instruments, and left the patient without removing the placenta, which remained for twenty-four hours, and then was taken away by a nurse.

"As a result of such a state of things, severe inflammation of the pelvic viscera was awakened, producing sloughing of the cervix uteri, of the vesico-vaginal septum, and obliteration of the vagina to within an inch and a half of its ostium, leaving at that point, bounded by unyielding cicatricial tissue, a transverse opening into the bladder, measuring two inches in length by three-quarters of an inch in breadth. The vagina being closed above, in making a digital examination, the finger found immediate entrance into the bladder.

"The parts being not perfectly healed, and a very considerable amount of irritation existing, a strong solution of the acetate of lead and opium was prescribed and used for the space of two weeks, with the effect of presenting her fit for an operation. In considering the condition of the parts, I found two of the indications for which my instrument was devised fulfilled by the cicatrix. Motion was destroyed, and there could be no sliding of one edge upon the other, for bands extended from ischium to ischium, holding them more firmly than any mechanism. It was decided, therefore, to make use of the interrupted suture, as all that was required was simply to maintain the opposing borders in close contact. Accordingly, on the 11th of November, in the presence of Drs Blackwell, C. K. Briddon, Aigner, C. A. Budd, Hughes, B. L. Budd, Cushing, and a number of pupils, I proceeded to denude the border of the opening, after the manner described in the first case, and applying five sutures of silver wire, I made a very free transverse incision on the posterior side of the wound, to free the parts as much as possible from direct traction. The patient was then arranged as in the preceding cases, and left to await the result.

"On the tenth day after the sutures were removed, and although they had produced a considerable amount of ulceration, union was complete, and the patient was able to retain her urine entirely. Two days after she was discharged, cured; a result which I deem to have been based on the manner in which vivification was effected."

This being the Students' Number of the 'Lancet' and the 'Medical Times and Gazette,' these journals are devoted entirely to intelligence connected with the interests of students, and for their especial information.

We extract the following remarks on a case of *Piarrhœmia accompanying Acute Diabetes Mellitus* from the 'Lancet' of the 15th inst.:

"II.—*Pathology of Milky Serum.*—Milkiness of the serum has been long known by the researches of Thackrah, Buchanan, R. D. Thomson, and others, to be an ordinary physiological event attendant on the digestion of fatty or amylaceous aliment. Its occurrence during pregnancy, also (in which all the formative elements of the blood are increased), and in the blood of sucking animals, was shown by Mayer; and lactescence of the serum has been found to occur in some animals during hybernation. In all these cases, the milkiness is due both to fat and to molecular albumen. In pregnancy, the white blood-corpuscles are also in excess.

"But milkiness of serum has been still longer known as an accompaniment of certain forms of disease. The recorded cases (the earliest of which we owe to the celebrated Robert Boyle) unfortunately do not admit of any accurate numerical analysis, but I believe that the following summary will be found approximatively correct.

"(*a.*) The great bulk of the cases have occurred in connection either with alcoholism or with diabetes mellitus.

"Of alcoholism, nine cases are recorded. To these must be added the unenumerated cases of J. Frank.

"Of diabetes, seven cases are published (including the present). To these must be added the unenumerated cases of Dr Babington.

"Next in order come pulmonary diseases, of which there are six cases on record.

"Of albuminuria, one case is given by Dr Christison; 'several' are alluded to by Dr Bostock.

"The hæmorrhagic diathesis appears to have been observed in four instances.

"Morgagni gives two cases of 'malignant fever.' The diagnosis in these is not free from doubt.

"One case has been observed accompanied by peritonitis, and one by gout. John Hunter saw a case in which fatty blood was taken from a man bled for an injury to the head. This was no doubt an accidental coincidence.

"Finally, in seven of the recorded cases, the clinical history is either wholly absent, or too vague to allow of diagnosis. (R. Boyle (3), Traill, Caventou, Mareska, Quevenne.)

"(*b.*) It is observable that in most, if not all, of the cases of alcoholism, the lactescence of the serum was occasioned by free fat alone.

"It would also appear to have been due to the same cause in all Dr Babington's cases of diabetes, in those of Marcet and Rollo, and in the present instance. Dr R. D. Thomson saw a case of diabetes in which molecular albumen also was present. Darwin's and Abernethy's cases are uncertain. In Leubuscher's case, lactescence was caused by free fat and an excess of white blood-corpuscles.

"In the pulmonary group it seems to have been caused by fat alone in four cases. In one (recorded by John Hunter), albumen was also present; in another (by Mr Gulliver), a yellow precipitate fell on addition of ether. It is probable that this consisted of albumen previously held in suspension by combined fat.

"The cases in which molecular albumen appears to have been present in considerable quantity are these two (of pulmonary disease), all the cases of albuminuria mentioned by Dr Bostock, the uncertain case recorded by Dr Traill, and the solitary instance of gout.

"(*c.*) The serum has been analysed in several cases. Of the analyses, the most important are those of Traill, Lecanu, Bertazzi, Mareska, and Heller. The general results are as follows:—

"*α.* In one case (Bertazzi's) the only peculiarity consisted in the presence of an excess of fat (10 : 1000) at the expense of the other elements of the so-called 'extractive.' In all the others the solids of the serum were in excess, varying from 164 : 1000 to 206 : 1000. The normal average proportion, according to Scherer, is 93·4 : 1000. Notwithstanding this fact, the specific gravity of the serum was below the average (1023) in Heller's and in Traill's cases, and apparently in all Dr Babington's.

"*β.* Fat is, of course, in excess in all these cases. It varies from 24·4 : 1000 (Traill) to 117 : 1000 (Lecanu). In this case, however, the enormous excess is made up by 108 parts of cholesterine. The greatest amount of saponifiable fat recorded is 50·473 : 1000 (Heller).

"*γ.* The proportion of albumen is not constant. Scherer's average for healthy serum gives 75·2 : 1000. Bertazzi's case nearly corresponds with this standard. Two cases (Mareska's and Lecanu's) fall below it (64 : 1000). The other two exceed it very considerably (103·791 : 1000, Heller; 133·1 : 1000, Traill).

"*δ.* In two instances (Mareska's and Caventon's) the reaction of the serum was acid. In the present case and in Leubuscher's, it was neutral.

"In Leubuscher's case, no free NH_3 was extricated from the blood by heat. In the present case a volatile alkali was so liberated, but much more copiously from the splenic than from the hepatic (or fatty blood).

"(*d.*) The fibrin and red corpuscles of the blood have been estimated in only one analysis (Heller's). The former amounted to 4·72 : 1000 (about double the average); the latter to 80·13 : 1000 (the average being 141·1).

"In the present case, in Lecanu's, and apparently in Leubuscher's, there was an almost total deficiency of coagulable fibrin.

"In Leubuscher's case the white blood-corpuscles are stated to have been in excess.

"(*f.*) Such, I believe, are the principal facts ascertained with respect to milkiness of the serum or of the blood, not dependent upon leucæmia.

"Briefly, the results are as follows:

"1. Milkiness of serum (or blood) is due to presence of free fat, or of free fat with albumen in a molecular form. It is probably never due to molecular albumen alone.

"2. It is a physiological result of digestion, pregnancy, lactation, and hybernation.

"3. It is an occasional pathological result of chronic alcoholism, diabetes mellitus, pulmonary disease, albuminuria, and, perhaps, some other disorders.

"4. Lactescence of serum from free fat alone appears especially to accompany alcoholism and diabetes mellitus. The conditions favouring the presence of molecular albumen are still very obscure; they appear related in some way to albuminuria.

"5. The serum is sometimes neutral and sometimes acid in this disease. It may contain no free alkali.

"6. The albumen of the blood may be normal, or defective, or in excess.

"7. Coagulable fibrin is sometimes entirely absent, or nearly so.

"8. In the present instance the source of the fat in the blood was the liver.

"(*g.*) Before attempting to construct upon this foundation an hypothesis which may give a probable explanation of fatty blood, it may be worth while to review, very shortly, the few opinions which have been already promulgated upon this subject.

"The earlier observers, from Robert Boyle to Hewson, were unanimous in referring 'white blood' to the passage into the circulation of unaltered chyle, or even (as Tulpius) of unaltered aliment. This opinion was indeed true, but only half true; and its insufficiency was demonstrated by Hewson, who observed several cases of disease, accompanied by milky serum, in which the patients had taken little or no food for several days.

"From this period the subject appears to have remained in abeyance, until Caventou's case gave a new and purely chemical turn to the inquiry. In this case the serum had an acid reaction; and upon this fact Raspail based an explanation by no means devoid of plausibility. He held that the fat was set free in the blood for want of a free alkali to hold it in the form of a soap.

"This view is obviously true so far as it goes; but it seems almost to imply a confusion of cause and effect. Acidity of the blood is, doubtless, capable of setting free all the saponifiable fats normally present in that fluid (say 1 : 1000); but it cannot create fat. The hypothesis is, therefore, quite inadequate to explain the presence of the large amounts of fat in the blood noted in the previous analyses.

"It seems, therefore, far more reasonable to suppose that the excess of fat had exhausted the free alkali of the blood, than that the abstraction of any amount of alkali could have liberated such enormous quantities of fat. This doctrine has, nevertheless, held its ground, and has contributed not a little to the so-called 'alkaline' treatment of diabetes mellitus.

"The next opinion which I have to notice is that of Dr Babington, to whom the literature of this subject is so highly indebted. This distinguished observer seems to have been disposed to regard piarrhæmia as a true fatty degeneration of the albumen of the blood, basing his views partly upon the low specific gravity of the serum in these cases (which he had been the first to observe), and partly upon the peculiar case recorded by Caventou, in which it was erroneously supposed that no albumen was present in the blood at all. But it has been already shown that the specific gravity of the serum is no indication of the amount of albumen which it contains; that in Caventou's case, the lactescence, if not due to albumen, was certainly not due merely to fat, and that, in two cases at least, both fat and albumen were present together, and both in large excess. This explanation must, therefore, it seems to me, be abandoned.

"Another has been proposed by Rokitansky, also based upon the idea of fatty degeneration. He thinks milky blood due, 'in a considerable number of cases,' to fatty degeneration of the colourless corpuscles of the blood, previously formed in excess in that fluid. He regards it, therefore, as a modification of leucæmia; and supports his opinion by the statement that milky serum has been generally observed under circumstances ordinarily accompanied by an excess of white corpuscles.

"This statement, however, seems to require considerable modification, at least so far as regards cases of disease. In one, indeed (Leubuscher's), the colourless corpuscles are said to have been in excess; and, in four of the earlier cases, that hæmorrhagic tendency was noted which so often accompanies leucæmia. But, with these exceptions, the diseases attended by fatty blood (alcoholism, diabetes, pulmonary disease) are not those especially related to leucæmia; and the pathological changes most constantly noted in leucæmia (enlargement of spleen and mesenteric glands), appear never to have been observed in cases of fatty blood. In the subject of this paper the spleen was remarkably small, and weighed only three ounces and a half. Rokitansky, however, also allows the direct introduction of fat into, and the liberation of combined fat within, the blood to be possible causes of milky serum.

"The only remaining opinion which requires notice is that of Virchow, who has treated the subject quite incidentally in a note to his valuable memoir upon Fibrin. He regards milky serum, in pathological cases, as essentially dependent upon the non-elimination (non-combustion) of fat, and its consequent accumulation in the blood. The appearance of molecular albumen he appears to consider only a secondary phenomenon; the slow saponification of the excess of fat abstracting from the albumen of the blood the alkali required to keep the latter in solution.

"The first half of this explanation is certainly, in many cases, correct. The other involves some difficulty; for, if it be true, it seems impossible to account for the occurrence of large quantities of free fat, in acid or neutral blood, without the presence of molecular albumen, as was the case in three of the instances collected above.

"The conclusions which I should venture to draw from a comparison of the facts collected in this paper are as follows:—

"1. Piarrhæmia consists in an excess of saponifiable fat in the blood, not in the mere liberation of fat from its combinations.

"2. The excess of fat in the blood may be the result of two causes—viz.:

"(*a.*) The excessive ingestion of fat (as in piarrhæmia during digestion).

"(*b.*) The diminished elimination of the same (as in hybernation and pulmonary diseases).

"It is not quite clear to which of these categories alcoholism belongs. It is conceivable that its elements may be directly converted into fat by deoxidation; but it seems more probable that the conversion is effected indirectly, the hydrocarbon of the alcohol attracting to itself that free oxygen which would otherwise have been employed in the combustion of the fats of the food, and so permitting the accumulation of the latter in the blood.

"3. Fat, if directly ingested, may enter the blood with the chyle through the thoracic duct; but it is clear from the present case that it may also be elaborated in, and absorbed directly from, the liver.

"Piarrhæmia is not a result of diabetes mellitus, for either may exist without the other. Both seem to be the consequences of the same derangement of the functions of the liver which overloads the blood, sometimes with an excess of sugar alone, sometimes with an excess of sugar and fat combined.

"Why the liver should deal so differently in different cases with the hydrocarbons submitted to its influence, it is hard to say. It seems not improbable that sugar alone is elaborated in the first instance, and that the excess of fat is the result of a deoxidation of this substance; for the conversion of sugar into fatty substances is not only capable of being effected experimentally (as in the production of butyric acid by fermentation of sugar under the influence of casein), but has been shown to take place in the animal economy, in the formation of wax by bees fed only on sugar.

"5. The pathology of blood milky from molecular albumen must be considered as still almost wholly negative. It is probably never an independent affection; but neither is it a mere accidental consequence of piarrhæmia. Its apparent relation to albuminuria seems to point to some organic change in the constitution of the plasma of the blood itself."

Dr T. A. Carter contributes to the 'Medical Times and Gazette' of the 15th inst. some suggestions for the improvement of *Paracentesis Abdominis* in cases of Ascites, which we reproduce:

"The operation of paracentesis abdominis is now seldom or never resorted to in cases of ascites depending on organic disease, except with the view of alleviating certain symptoms, which arise as a consequence of the accumulated fluid interfering by its pressure with the physiological actions of the abdominal or thoracic viscera. The operation must, therefore, be regarded as a mere palliative, and not as a curative agent in the treatment of structural lesions; and as such I have to speak of it in the present instance.

"At one time much discussion prevailed touching the relative merits of early and late tapping in cases of abdominal dropsy, and even at the present day some difference of opinion is maintained; but the great majority of physicians are now, I think, agreed that the operation should only be resorted to when such symptoms appear as indicate dangerous interference with the performance of some function necessary to

life; or, when the sufferings o the patient are so acute as urgently to demand the temporary relief attainable by surgical aid. This opinion, then, which is based upon observation, may be fairly interpreted as signifying that tapping, though sometimes a necessary expedient, is always a very dangerous one; and every practitioner who has profited by opportunities of witnessing the effect of this palliative measure upon ascitic subjects, will be able to call to mind cases in which, judging from the previous general condition of the patient, life might long have been carried on, could relief have been obtained by the employment of a milder remedy. In those instances, therefore, in which paracentesis is imperatively demanded on account of the powerlessness of our hydragogue remedies, it behoves us to take every precaution for the avoidance of those procedures which physiological and pathological science point out as likely to exercise an injurious influence upon the already enfeebled constitution of the patient. Now, it has appeared to me that sufficient attention has not hitherto been paid to the teachings of physiology and pathology in the performance of this operation, and that to this cause must, in some measure, be ascribed the rapidly fatal results by which it is so frequently followed.

"In order that I may be enabled to point out, and comment upon, what I consider to be the chief defects of this operation, as well as to offer some suggestions for its improvement, I shall briefly describe the manner in which it is usually conducted. The patient being placed in a sitting posture, is encircled with a broad flannel bandage, the ends of which are held by two assistants, who, by this means, exercise pressure upon the abdominal walls. The operator having determined upon the most suitable point for the puncture, makes an aperture in the bandage at this spot, and then proceeds to thrust a full or medium-sized trocar and canula perpendicularly through the abdominal walls. This done, the trocar is withdrawn, and the entire quantity of fluid (often amounting to several gallons) is removed. In the mean time, the patient's strength is supported and syncope prevented by the administration of alcoholic stimuli. On the canula being withdrawn, the wound closed, and the bandage carefully adjusted, the operation is complete.

"The marked and immediate relief afforded by this very simple procedure is, of course, highly satisfactory to both the patient and the practitioner; but in estimating the value of this remedy, as of some other for the time being satisfactory remedies, such as bloodletting, it is necessary not only to direct our attention to the present benefits which they confer, but also to take cognizance of the remote consequences by which they are followed.

"It too frequently happens, a few hours after the system has partially recovered from the inevitable shock which it has sustained, that pain and tenderness on pressure are felt over the abdominal region, followed by re-distension, which together call for the relaxation or entire removal of the bandage. The distension continuing to increase, often occasions the opening up of the canula-track, and the escape of a quantity of serum, which not merely tends to weaken the patient, but by its saturating the bed-clothes proves a source of great annoyance and discomfort. This state of affairs is generally, however, of but short duration, for the pulse grows rapidly quicker and weaker, exhaustion progresses, and death soon closes the scene. The patient dies of acute traumatic peritonitis, induced, unquestionably, by the operation which I have described.

"The first and gravest objection which I have to urge against the operation is the removal of the entire quantity of fluid contained in the cavity of the abdomen; a practice which is, in my opinion, not only unnecessary, but in the highest degree prejudicial to the patient. It is unnecessary, because, as I have before said, our object in tapping is but to alleviate a symptom, or series of symptoms, arising from the pressure of the ascitic fluid, and this end will be as effectually attained by the abstraction of a small portion of the fluid as by the withdrawal of its entire quantity. The practice is injurious, because the most abundant experience testifies to the fact that all large and sudden evacuations of any kind, especially of albuminous fluid, produce, in addition to the temporary shock, a secondary depressing effect, which is sometimes even of long continuance. The complete evacuation of the peritoneal sac is, furthermore, injurious in consequence of the bloodvessels losing the equal support afforded by the ascitic fluid, the result being a tendency to congestion and re-effusion into the abdominal cavity.

"The evils to which I have just alluded are, doubtless, to some extent, successfully combated by the exhibition of cordials and the application of the bandage; but it admits of question whether the bandage, especially if tightly drawn, does not of itself often produce mischief by bringing roughly in contact organs which have long been separated by a layer of fluid, and thus operate as an exciting cause of peritonitis.

"As I have been unable to discover any advantages likely to be derived from the employment of a large or moderate-sized trocar in tapping for ascitis, and as several valid objections may be raised against their use, I would suggest a modification of the operation in this particular also. The only sufficient reason, indeed, that can be offered for the use of large instruments in any case of paracentesis is, that the fluid to be drawn off may be so viscid or gelatinous, as to be incapable of running through a canula of narrow bore. But as this condition is never observed in examples of pure peritoneal dropsy, and as we know that the liability of wounds to inflame and become dangerous is, *cæteris paribus*, exactly proportionate to their extent, it must be evident that the smaller the instrument employed in puncturing the abdominal walls, the better; for the less will be the chances of peritonitis. What further remarks I have to make on the practice of tapping as usually adopted, will be reserved until the modification which I am now about to propose has been described.

"Let the patient, then, instead of being encircled with a flannel bandage, be simply placed in the sitting posture, and directed to take a deep inspiration, and hold the breath until the puncture has been made. Let the operator, after having selected the smallest size of trocar, thrust it obliquely upwards and inwards through the abdominal walls, and, allowing the canula to remain, draw off just so much fluid as will relieve the prominent symptoms. This being accomplished, the canula must be withdrawn, and a piece of strapping placed over the external wound. A little wine or brandy may be administered during the operation.

"I have here dispensed with the bandage as being unnecessary, because the abdomen will be sufficiently tense for the purpose of puncturing, and the shock to be apprehended from the operation so slight as not to require us to resort to such an expedient.

"My object in recommending that the trocar should be made to traverse the abdominal parietes obliquely is, that by this contrivance the leakage which sometimes occurs after tapping in the ordinary fashion may be avoided; for it will be readily understood that if the trocar-track be made oblique, the outward pressure of the residuary fluid will completely obliterate the passage as soon as the canula is withdrawn; whereas, if the passage be made at right angles to the abdominal walls, the tendency of the accumulated fluid will be to open up the track of the canula, and so escape. Whether this precaution will be found necessary in tapping with the very fine trocar which I have recommended, must be left for experience to decide; this much, however, is certain, that large quantities of fluid do sometimes trickle away after tapping, in the usual manner, with a trocar of not more than one-tenth of an inch in diameter. A simpler and perhaps more effectual method of giving obliquity to the trocar-track, would be to draw the skin upwards, and push the trocar directly through the abdominal walls, a little below the point where tension is being exercised. On withdrawing the canula and allowing the tissues to resume their ordinary relations the wound would necessarily assume the desired obliquity.

"It is of course impossible to lay down any strict rules concerning the quantity of fluid that should be withdrawn, as this must vary somewhat in each individual case; but I am disposed to believe that from one to two pints will be amply sufficient to relieve the symptoms arising from pressure, such as dyspnœa and the suppression of urine; and I think that in every case the evacuation of fluid should be suspended as soon as the stream from the canula begins to exhibit the slightest indications of flagging; for as no artificial compression is exercised by means of the bandage in this operation, the retardation of the stream will indicate that all dangerous pressure has been removed; and this, as I have before said, is the sole object to be gained by performing paracentesis in cases of ascitis depending upon the existence of organic disease.

"In conclusion, let me remark that if the modification of paracentesis which I have now proposed be found, upon trial, to be as free from danger as I am led from theoretical considerations to suppose that it will, I would suggest that the operation should be resorted to at a much earlier period than has hitherto been customary in these cases — so soon, indeed, as the hydragogue remedies have ceased to produce the desired effect, and before the viscera have become compressed and displaced, and the blood saturated with urea and other excremental poisons. And I would further submit for the consideration of those interested in the amelioration of our art, whether it would be preferable to draw off a small quantity of fluid in the way I have proposed, and thus afford the kidneys an opportunity of resuming their functions, and so of ridding the system of water through its natural channels, than to attempt its removal by the employment of drastic purgatives, which frequently operate with such violence, as of themselves seriously to jeopardise the life of the patient."

We quote the following interesting case of *Wasting Palsy* from the 'Dublin Medical Press:'

"Andrew McCaughry, a farmer from the county Longford, was admitted June 7th, 1860.

"*General Physiognomy.*—He appears, as he is, a man about fifty-two years of age, of sanguineo-phlegmatic temperament, of very moderate muscular development, but still having a general look of health. His hair is just turning grey, and the arcus (or rather circulus) senilis is well marked in both eyes. He stands unsteadily, in a manner evidencing want of power in the right leg, and the following abnormal conditions are observable on the right side of the body:—The shoulder is considerably flattened and depressed, the arm consequently hanging lower than the opposite one. The elbow-joint is bent to a right angle, and the forearm kept close to the chest, as if supported in a sling. The proximal phalanges of the fingers are extended, while the others, with the thumb, are curved towards the palm, and the muscular parts of the entire extremity are considerably diminished in size. This wasting is particularly marked in the muscles of the thumb. The situation of the pectoralis major exhibits no projection, but rather a series of depressions corresponding to the intercostal spaces, which latter are all slightly sunken in; the inferior angle of the scapula projects somewhat; the thigh has lost its muscular outlines, and assumed a rounded form. There is no distortion due to any of the facial or orbital muscles.

"*History.*—The patient states that he is married, and has had nine children, of whom seven are living and healthy; none of his family have had any disease similar to his; he has always been otherwise very healthy, and tolerably temperate; has never been hard-worked nor much exposed to bad weather, nor has he been in the way of any conceivable mineral poisoning; but he states that a couple of years ago he suffered much anxiety of mind from family affairs.

"September, 1859.—Without any obvious cause, and without any concomitant derangement of health, he now felt a gnawing pain and tenderness about the upper dorsal vertebræ; this lasted about two months, and in November, 1859, disappeared; but a similar pain was immediately felt in the right shoulder, whence it spread down the arm and forearm to the wrist, more severe on the internal side. Coincidently with the pain, the shoulder and arm felt stiff and weak, and a stinging pain and numbness, with impairment both of feeling and of motor power, commenced in the fingers, and travelled upwards to the elbow, the loss of power over which and the fingers having gradually increased to the present time.

"January, 1860.—He felt a numb pain along the course of the right sciatic nerve, which, after lasting a couple of months, disappeared, but left a sense of numbness and impairment of feeling of the entire limb; coincident with this there was a temporary sensation of coldness of the extremity,

and, according to his statement, it was not only a subjective, but also an objective symptom, being perceptible to others as well as to himself. The ankle also swelled somewhat, and for a while.

"March, 1860.—His right forearm and hand were now attacked with a temporary coldness similar to what had occurred in the leg, and the wrist swelled for a while. Now, for the first time, he experienced a diminution of power in the right lower extremity, manifested most strikingly by a liability to trip over the slightest obstacle, and accompanied by a general sense of weakness across the lumbar region.

"In addition to the above, the following symptoms are complained of: Three organs of special sense have been affected during the last two or three months. There have been impairment of smell, slight dimness of vision, and muscæ volitantes in the left eye, and slight deafness and tinnitus in the left ear. The urinary organs have been deranged three times during the last two months, with brief attacks of pain in the hypogastrium, accompanied by some deposit in the urine. The bowels, for the last month, have been obstinately constipated. Constant headache has been present during the last fortnight; an aching pain across the forehead, which, however, it may be observed, disappeared upon the administration of some purgative,

"*Details of Present Condition.*—The above symptoms, with the exception of those noticed as temporary, continued to the present time. The mental powers are quite unimpaired. The countenance, pulse, tongue, and urine present nothing abnormal, and there is no tenderness over any part of the spinal column: but not so the muscular and nervous systems.

"*Muscular System.*—The following description applies to the right side only, the left remaining unaffected.

"All the muscles of the upper extremity are atrophied; some more, some less; those of the arm less so than those of the forearm. The biceps differs from all the others in feeling tense and hard, which, however, is due to the suspension of the forearm from it, at a right angle to the arm. When relieved of this weight, it presents the same remarkable flabbiness which characterises the others.

"In the forearm the extensors and the supinator longus are much less atrophied than the flexors and pronator teres. This part, therefore, is flattened in front, rounder behind, and almost normally rounded on the external aspect. The following measurements show the difference in size of the two forearms; but it is obvious that they do not indicate the exact amount of diminution, the right being normally rather larger than the left. Two inches below olecranon—left, 10¼ inches; right, 9⅞ inches. Three inches above styloid process of radius—left, 7¼ inches; right, 6¼ inches.

"The thenar muscles are much wasted, the hypothenar less so. In the angle between the thumb and index finger, little more than a lax web, consisting of two layers of skin, can be felt. The dorsum of the hand presents rather a concave appearance, and depressions corresponding to the dorsal interossei, muscles not usually affected in lead-poisoning.

"The voluntary motor powers are greatly impaired; in fact, the only motions of which the upper extremity is capable are, abduction of the arm to an angle of about 45° at the shoulder-joint, and very slight pronation and supination of the hand. But, under the influence of galvanism, all the muscles act, as far as can be ascertained, though to a variable degree. Thus the deltoid acts well, and its individual fasciculi can be seen contracting; the supinator longus contracts vigorously, the pronator teres and digital flexors scarcely at all.

"The cutaneous sensibility of the right arm is complete down to the elbow, but below that is nearly absent. The patient cannot feel pinching unless his sense of sight calls attention to it, and he can scarcely perceive the contact of a sharp point.

"*Right Lower Extremity.*—He uses this as a person affected with hemiplegia would, rather dragging than lifting it. The muscles, though not so much atrophied as those of the arm, are very flabby, and their power over the joints is nearly, but not entirely, gone; he can scarcely flex the hip-joint. They contract well under galvanism. The sensibility is much impaired from the great trochanter down. The sense of touch is curiously perverted on the sole of the foot. In one respect it is exalted, for the contact of any object, however rounded, produces pain, more or less acute, in another; it is impaired, for he cannot distinguish a spherical surface from a point. This extremity affords a good example of reflex movements independent of sensation and will, a slight touch on the skin, especially that of the foot, being followed by a rapid jerking withdrawal of the entire limb.

"*Fibrillary Tremors.*—This symptom, described by Cruveilhier, and consisting in a tremulous clonic contraction of the minuter fasciculi of the muscles, visible through the skin, was observed in this case only in the following muscles, all on the right side: deltoid, dorsal interossei of hand, palmaris brevis and ext. digitorum longus pedis.

"*Treatment.*—The treatment was commenced on the 8th June, and consisted in full diet, occasional warm baths and purgatives, which relieved some slight pains in head and joints; blistering over lumbar region; pil. Plummeri gr. v. ter in die; changed on June 27th to calomelanos gr. i., pulv. antim. gr. ii., ter in die. In addition to these electro-magnetism was used daily in the following way: the conductors of the machine were applied over the belly of each muscle at a distance of about two inches apart, and for the space of one or two minutes.

"*Progress, and Condition on Discharge.*—On the 20th of June, that is on the thirteenth day of the treatment, the first distinct signs of improvement in the motor and sensory powers were manifest. Domestic affairs not allowing the patient to remain any longer from home, he was discharged at his own request on the 5th of July, and his condition the day before leaving was as follows:—The dimensions of the forearm remain the same, the muscles having apparently neither enlarged nor diminished. *Motor powers:* The muscles in general have become decidedly more sensitive to the electric stimulus, and several of them are more under the control of volition than they were at first: accordingly he can raise the humerus now so as to form a right angle with the trunk; he has some slight power of flexing the elbow, not possessed before; and he can flex the thigh upon the trunk and walk with much more steadiness and firmness than he could when entering the hospital. The reflex movements of the leg already alluded to can scarcely be excited now. The cutaneous sensibility both of arm and leg is considerably improved, judging both from his own statements and from experiment. The bowels are no longer constipated, but are perfectly regular. The affections of the organs of special sense, mentioned above, continue without any improvement. It may be observed that the mercury did not produce any of its usual effects, except that, during three or four days before leaving, the gums were very slightly sore.

"The following general statements appear to be applicable in the above case:—

"1. The affection of the arm was preceded by notable pain and tenderness in the adjacent part of the spinal column; that of the lower extremity was not.

"2. In both extremities, in addition to impairment of sensibility and motor power, there were these symptoms: pain along the course of the great nervous trunks, pain at their remote points of distribution, temporary diminution of temperature, and temporary swelling, at the wrist in the upper extremity, at the ankle in the lower.

"3. The contractility under galvanism and the amount of atrophy of the muscles seem to be inversely proportioned one to the other. The greater the atrophy, the less the contractility.

"4. The varying extent of atrophy seems, to some extent, to correspond to the source of nervous supply; for the muscles supplied by the musculo-spiral are much less diminished in size than those supplied by the median and ulnar nerves.

"In compliance with Dr Benson's wishes, I have detailed the particulars of this case of wasting palsy, or 'Cruveilhier's Atrophy,' with some minuteness. Because,

"1st. It is a rare affection.

"2nd. It has only of late attracted much attention.

"3rd. It is apt to be confounded with other forms of paralysis.

"4th. Its pathology is not very satisfactorily ascertained; and,

"5th. Its treatment is not quite settled, although electricity and exercise seem to be beneficial.

"For the best account of the disease in our language, consult Dr Roberts' essay on 'Wasting Palsy,' an able monograph by a gentleman who formerly studied in this city."

Mr John K. Barton contributes to the 'Dublin Hospital Gazette' the annexed *Case of Diphtheria.*

"Upon the morning of Sunday, the 22nd of July, I was sent for to an institution for training female servants in Stephen's green, to see one of the girls, whom the matron stated had been taken very ill on the previous evening, and in spite of some means employed was rapidly getting worse. I found the patient to be a delicate girl of about twenty-seven years of age, for whom I had prescribed some time before for constant headache and debility. She now complained of a terrible pain in her head, and that her throat was so sore she could not swallow anything. Her whole body was covered with a profuse perspiration; her pulse was weak and compressible. She had had a shivering upon the night before, and still, whilst bathed in perspiration, complained of feeling cold. The tongue was covered with a whitish fur, and was swollen at its root, particularly upon the left side. The left tonsil was swollen, and the most prominent part of it covered with a white exudation. The uvula was œdematous; the arches of the palate and back of the pharynx were redder than natural, but there was no ulceration nor any white patch except that upon the left tonsil, which was not by any means loose or abundant, but quite close, corresponding to what is described by the French authorities upon diphtheria as the *Lichenoid* form of exudation. I touched the patient's throat freely with the solid nitrate of silver; ordered her a mixture containing ten drops of muriated tincture of iron, and ten grains of chlorate of potash in the dose, every third hour, with some wine-and-water during the day. I saw her again at seven o'clock the same evening; all the symptoms observed in the morning were still present, but in an increased degree. She was decidedly worse; the pulse was very small and thready, the body bathed in perspiration. The patient lay apparently only half conscious of anything going on about her, and had been talking during the day in an incoherent manner. The medicine and wine had been got down her throat with great difficulty, swallowing was so painful. I made a searching examination of the throat: the white exudation extended now not only over the left tonsil, but over part of the velum, the uvula, and slightly the back of the pharynx, while the œdematous swelling of the velum and uvula was now very marked. Tongue protruded with difficulty, moist and swollen at the root. I now had a drachm of nitric acid mixed with an ounce of honey applied freely to the throat twice during the evening. A teaspoonful of brandy was given every hour in a little water, and the medicine continued every third hour.

"Upon Monday morning I found she had not slept at all during the night. Only very little of the brandy had been swallowed. The pulse, however, was somewhat better than it was the night before. I now removed her to hospital, as proper attention could not be given to her where she was.

"Upon her admission an examination of her throat was made under a good light, when masses of soft, white exudation were seen covering the left tonsil, uvula, and back of pharynx; but so swollen were these parts found, that the parts covered by the exudation looked like the bottom of a sloughy ulcer.

"The same mixture of nitric acid and honey was twice thoroughly applied, and a mixture ordered of the muriated tincture of iron and chlorate of potash—20 drops of the former and 20 grains of the latter in every dose—to be taken every second hour. At every alternate hour she is to get a teaspoonful of brandy. Upon the evening of the same day she was going on favourably, and upon Tuesday morning I found she could swallow better.

"Her headache, which up to this time had been intense, had disappeared. Pulse a little stronger. Exudation had not extended at all in the throat; if examined now for the first time, it would most likely be presumed to be a bad sloughy ulceration of the throat. Pains in the ears were complained of. There is but slight swelling of the neck externally. The throat was well touched with the acid solution. Three ounces of brandy were given in the day, also beef-tea, and the mixture continued every third hour. The disease did not extend after this. Upon Thursday there was a very marked improvement in her

general appearance. The false membranes were not all thrown off yet; they were loose, and emitted a very offensive smell. Upon the following day they all were expectorated, the throat then presenting a natural appearance, evidently having suffered no loss of substance. Just a week after her admission she left the hospital, being quite well, with the exception of a feeling of great weakness, and at present is in good health.

"It is unnecessary to make any remarks upon this case, so much has been so ably and recently written upon this disease. But inasmuch as very few marked cases of the kind have appeared here, it is well to record the symptoms; and the energetic plan of treatment will, perhaps, be thought worthy of imitation, inasmuch as it was followed by a favourable result.

"I should mention, in connection with this case, that a short time before a young woman, in the same institution from which the patient came, was under my care for a very bad ulcerated sore throat, accompanied with constitutional disturbance and debility, several examples of which I have seen during the past spring. This patient was a remarkably fine, healthy-looking young woman, whose duty was to attend in the shop, where, the day before she was taken ill, she perceived from the breath of a customer, to whom she was attending, a most disagreeable smell. That night she had a shivering, and in the morning I saw her and found her throat inflamed, and ulceration already commenced. She had, however, recovered perhaps a week before the girl whose case I have related took ill. A few days after her discharge from hospital, the matron of the same institution complained of feeling ill with sore throat; upon examining her mouth, two small white spots, each about the size of a fourpenny-piece, were seen, one on each tonsil. That this was an exudation was quite plain, for, although it was so adherent as to prevent its being raised off the mucous membrane, the point of a director could be pressed a little beneath its edge. There was very little constitutional disturbance. The hydrochloric acid and honey were several times applied freely, and a mixture of chlorate of potash and muriated tincture of iron ordered. Next day the exudation had disappeared, and in a day or two afterwards she was in her usual health."

The "Indian Lancet" contains the following article on the *Delhi 'Boil, or Aurungzebe*, by Surgeon FRAZER, of H.M.'s 88th Regiment:

"The Delhi boil, or ulcer, for it assumes the appearance of the former before it ends in the latter, has been known to be peculiar to Delhi as far back as authentic history can trace, and is called by the natives Aurungzebe, after that Emperor, who was a victim to this form of disease. Its existence is confined principally to the city of Delhi, being less common in the surrounding district; and at Meerut, about forty miles off, it is unknown. Some places, even in the immediate neighbourhood of Delhi, the natives declare to be perfectly exempt from it; but this may arise in a great measure from the population being comparatively few in number.

"Various theories have been propounded as to the causes which give rise to this disease; but they are so vague and unsatisfactory, that none of them can be relied on. Some attribute it to the influence of malaria; but then it prevails most in the winter season, when malaria does not abound. Others consider that it arises from an impoverished state of the blood, caused by bad living and impure air; but it occurs in those who live well, occupy good houses, and use all means in their power for obtaining the best of everything—air, exercise, and houses included.

"The natives agree in the theory of its arising from the use of the water of Delhi, which is impregnated with saline salts, chiefly, I believe, the nitrates. I am inclined to adopt this hypothesis, for the following reasons:—

"1st.—Although I have no means of analysing the water of the wells of the city of Delhi, I am induced to believe that it must be impregnated with the same salts as are known to be held in solution in the water peculiar to Mooltan, and many parts of Scinde, where a very similar ulcerative disease is observed to prevail.

"2nd.—The disease is more prevalent after the rains. May not this be ascribed to the rain-water, which supplies these wells, in percolating through the soil, taking with it large quantities of the salts in solution, and thereby causing an excess in the quantity of salts already in the wells, and consequent disease to those who drink or otherwise use the water internally?

"3rd.—May not the fact of the disease being less prevalent in the dry weather at the beginning of the hot season, and before the rains, be due to the water in the wells being less scanty from daily use, and not being renewed by a supply of rain-water, and consequently less salts being held in solution in the water which remains? It follows, therefore, that these salts, whatever they may be, when constantly taken into the system, undergo chemical changes and combinations in 'the great laboratory of nature,' which, acting on the eliminating organs of the body, so alter the constituent parts of the blood as to give rise to the formation of diseased tissue.

"Whatever the cause, I have no doubt but that 'Delhi ulcers' are a disease of the blood, and ought to be classed under the head of zymotic disease.

"I shall now endeavour to show the rise and progress of the disease in the 88th Regiment, but can only do so imperfectly, not having been with the corps prior to February 1860. The regiment arrived in Delhi in the month of February 1859. In June the men began to be affected with troublesome sores, which appeared in different parts of the body. These were found to be most intractable, resisting all treatment; and the number of men affected became greater as the season advanced, and their greatest increase was from December 1859 to March 1860. They are now (May) on the decrease, having begun to be less frequent in April. Since about June 1859, to 30th April 1860, as many as 114 soldiers have had Delhi ulcers, and many of the officers, women, and children. A number of the soldiers have had four re-admissions into hospital from this annoying disease, which spares neither race, age, nor sex, and causes great disfigurement.

"It begins by the gradual formation of a reddish patch, raised and hard in the centre, over which the skin, at first smooth and shining, puts on a scaly appearance, becoming fainter towards the border of the spot. In the centre is a small pimple; after a time, a brownish crust forms, which is somewhat more depressed than the surrounding surface; it becomes gradually larger, particularly if picked or irritated, and it is accompanied by pain and sometimes a troublesome itchy soreness.

"While this is going on, the surrounding skin becomes of a shining light purple colour, and scaly, gradually becoming fainter in scaliness and colour as the distance from the centre is increased. If the crust is removed, a raw irregular surface is observed, which bleeds freely if roughly handled. It secretes sometimes a thin transparent secretion, or a thin greyish brown fluid; this cakes on the surface, and forms the crust, and the ulcer goes on spreading. It is usually of an irregular circular form, but it presents itself in all shapes.

"Sometimes a thick crust of a greyish white colour forms, and the ulcer underneath it is smaller and has not such a tendency to spread as in the brown crusted variety. This, however, may arise from being less picked at and irritated by the patients themselves. The raw surface consists of flabby, irregular, fungoid-looking granulations, which appear more luxuriant in the centre, and are tender to the touch. When kept clean and dry, the ulcer very quickly forms what appears to be a new skin, beginning in the centre and extending to the edge; but it seems as if it could only advance to a certain distance, for a raw watery line of demarcation separates it from the surounding tissue. The centre is now hard and dry, like parchment, and pressure discovers that it has nothing adherent to it underneath. If removed by a poultice, the raw surface is discovered to be depressed in the centre, and secreting the thin peculiar fluid, which, if left alone, would form the thick, brown, dirty-looking crust, with a well-defined watery line of demarcation between it and the sound skin; becoming, if the sore is situated on a part that admits of much motion, a deep sulcus.

"When the Delhi ulcer heals up, it leaves a cicatrix depressed in the centre, with raised and slightly indurated edges, and a purple, scaly surface. It soon breaks out again, accompanied by the appearance of some new ones in another place. They are more common on the upper extremities and face than on the lower limbs, and are more rarely observed on the trunk.

"While they are in progress no traces of constitutional symptoms are observed. In some the gums are pale, in others morbidly red, and the alvine evacuations and urine present no unusual appearances.

"Having described the disease, now for the *treatment*, which is chiefly local; and I cannot do better than give a list of the remedies which have been employed by different practitioners, each with some appearance of success. These are poultices, water-dressing, blisters, tincture of iodine, solutions of sulphate of zinc and copper, nitrate of silver, and red precipitate.

"*Ointments*, such as the nitrate of mercury, red precipitate, iodine, creosote, and charred root of the castor-oil plant.

"*Constitutional treatment* has consisted in giving iod. potass., liq. arsenicale, lime-juice, aperients, alteratives, mineral acids and tonics of various sorts, all of which are said to have appeared to do some good for a time.

"In my own experience, I have found that, after the removal of the crust (unless it was an open sore), touching the diseased part, including a small portion of the surrounding sound skin, with potassa fusa, was an excellent plan. On separation of the eschar, a clean-looking sore, secreting good healthy pus, was the result, which filled up readily, contracting from the edges. Such constitutional treatment was adopted as the appearance and state of health of the patient indicated. I have tried nitric acid and the solid nitrate of silver to the entire surface of a sore; but these applications formed hard, smooth, parchment-like crusts, without penetrating deeply into the diseased part, which seems to be necessary to the formation of a healthy sore, and the fresh step in setting up the healing process of the ulcer.

"Next to the potassa fusa, I found the sulphate of zinc in strong solution or fine powder was most efficacious in destroying the diseased surface, and producing a new and healthy sore. I have tried the red precipitate in powder and ointment; it kept the sore clean and healthy-looking, but favoured the formation of the dry parchment-like surface, under cover of which the unhealthy secretion was reformed.

"The solid nitrate of silver appeared to do good when used in touching the line of demarcation; but the hard scale which it formed had to be removed daily by a poultice, otherwise the mischief went on underneath it.

"Notwithstanding all modes of treatment, however they certainly fail in making a thorough cure of the disease which shows itself in the formation of Delhi ulcers, so long as the subject of the disease remains in Delhi. It may become milder—may cease for a time, or appear to wear itself out; but change of air or climate, and that only, effects a complete eradication of it from the system."

ON GLAUCOMA AND THE OPTIC PAPILLA

NEW OPHTHALMOSCOPICAL FACTS; OPTICAL ILLUSION IN EXAMINING THE PAPILLA IN THE INDIRECT METHOD; NORMAL STATE OF THE PAPILLA; DISEASED STATES.

Dr Mackenzie, of Glasgow, says:—I long since established to my own satisfaction the three following conclusions regarding glaucoma:

1st. That the sea-green appearance behind the pupil, whence the name arose, does not depend, as was once generally supposed, on any thickened or discoloured condition of the vitreous humour, but on a diplochromatic state of the crystalline, by which it absorbs the extreme prismatic rays, and reflects the middle ones.

2nd. That the vitreous fluid in glaucoma is superseded by an unhealthy secretion, which over-distends the eye, makes it feel hard, causes severe pain by pressing on the ciliary nerves, and obliterates the sensibility of the retina; a state of matters which I found to be susceptible of relief by paracentesis of the eye, through either the sclerotica or the cornea.

3rd. That in advanced cases, the optic nerve behind the eye shows itself, on dissection, in a state of atrophy, deprived more or less of its proper nervous substance, and flattened.

Ophthalmoscopic investigations have added some new facts to our knowledge of glaucoma. One of these is the pulsation of the arteries of the retina; and another, the concave or excavated state of the papilla of the optic nerve. Neither of these phenomena, however, is peculiar to glaucoma; both of them being occasionally met with in other diseases of the eye. The former of them seems to indicate an increased resistance to the flow of blood in the vessels which supply the retina; the latter may be regarded as the effect of one or other, or of both, of two different causes, namely, the atrophied condition of the optic nerve, and the increased pressure on the internal parietes of the eyeball, from the superabundant secretion which occupies the place of the vitreous humour.

These phenomena can scarcely be discerned in the advanced stages of glaucoma, owing to the diplochromatic and muddy state of the crystalline. To see them, then, the student should be directed to examine a case in which the dioptric media have as yet lost but little of their normal colour and transparency.

To discern the pulsatory movement of the vessels, requires a sharp and experienced eye; and the observer will find it of service, while directing his attention to this point, to have the patient's head supported, and the diseased eye steadied by the fingers of an assistant.

If the indirect or inverted method of ophthalmoscopic observation be selected, an optical deception is apt to bewilder a beginner, as to the condition of the entrance of the optic nerve, a nearly circular spot, though not unfrequently oval, variable in size, but measuring on an average 0·6 line in diameter, and which, although styled

papilla or *colliculus*, is, in its normal state, nearly level with the retina, and even a little depressed in its centre. In the direct method, where the observer regards the illuminated non-inverted fundus oculi through an aperture in a concave mirror, without the aid of any extraneous lens, the great magnifying power of the cornea and humours of the patient's eye gives to the papilla an apparent magnitude larger even than that of the pupil; but in this way it cannot be well seen as a whole, and generally requires the eye of the observer to be brought inconveniently near to that of the patient. Instead, then, of using the patient's eye as a powerful single microscope, in actual contact with the objects on the fundus oculi to be examined, and thus viewing them directly, it is better to obtain a smaller but more defined image, although an inverted and virtual one, of those objects, by converting the patient's eye for the time into the object-glass of a compound microscope, which we do by holding in front of it a thick convex lens. The image which we then see of the several parts of the fundus oculi is an inverted one, like that of an object examined with any ordinary compound microscope; the entrance of the optic nerve is seen towards the temple instead of the nose; the macula lutea appears to the nasal side of the optic nerve instead of the temporal, and a little below the level of the nerve instead of above it; while the principal trunks of the retinal vessels, instead of branching in the direction of the temple to embrace the macula lutea, seem to bend towards the nasal side of the eye. The apparent position, in fact, of all the objects on the fundus, viewed in this way, is the reverse of their real position.

The most important optical deception which arises from viewing the fundus in the indirect method, as well as the most puzzling to a beginner, affects the papilla. The student has probably heard that the papilla, in the glaucomatous eye, is cupped or excavated; but to his view it appears quite the reverse—it appears rounded and prominent.

To comprehend clearly that this is an illusion, all that one requires to do, is to impress with the head of a pin, a small dimple on a bit of paper, and put this under a compound microscope, with the concave side of the impression uppermost. The same appearance will then be seen which is presented by the papilla of the glaucomatous eye, namely, that of a rounded and protuberant surface.

This optical deception arises from the inversion which the image suffers by being viewed through the compound microscope. We judge that an object, viewed with a single eye, is convex or concave, solely by the manner in which light is reflected from the body under examination. The light which falls obliquely on a convex surface illuminates that side which is nearer to the source of light; the side farther from it is in shade. The light which falls obliquely on a concave surface illuminates that side which is farther from the source of light; the side nearer it is in shade. Let the source of light remain in the same position, but invert the image of the object illuminated, so that the light which falls on the farther side of it may seem to fall on the near side, which is the case when we look through the compound microscope at the hollow on a bit of paper, or when we examine the optic papilla through the compound microscope formed for the occasion by the patient's eye *plus* the convex lens held in front of it; and both the dimple on the paper and the papilla, although they are actually cupped or concave, will then appear convex and prominent.

If, on the other hand, we turn the convex side of the dimple on the paper uppermost, and view it with the compound microscope, it appears concave. The inversion of its image causes the light which falls on its near side to appear as if it fell on its farther side, and thus the eye is subjected to a deception the reverse of the former, and from which it cannot free itself. If there be cases, then, in which the end of the optic nerve within the eye actually projects in a convex form, they will offer, when examined in the indirect method, the appearance of a cup or depression.

Such facts have long been familiarly known; the apparent transmutation of an intaglio into a cameo, or that of a cameo into an intaglio, under the compound microscope, being a common source of amusement, fully discussed by Sir David Brewster in his 'Letters on Natural Magic, Letter V.' Important as their bearing is on pathological examinations of the eye, they seem to have escaped the notice of ophthalmoscopists, till attention was directed to the subject by Dr A. Weber, in a paper in the 'Archiv für Ophthalmologie,' Band II, Abtheilung I, Seite 141.

In a highly-interesting communication in the same journal (Band IV, Abtheilung II, Seite 1), Dr H. Müller has directed attention to the normal, as well as to several diseased states, of the optic papilla.

His account of the entrance of the optic nerve into the eye, and the diagram which he gives in illustration, tally remarkably with the thirteenth figure in Mr Bowman's 'Lectures,' and the corresponding explanation. From the statement and figures of these two observers, especially those of Dr Müller, it may be gathered that the lamina cribrosa is normally somewhat concave towards the interior of the eye; that the fibres of the optic nerve, suddenly losing their white substance and dark outline, enter the eye on a level with the chorio capillaris; that at this point the whole nerve, from the change which its fibres have just undergone, is considerably and rather suddenly reduced in thickness; that the fibres, bending more or less abruptly outwards, and spreading around, become clothed by the exterior or radially-disposed layers of the retina; that the edge of the opening through which the nerve passes into the eye, as well as the fibres themselves as they traverse that edge, form a slight elevation or approach to a papilla, leaving in the situation where the trunks of the central vessels of the retina generally make their appearance, a small foveola.

Dr Müller points out the difficulties which attend the anatomical examination of this depression, arising from the softness of the part, and its liability to change on being touched; and shows how these difficulties may best be obviated. He directs attention to the varieties which exist in different individuals; varieties in the depth of the depression, from 0·2 to 0·5 millimetre; varieties in its form and position, for it is not always symmetrical, and does not always correspond to the middle of the nerve, but is sometimes considerably nearer to the macula lutea, or has one portion of its edge more raised than the rest; varieties in the disposition of the vessels, for while the large trunks generally emerge from the middle of the foveola, one or more sometimes seek a passage for themselves close to the edge of the chorio capillaris, so as to make their appearance by the side of the nerve; facts, all of which should be carefully borne in mind by ophthalmoscopists.

In regard to abnormal prominence of the papilla, Dr Müller shows that this is likely to arise from an atrophied state of the exterior layers of the retina, a thickened condition of the primitive nervous fibres, as well as infiltration of the nerve by blood, inflammatory exudation, or new formations. He relates a case in which a concretion in the site of the lamina cribrosa caused a protuberance of the papilla. The very earliest stage of encephaloid tumour should show an abnormal prominence of the papilla.

On the other hand, intra-ocular pressure, and atrophy of the nerve, existing either singly or in combination, are the causes of abnormal excavation of the papilla. In cases of intra-ocular pressure, either simple or combined with atrophy of the nerve, paracentesis, either corneal or sclerotical, is likely to produce a change in the depth of the excavation, sufficient to be recognised on ophthalmoscopical examination.

Morbid excavation of the papilla varies in depth, reaching in extreme cases to a millimetre beyond the level of the choroid. In such cases, the sides of the excavation are nearly perpendicular, or are even concave, and its edge, of course, impendent, so as partially, or even completely, to hide from view the course of the vessels as they pass from the bottom of the excavation and over its edge to the retina. In slight cases, the sides of the excavation are convex, and its form that of a funnel. The lamina cribrosa, under such circumstances, keeps its place; but in more advanced stages, it is pushed back, and the excavation is much extended laterally. Such extreme cases of expansion are not the result of uncombined atrophy of the nerve, but must arise from the supporting resistance of the parts being weakened by previous inflammation, whence they come to yield more readily to intra-ocular pressure.—'Ophthalmic Hospital Reports,' No. xi.

RODENT ULCER.

A "gentleman had a cancerous ulcer for five-and-twenty years, at the end of which time the whole side of the face and forehead, the eyelids, nose, and ear had become involved in superficial ulceration at one period or other; but in one part, on the cheek, a tumour of the size of an egg had grown, and had been removed by the knife five years before I saw him, and had again formed, and had been excised a year afterwards; after which time this portion of the surface, like the rest, presented the usual appearance of the superficial ulcer. Notwithstanding its extent, and the length of time it had lasted, the disease had not in the least affected the general health, and only some parts were painful, and that chiefly from exposure to the air in dressing."—Mr Cæsar Hawkins.

The following is an abstract of the next case adduced by Mr Hawkins: — Riley, aged sixty-one, admitted February 24th (1841?). A small tubercle had formed immediately below the inner angle of the right eye two years and a half before. It was not painful. It ulcerated, but healed again for a short time, but broke out again twelve months before admission. It then implicated the inner part of both lids, had destroyed a good deal of the external part of the eye, causing collapse of the globe, and extended deep into the orbit. It also extended over the bridge of the nose, a little to the other side. It subsequently perforated the floor of the orbit, so that a probe passed into the antrum. Caustics (the acid nitrate of mercury and the chloride of zinc) were used, and with great benefit, but no hope of complete cure was entertained. With exception of some tremulousness of the right hand, he looked in good health. The glands were not enlarged.

Edward C., aged fifty, has had rodent ulcer of the eyelids for seven years past. It began on the right lower eyelid, and has progressed very slowly. He has been under Mr Dixon's care, on and off, for five years. The disease has now involved the whole of the lower lid, and extends to both canthi: the middle of the upper lid is sound. At the angles the rounded raised hardened border is very characteristic. There is no warty growth, and the surface of the sore is covered by a thin scab. The globe is collapsed and shrunken. He states that he could see well until about six months ago. He is a fairly healthy-looking man of dark complexion, and states that he is quite as well now as ever he was. He has scars of suppurated glands under the jaw, but they were from strumous disease long ago: one of these is still a little enlarged, but it is from the same cause. There is no family history of cancerous disease. It began as a small pimple, and lasted as such about two years before ulceration took place.

M. S., aged fifty-five, was admitted under Dr Humphry's care, on February 26th, 1857, into the Cambridge Hospital, with an excavated ulcer having an indurated base, extending over the lachrymal sac, and upon the side of the nose. It was adherent to the bone. She stated that it had first commenced about two years before, and that it had never been painful. She had no enlarged glands. She was in good general health. A few days after her admission Dr Humphry excised the ulcer, removing with it the orbital edge of the superior maxilla which was involved in the base of the sore. All the morbid structure was carefully cleared away. In October, 1858, Mrs S. again applied for admission on account of a return of her disease in the form of a small knotty growth, closely adherent to the bone. She still had no trace of enlargement of the lymphatics. A second very free excision of the diseased part was performed. The wound healed well, and hitherto (nearly two years) the cicatrix remains healthy.

Robert M., aged forty-six, was admitted into the Hull Infirmary on September 30th, 1859. He suffered from an indurated ulcer on the left cheek, close to the lower eyelid. It was the size of a shilling, and had warty edges. The disease had existed five years, and had been repeatedly, with temporary benefit, treated by escharotics. A free excision was now performed, after which the part healed well. The duration of the disease in the above case, its slow advance, and its location, justify the opinion that it was rodent, and not truly cancerous.—'Medical Times.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under - - -	3s.	6d.
Per Line Extra - - - -		6d.
A Column - - - - -	2l.	2s.	0d.
A Page or Three Columns - -	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 26, 1860.

THE COMING SESSION.

It is expedient, on the approach of a new Session, that we should address a few words of counsel to our junior brethren. They are commencing a career full of responsibility, without any experience to guide them, or much foresight to enable them to elude dangers. The sanctities of home will no longer exert their chastening influence over the desires, and the unsleeping eye of paternal love will no longer anticipate the covert evil, and conduct the unwary foot away from the snare. Alone will the youth be amid the temptations of a Metropolis filled with all the appliances of pleasure and incentives to vice. Our great city is a painted Jezebel, gay to look upon, but full of wiles within. Not, indeed, that it is altogether corrupt, that it has not many a centre of radiating benevolence, many a sweet spot where Virtue blossoms beauteously in the sunlight of truth and honour, and the hard daily life of men is wrapped round with a fragrant atmosphere of moral loveliness. But these chancels of the heart are not free to every foot. Most of you must stand without the screen, and not even see the delightsome splendours which, you may have been told, shine within the sanctuary.

To most of you, London will show only her parti-coloured outside—the glare of her gaslights, the profanity of her shades, the bustle of fron streets, and the loneliness of the moral nated where the poor do congregate. Cities, nitrates.

the followi exhibit outwardly to the spectator

"1st.—Altho nes of character. There is a water of the wells o to believe that it must what makes her hide herself salts as are known to be i water peculiar to Mooltan, and She closets herself where a very similar ulcerative ays answer to the prevail.

"2nd.—The disease is more prevale, he is prone to May not this be ascribed to the rai world may supplies these wells, in percolating thro taking with it large quantities of the salts misertion, and thereby causing an excess in the of salts already in the wells, and consequent ll the to those who drink or otherwise use the water now nally?

"3rd.—May not the fact of the disease being the prevalent in the dry weather at the beginning of t hot season, and before the rains, be due to the wa e in the wells being less scanty from daily use, a h not being renewed by a supply of rain-water, a consequently less salts being held in solution in th water which remains? It follows, therefore, t he these salts, whatever they may be, when constan taken into the system, undergo chemical chan it,

smelling of poppy, mandragora, and other deadly things.

There are too many young men, we fear, who fall into the traps set for them in our Metropolitan hiding-holes. We will not flatter our young friends too much by extolling their virtues, their industry and good conduct, as is now a very prevailing fashion among their teachers. As a class, they are undoubtedly much improved in all laudable ambitions; but there are exceptions enough still to make us wish that their unfledged moral vigour was placed under happier circumstances for its development. We are sure that most Practitioners who have had opportunities of observing the habits of young men after they have left College, must know, as well as we, that very many have contracted propensities during their Metropolitan career which deprive them of their usefulness, and degrade their character.

The Nestor of our Profession, Sir Benjamin Brodie, has lately, in a most conspicuous manner, endeavoured to convince young men of the mischief resulting from one practice in which they are prone to indulge—that of smoking. We cannot do better than enforce his teachings. The most favourable sentence that can be pronounced upon this practice is, that it is a mere invention for the dissipation of thought. Beyond this, it seduces the young man into habits of idleness; it leads him into frivolous society; it brings him acquainted with the pewter pot, the casino, and the billiard-room. How hard a thing is study surrounded by all these enticements! How difficult it is to buckle down to study in the third year, if the habit have been neglected during the two first!

Why is it that the Student finds his physiology so difficult, and his decompositions so incomprehensible; why does he get so muddled over his Latin, and feel his head splitting with the effort to cram it with the distribution of the nerves, and the minute anatomy of the spinal cord? He has simply neglected his opportunities, he has never acquired the *habit* of study. He has dissected without observing, listened without remembering; with the scalpel in his hand, he has been thinking of the incidents of the last night's comedy at the Olympic, and whilst sitting at lecture has been essaying to reproduce the pantomime of Robson in his last new character. Tell us, you young man in your second year, if this be not true; and you, Student, now grinding for your examination, confess to us if the difficulty you now experience does not arise from dilatory, thoughtless habits in previous years, of which the description now given is a fair type?

We conjure you to cultivate habits of industry. You will be obliged to work hard enough by-and-by, if you be destined to hold a fair position in society; then begin now, for you cannot begin too soon. On your escutcheon of gentleman must be written "Labour." He who has not acquired the art of work will be cast by an irrevocable doom among the pariahs of his profession; but it is consolatory to know that every man carries his fate in his own hand. There is a law over us, but there is also a law within us. It is not in our stars that we are underlings. Periander, one of the Seven Wise Men of Greece, gave it as his sagest speech, that "nothing was impossible to the industrious." Indeed, to the industrious man all things are possible that prudence approves. Even character is subjugated by industry, and made conformable to this habit.

Some of you have come to town with limited resources, and have received with every guinea an injunction to husband the loving liberality which cannot be often repeated. You cannot add cruelty to sacrifice by squandering in idle pleasures either the time or the advantages thus so dearly purchased. Why should we not touch upon this topic, domestic though it be, and out of our ordinary province? We allude to it, because we know that many of you are the sons of Medical men, and because we feel a common sympathy with everything that touches the hearts or interests of our brethren. We are glad to know that at several Hospitals, the appointments of House-Surgeon, Dresser, and Clinical Clerk, with various scholarships and prizes, are open, without payment, to the most competent students of the School. These are noble and valuable opportunities, which we trust you will not neglect. By studying for these appointments, you will rapidly improve yourselves; and by gaining them, you will render some return for that liberality which makes you a debtor to your family. Before the youth enters to the classes, let him look over the prospectuses, and choose that School which, possessing at the same time other advantages, offers the most numerous opportunities for the reward of his industry.

Few words suffice to animate the youth who has a gift of goodness and an aptitude for manly work; volumes would be lost on him whose eyes are bent backwards, looking ever towards the flesh-pots of low desires. We will not, therefore, occupy more time with these topics. We would simply say,—Avoid dissipation! It is the golden sea on which many a fair barque has suffered shipwreck. It is inconsistent with true self-respect, and with the esteem of all men whose good word is an honourable possession. It is well to start in life with one good man's praise; it is a testimonial that will accompany you in every step of your progress; and once having it, you will endeavour to deserve it. We have known, and still know, many men who have won honourable positions in life simply because they started with the testifying praise and kindly help of some generous spirit whose esteem they had won by their own industry and loyalty of soul. That which is in youth

an impulse, in age becomes philosophy; but it is ever true, and experience proves it. Let the young man receive it as such, and resolve to begin his career as every honest and wise man would like to finish one. G. R.

SUMMARY OF THE WEEK.

LUNACY LEGISLATION.

For the last twenty years, legislation for the proper care and custody of lunatics has been going on. The machinery it has called into action has been extensive, and sufficiently strict to carry out any supervision with vigilance. Thus, legislation has been directed to the amelioration of the condition and improvement of the treatment of lunatics in Private and Pauper Asylums. What is called the *non-restraint* system has become fully established. Much has been made of this system as a marketable commodity amongst its first advocates. These are considered and must be termed the *puritans* of that sect. We fear much deceit and great evils still lurk under the cloak called *non-restraint*. We fear it is a system which reqnires as much suspicious *surveillance* as do the patients who are under its tutelage. This is somewhat apparent from the evidence given upon the Colney Hatch trial at the Central Criminal Court, a full report of which we give in another part of this number. Although we have spoken of *non-restraint* as a system fully established, its merits passed a severe ordeal from the evidence directed during this trial. In the case of Private Lunatic Asylums, legislation has had much difficulty to contend against, from their commercial character, and from the private capital invested in them inducing reluctance to interfere as little as possible. Investments of private capital are called "invested rights," and in this country have always been scrupulously regarded and held sacred. But this kind of investment differs from all usual commercial speculations, being dependent for its prosperity upon the insanity of its customers. This has constituted the main difficulty with which legislation has had to contend, and has hitherto rendered its efforts, if not abortive and futile, at any rate very unsatisfactory. So much has this been the case, that the fact of the investment of private capital having had a tendency to involve the safety and invade the sanctity of social rights was long lost sight of and disregarded. Even now, *any one* may offer himself as a custodian of the persons of lunatics who can comply with forms and regulations which give him the privilege to have a licence for that purpose conferred upon his house. The house thus licensed, henceforth becomes subject to inquisitorial visits—the *surveillance* of Visitors and Commissioners, who enforce strict regulations. We consider it would be an improvement of this system if, in addition to the usual trading licence required for the house which undertakes the reception and custody of lunatics, it should be required that every such house should have attached to it a Medical man, who, in addition to his customary qualifications, should be required to have passed an examination before a Special Board of Examiners for that purpose: such examination to be free from all charge, and should confer upon approved candidates an exclusive licence to practise in this department of the Profession, in licensed houses and in Pauper Lunatic Asylums; the candidates to be limited to men whose qualifications include certain specified diplomas or licences which have been obtained at Boards of Examination of Colleges and Universities. By thus securing a high order of Medical education and training, you restrict the practice to men in whom the highest confidence may be placed. Institutions thus organised and superintended would be elevated in the estimation of the public. Laws made for felons and misdemeanants would have no application, and would no longer be suspended over the heads of superintendents, casting discredit and wrongful aspersion over a Profession totally undeserving such treatment. The Act of the Legislature passed during the late Session is, if anything, more insulting to the Medical Profession than any which has preceded. Instead of aiming to degrade the Medical Profession, the object should be to elevate its *status*, and to draw a distinct line between it and the commercial investment, clearly defining its duties and position. To mingle highly-educated Medical Officers in the same category with nurses, matrons, servants, and other persons employed in an Asylum, if it was not absurd and ridiculous, would be grossly insulting. The clause to which we refer runs thus: "Any superintendent, officer, nurse, or other person employed in an Asylum, who *strikes*, *wounds*, or *ill-treats*, *&c. &c.*, any person confined therein, is to be guilty of a misdemeanour, and on conviction *liable to fine and imprisonment*, or to forfeit for every such offence, on a summary conviction, a sum not exceeding 20*l.* nor less than 2*l.*" This clause is rendered the more odious by being exclusively levelled against English Medical Practitioners. No such clause is enacted in the Bill passed for the regulation of Asylums in Ireland. It is also rendered more degrading, since the common law is already armed with powers to punish such delinquencies. A still further and more severe punishment awaits such a social outrage committed by legal Medical men: the delinquent would have his name erased from the Register, according to Clause XXIX. of the New Medical Act of 1858. Above all, public opinion would denounce him.

LITHOTOMY.

We are convinced that the median operation for Lithotomy, as performed by Mr Allarton, and lately practised at the Westminster Hospital by Mr Barnard Holt, with dilatation of the prostate gland and the neck of the bladder, must always be a tedious and troublesome operation. We believe it to be also attended with complications and accidents which may be considered *non expertus* in the present day; and that it would be also difficult without the intervention of narcotism to perform this median operation. Any operation whose plan includes avoidable delay or possible hindrance is unacceptable to Surgeons of the present day. The recommendation in favour of the median lithotomy is the smallness of the section, especially of the external incision; that the prostate, instead of being cut, is either split or dilated; that the neck of the bladder is less injured than in the lateral operation; and that urinary infiltration is thereby avoided. We will not pause to compare the merits of bruised and incised wounds; nor to contemplate the possible, but (as the lateral operation is now performed by good Surgeons) the very remote, danger of urinary infiltration; nor to inquire into the danger occurring by forcible dilatation inducing inflammation and gangrene of the mucous membrane of the bladder, which, no doubt, was the fatal termination in Mr Holt's second case of last week, as reported by him in the 'Lancet.' Mr Holt speaks of this injury as a lesion not greater than is usually inflicted by the lateral operation. This may be true as to extent, but entirely illusory as to the character of the injury, since one is a clean cut, the other a bruised and lacerated wound. In short, the operations are so widely different, that they offer few points of comparison. The median operation must be limited exclusively to spare, and, we think, to young subjects. Certain operations have a more mechanical procedure than others, and admit of little extemporaneous discretion during performance. Such may be considered the flap operations; Wood's and Wütz er's for hernia; Pirogoff's for amputation of the foot, which is a nice sample of carpentry and joinery; resections of joints; the gorget operation for stone; and also the median operation. The latter is, as in the case of the gorget, a gauged operation. The median is governed by a certain triangular form of knife — leverage being effected by the finger of the left hand, wedged between a director below and staff above, by which means to effect rupture or dilatation of the urethra and prostate (Mr Partridge and others use the blunt gorget). Should this gauge be incorrectly measured, by the triangular knife being either too large or too small, complications must occur; especially since, being effected by a backhanded *coup*, the introduction of any other knife would not be desirable, or perhaps would be awkward, to enlarge either the internal or external incision. The objects aimed to be accomplished by the median

operation, we suppose, are: 1st. To avoid wounding by incision the prostate and neck of the bladder; 2nd. To effect dilatation of these parts, instead of cutting them; and, 3rd. To wound few tissues, and make a small external and internal section; by which means cicatrization is quickly effected, and little mischief done. The object of the lateral operation is nearly opposite to the median in many respects. By so cutting laterally, it obtains more space, a larger external and a free internal section, the axis of the latter corresponding with the former, which is made so dependent as to be nearly parallel to the erect position of the body. Thus the two operations propose opposite aims, (Mr Holt's cases are not very favourable —one death in three operations,) and upon their success and merits must they stand. The backhanded section through the raphe of the perineum into the urethra, carried along the groove of the staff anterior to the prostate—the relative position of which is ascertained by the finger being introduced into the rectum—is necessarily small, which is considered its virtue. This small external opening must require some time and some force to be exerted in retracting the forceps charged with a stone between its blades, which cannot be practised without injuring in its progress, and bruising the tissues. We were rather pathologically puzzled with Mr Barnard Holt's *dogma*, of *rigor* being an idiopathic disease. We have always comprehended rigor to be accepted universally as a *symptom* of either local inflammation and irritation, or a *symptom* of the access of suppuration, gangrene, or as a consequence of inflammation. The median cannot be considered a new operation, since it was performed many years since by Dupuytren. We should observe *en passant*, that Mr Holt does not name the time occupied in the performance of the operations. The sudden death to the patient operated upon in his second case, which occurred the following day, is inexplicable, supposing the patient to be in a fit state for the operation to have been done. Tissues and prostate may be dilatable in children, where room moreover is scarce; but in adults, where you have plenty of room for the knife, you, on the other hand, obtain rigid fibres and less elastic tissues. Median advocates say, cut a line or two in rectum. The operation, now on its probation, is a resuscitated novelty, which we think will become again shelved.

SEASONS AND CEREALS.

The ambitious man always seeks agrarian fame and distinction. The soldier of fortune begins his career by a limited sense or anticipation of its enjoyment. Some forlorn hope or honour reaped with life, and irrigated with blood on the battle-field, may stop short his ambitious yearnings. Cincinnatus was found by the Senators, when Rome was in danger, at the plough-tail. The Senate conferred upon him the authority of Dictator, to repel the the Æqui and Volsci, which having done, he relinquished the Dictatorship to return and plough his lands. The veteran lawyer leaves, perhaps, the woolsack, to enjoy the reality of breeding, growing sheep, and shearing wool—to fatten the sleek kid and tender doe. So with the fortunate physician: if he has enjoyed the favours of Court and nobility—been patronised by beaus and dowagers—he has, perhaps, accumulated fees, and spreads his gold broadcast over dirty acres. Our worthy contemporary of the 'Lancet' is winning fresh laurels. Not satisfied with triumphs hardly earned and justly meted to editorial talent and distinction, in his case awarded more especially as having been the ounder and mainstay of that distinguished periodical, he also early achieved legislative honours, and has worn them with becoming and prudent dignity. Enjoying the *otium cum dignitate* in his Idyllian retirement, he now finds leisure to practise agrarian arts, and to study the bucolic muse. Thus will the Esculapian column be decorated with the ears of Ceres, as of old was the Corinthian capital with the acanthus leaf. He may, with equal grace, hold inquiry upon injuries sustained by the inclemency of the seasons, as from injury sustained by steel or lethal weapon—by fire, water, or poison. Utilitarianism has so usurped the agrarian domain, that all who urge and propagate its teachings are eagerly regarded. Science, physical, organic, and mechanical, has freely made oblations at the shrine of Ceres, instead of propitiating her in Idyllian or Orphean strains, and has wooed and won her favour with more success. This extraordinary season of cold, sunless, inclement weather may well provoke inquiry and stimulate invention to endeavour to mitigate impending yet preventable mischief. Our worthy contemporary, with this praiseworthy object, has drawn upon his resources of experience and fancy. Apprehension, amounting almost to tribulation, prevails, lest the housing and ripening of our cereals should fail. Our stormy, fickle climate always gives cause for excitement and apprehension on this score. Under such unusual circumstances and conditions, it is true patriotism to contribute in any way to alleviate the evil and attempt to mitigate alarm. This climate of ours, nevertheless, is a most propitious one for the growth of cereals; our soils being also equally fertile and reproductive. Its variability and changeableness rather contribute than not to this result, as we have witnessed during this fickle and trying year, our crops having, perhaps, suffered less than those of any in Europe. This glorious *triticum æstivum*, or *hybernum*—hardy, enduring, nourishing—is like the natives of the island; it flourishes and propagates in every clime, and constitutes the main nourishment of our Saxon race. Wherever an Englishman dwells, wheat grows. It is affected but little by cold or by heat, by wet or by drought; but, equally with the Saxon, grows, matures, and ripens by sun and moisture. This is proved in respect of the low ruling temperature of this summer having suited the constitutions of the people, health having prevailed. Except in wet, cold, heavy clay soils, the wheat-crops are good. Ague has been rather more prevalent than usual. This occult symptom always indicates something more than seen, both amongst socials and amongst cereals—something wrong in the constitutional system of the one, and in the constitution of the soils of the other. Our wonderful inventive faculty to bring the best physical and mechanical aids to stimulate production and to diminish labour, to force crops, and to economise both the period of their growth, and of their hybernation in the matrix from which this growth is the issue, is justly the admiration of the world. An amateur (so-called *gentleman-farmer*) writes a letter to an eminent machinist, telling how easily he might improve a reaping-machine. He urges, that by adding additional apparatus to it, easily arranged, in the form of cutting-knives, at a higher elevation, his reaping-machine might be made to cut the ears from the straw, as well as the straw from the stubble. The machinist replies, "I have spent so much money upon this invention, I can't afford to spend more in trying fresh experiments." Fortunately, this is not required. It is a necessity demanded of man's labour and invention, to sow and to reap. If this be done well, successfully, and economically, more is not required of him. Almost any expenditure to accomplish this object is compensated to him for his skill, enterprize, and industry. In the instance of wheat and other cereals, if they sprout, the mischief has occurred before cutting has commenced. If they be cut before sprout has taken place, the source of growth becomes stopped, and vitality and vegetation cease in consequence, if the corn be treated with common care. If it be properly ricked, or stacked upon elevated wheat hovels, the sharp equinoctial gales of September and October soon dry, by their searching breeze, every ear, and every corn, without incurring further cost or expense. The sheaves are artistically stacked over and above each other, best to encourage rapid draught and ventilation. The best mode of drift may be effected without artificial heat for this purpose, which would tend to induce sprout. We think Mr Wakley's ingenuity has been thrown away on this occasion. Mechanical invention and artificial heat, to transmit a rapid circulation of air for such purposes, are unnecessary, and an expense that could not be incurred. Nature, which grows and ripens the cereal without aid, would also repudiate the necessity of such costly machinery to dry and render its condition good. For sowing, reaping, and improving soils, we ungrudgingly give our costly outlay in any machinery required, or which would expedite those processes. For the purpose of drying cereals, housed or stacked, such expenditure is fortunately unnecessary, and, moreover, is impracticable.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 197.)

Notwithstanding he was so illiterate as to receive from Jesse Foot and others gibes on that account, on the other hand Dr Crichton charged him with plagiarism. Opinions which had been dormant 2,000 years, and overlooked by profound scholars, John Hunter arrived at by observation of nature. It is true, they had been accurately remarked by the ancients and recorded by them—destined, nevertheless, to sleep in oblivion until revived by the penetrating inquiries and investigations of nature made by John Hunter.

In reference to the painful feuds of the brothers, no doubt the wealth of William and the poverty of John emboldened the first to take such extraordinary liberties. Moreover, Dr William had early and late conferred liberal patronage upon John. At length the latter rebelled in the manner we have described. This occurred five years after William had published the splendid work on the 'Gravid Uterus.' The Royal Society judiciously suppressed publication of these papers and correspondences, although they are retained in its archives. It thus manifested its sense of this painful affair, and consideration for the fame of

the brothers, without giving scandal. Sir William Jardine, in his Memoirs of John Hunter in the 'Naturalist's Library,' says, "Dr Hunter appropriated to himself the merits of a physical discovery, and the physiological views thence derivable, all of which were properly due to his brother. The property at Long Calderwood, and also the lands of Kilbride, were bequeathed away from John, by William Hunter, to his nephew, Dr Matthew Baillie, as before reverted to.

Some years earlier, John Hunter, in conjunction with Dr George Fordyce and an eminent mechanic of the name of Cumming, used to meet, after adjournment of the meetings of the Royal Society, at a coffee-house, to discuss subjects which had occupied the transactions of the Royal Society. This plan ultimately met with great encouragement, and was speedily joined by Sir Joseph Banks, Dr Solander, Dr Maskelyne, Sir George Shuckburgh, Mr Watt of Birmingham, and several others. At these meetings, discoveries and improvements in different branches of philosophy were criticised and discussed before they were given to the public.

About this time he published the second part of his treatise on the Teeth. He read six Croonian Lectures before the Royal Society from 1776 to 1782 inclusive. These lectures treated upon the powers and actions of muscles, and the stimuli by which they are affected; also upon the moving powers of plants. They were not published in the Transactions of the Royal Society; he considered them inconclusive, and more as materials. John Hunter was always reluctant to publish anything he thought unfinished, imperfect, or incomplete. In 1780 he read a lecture upon the muscular action of bloodvessels, which was not published until his 'Observations on the Blood and Inflammation' were arranged. His contributions about this time became too numerous to recapitulate; including the 'Anatomy of the Organ of Hearing in Fishes;' on the 'Structure and Economy of Whales,' and on the 'Canine Species'—namely, the wolf, jackal, and dog. These papers, with others, appeared afterwards in 1786 in his work published on 'Animal Economy.' For these manifestations of industry, in 1787 the Royal Society conferred upon him its Copleyan Medal. His zeal in the prosecution of these inquiries was such, that, desirous to obtain accurate information of the natural history of the whale, he "engaged a surgeon, at considerable expense, to make a voyage to Greenland," furnished with every requisite for examining and preserving the most interesting parts, and with proper instructions. John Hunter said, "The only return I received was a piece of whale's skin, with some animals sticking to it." His investigations of the whale tribe were nevertheless very satisfactory, and the paper was accompanied with drawings. This treatise is much prized even at this time. Honours now became thickly conferred upon the subject of our memoir. In 1783 he was chosen Fellow of the Royal Society of Medicine and of the Royal Academy of Surgery at Paris; again, Fellow of the Royal Society of Science at Gottenburgh, and of the American Philosophical Society.

The lease of his house in Jermyn street having terminated, he was harassed with the difficulty of obtaining an eligible residence for the reception of his collection of objects of natural history for his museum. At length he purchased the lease of a large house, and expended upon it 3,000*l.*, on the east side of Leicester square, which proved an unfortunate speculation. Being so much occupied in professional and other engagements, he too hastily concluded this bargain, anxious to escape from the embarrassment and difficulty of obtaining a house, and thus sacrificed the interests of his family. Sir Joseph Banks contributed largely to his museum. This collection was received in a room of extensive dimensions, 52 ft. by 28 ft., excellently adapted, having a gallery extending all round it, and being lighted from the top. Sir Joseph Banks divided between John Hunter and the British Museum all he had collected in his voyage round the world, including many curious specimens and animals. This was an act of friendship, with others of a similar kind which he received from the Hon. Charles Greville and Mr Walshe, for which John Hunter was under the greatest obligations. These manifestations of esteem and public confidence now began to tell by the increase of his private practice. As he stood alone in this pursuit of natural history, he had the refusal of every curious or new animal if for sale, and all were shown and many presented to him. His scope for practice now afforded him many opportunities of distinguishing himself, and he performed several bold operations. In 1781 Captain Donellan's trial at Warwick excited great attention and interest. Donellan was brother-in-law to Theodosius Boughton, to whom he administered a draught containing rhubarb and jalap. In half an hour afterwards Sir Theodosius was seized with convulsions, and died. From the remains of the draught smelling of bitter almonds, suspicion of its having been mixed with laurel-water were entertained. The *post-mortem* was not satisfactorily conducted, and no examination of brain or intestines made, and putrefaction was far advanced. The symptoms were of that nature, that they might have been produced by apoplexy or epilepsy. Although the circumstances were suspicious, these suspicions received no support from *post-mortem* examination, and the circumstances were consequently not linked well together to make them conclusive or satisfactory. John Hunter was too cautious to suit the temperament of Judge Buller. He saw numerous difficulties to prevent arriving at a decided opinion, and would not say more than he could maintain. Judge Buller lost his temper at John Hunter's caution, and attributing no weight whatever to his doubts, made sarcastic remarks at the hesitation he displayed, and the difficulties he suggested. The Professor of Physic of Oxford, who gave evidence on the trial, entertained no such scruples—gave very decided opinions against the defendant, who, with judge and professor against him, and strong local prejudices, was convicted and hanged. John Hunter was equally cautious when examined on the trial of Major Cosmo Gordon, at the Old Bailey, for the murder of Captain Prescott in a duel. John Hunter, in examination by counsel, was asked "if he did not at first sight consider the wound was 'mortal'!" He replied, "there was nothing necessarily mortal in the wound, but the general effects on the whole system were sufficient to show that the patient could not live." The counsel showed great prudence in his subsequent question. "You have no doubt, sir, that the ball was the occasion of Captain Prescott's death?" Answer: "None whatever."

Hunter was hospitably disposed, and what time he could steal from his pursuits was devoted to society. As his income improved, he lived in a liberal style—gave dinner-parties, and of a Sunday evening received his medical friends. He kept a carriage and footman for Mrs Hunter, and enlarged and decorated his residence at Earl's Court. At this residence he spent much time, recreating himself amongst the numerous natural objects he had collected. His health had not been thoroughly established since his attack of illness in 1785, and this break in his engagements tended to alleviate his symptoms. His heart became affected upon agitation or sudden exertion, which prevented his visiting patients at night or on quick emergencies, or performing operations without assistance. The account which he gave of this illness, which, no doubt, was connected with organic disturbance of the function of the heart, was of a most extraordinary kind. He stated that the pulse ceased, and, in short, that the action of the heart ceased, for full half an hour. The respiration was not interrupted, although it continued to act very slowly. He could walk about, but became pale as death. The function of the heart at length returned upon administration of cordials and stimulants. A visit to Bath recruited his health, and in a short time he became convalescent. In consequence, his brother-in-law, Everard Home, who had now retired from the army, attended and assisted John Hunter in his practice until within a year of his death. This afforded Home opportunities, which confidence he afterwards so much abused.

The Queen presented him with a small bull, with which he frequently amused himself by playing and wrestling. On one occasion the bull got him down, and he was in great danger, but was rescued by his servants. These recreations indicated the simplicity and playfulness of his character. He introduced his operation for the cure of aneurism about this time. It was a decided discovery of an important surgical operation, and physiological fact, by which he proved that the circulation could be carried on in a limb by anastomosis. This tying of the artery at a distance from the aneurismal tumour, between it and the heart, was then considered to be a "famous operation." It supplanted the old, time-honoured operation of laying open and emptying the aneurismal sac, which frequently failed. The French surgeons laid claim to a previous discovery, and much jealousy was excited; but neither Guillemeau, Anel, nor Desault practised this operation, or anything similar, with any notion that anastomosis would be carried on, or would prove sufficient for the nutrition of the limb. As in the case of other discoveries, one determined one stage, and another a further improvement. The French surgeons never followed Anel's plan, who was the first who had some confused notions upon the operation, and for seventy-five years no further notice was taken of it, or operation performed, until John Hunter's celebrated operation for popliteal aneurism, securing the femoral artery anterior to and not interfering with the tumour in the popliteal region, which was a decided surgical discovery and improvement upon previous practice. No doubt that all *discoveries* are governed by a similar accident and chain of events. Desault, notwithstanding, went on practising in the old way. No doubt, John Hunter's new operation for aneurism laid down correct and important principles in surgery.

In 1786 he was appointed Deputy Surgeon-General to the Army, on the death of Mr Middleton. He now published his work on the 'Venereal Disease.' It had been long looked for, and had a rapid sale. It was the first of his works printed and published by the booksellers, having always previously printed his own works. He gave himself great attention in compiling this work. Previous to publication it was submitted to a committee of his friends, including Sir Gilbert Blane, Drs Fordyce, Pitcairn, and Marshall. This work upon the venereal disease is not superseded in the present day, and still remains the best general treatise upon the subject. His dogmas held full and uninvaded sway for a long period, and have only recently been at all successfully disputed. He considered the test of syphilis to be its curability by mercury. Ricord, and many others, have agreed with John Hunter's doctrines. But the opinions of the day seem to be in a state of transition. Mr Acton, and, we believe, others, consider the test of syphilis to depend upon its capability of communication by inoculation. They consider that the soft chancre communicates syphilis, the indurated chancre producing only secondary disease, and that the latter is not curable by mercury, or communicable by inoculation.

In 1783 Percival Pott died. Notwithstanding the numerous enemies and envious competitors of John Hunter, he was now hailed with acclamation as head of the Profession. A strong *esprit de corps* was manifested on the occasion, and his elevation seemed a poetical justice fulfilled at its due and proper time. Pott was an eminent man, but rather the slave of routine. That mental and moral discipline, the want of which was the fault of John Hunter's character, had prevailed in Percival Pott so far as to destroy independence of thought and inquiry, which prevailed strongly in the principles of the former. Pott was a complete contrast to John Hunter; gentlemanly in manners and deportment, well read, full of anecdote, and a man of quick discernment, and of keen and polished remarks: London born and bred, love of natural history was not in him, and he had no faith in the stability of Hunter's speculations. Both were social and fond of company; one in a refined, the other in a more robust and genial manner. Pott was a great operator; John Hunter was not—did not like operations, and felt something like contempt for those that excelled in what he termed the art of mutilation. Charlatans and quacks then, as now, were in great vogue, especially for diseases of the eye and rectum, &c. The Taylors, of Whitworth, were at that day in celebrity for diseases of the rectum, as they are in the present for successful treatment of fractures and dislocations. Thurlow, Bishop of Durham, and brother of Lord Chancellor Thurlow, laboured under stricture of the rectum, and was promised little relief from the Profession. The Chancellor called in Taylor to his brother, and several Medical men met him in consultation. John Hunter came late, and Taylor was solicited to examine the patient; to which bluntly refusing, he said "he would do

nothing till Jack Hunter came, for he had no opinion of any but him." Hunter arrived, and Taylor made his examination, and passed up a candle smeared with an ointment, declaring it to be a bad case. Hunter took up the box, and asked "what the ointment was made of?" "That, said Taylor, turning to the Chancellor, "is not a fair question. No, Jack; I'll send you as much as you please, but I won't tell you what it is made of." The paper which John Hunter communicated about this time to the Medical and Chirurgical Society, on 'Inflammation of Veins,' attracted little attention. This subject has been since treated by Abernethy, and also, in 1815, by Mr Hodgson, late of Birmingham, now in London. But more recently, both in this country and France, several eminent men have written upon this subject; namely, in this country, Carmichael, Guthrie, Travers, Arnott, and Lee; and Bouillaud, Velpeau, and Ribes, in France.

In a letter addressed to Jenner, who had broken the thermometer which Hunter had sent him, he says—"You are very sly: you ask for another thermometer; I will send one, but take care those d——d clumsy fingers don't break it also." This was his familiar and somewhat coarse style of address, of which innumerable instances are on record.

OUR NOTE BOOK.

MALFORMATION OF THE CHEST.

Dr Wojaczek, from Vienna, who is a native of Oslavau, in Moravia, aged about twenty-three, is the subject of a peculiar malformation of the chest, which has been examined by eminent medical men at the different universities and medical schools of Europe. This gentleman was introduced by Dr Alexander Simpson, and submitted himself for examination by the members of the Society. In front the chest presents in the middle, at its lower part, a remarkable depression or hollow, about three inches deep, and large enough to lodge the head of a child. This hollow is formed by the inflexion of the sternum downwards and backwards towards the spinal column, which it approaches so closely that, by calculation, only about an inch and a half intervenes between the lower end of the sternum and the front of the bodies of the vertebræ. There is no deficiency of the osseous or cartilaginous textures, but the cartilages of the ribs are bent backwards to join the depressed sternum and form the sides of the hollow; the skin and soft parts presented nothing unusual. In consequence of this peculiar shape of the chest, the respiration is almost exclusively carried on by the diaphragm and false ribs. This malformation appears to have been congenital, and was first discovered by Professor Skoda and Rokitansky during an illness, in which they had occasion to examine M. Wojaczek's chest. Casts of the malformation have been placed in the museums of the University and of the Royal College of Surgeons.

ON OPIUM AS A REMEDY IN POISONING BY DATURA.

Dr Thomas Anderson, of the Indian Army, read the following paper on this subject before the Edinburgh Medico-Chirurgical Society:

Benjamin Bell, Esq., in an article on 'The Therapeutic Relations of Opium and Belladonna to each other,' published in No 37 of this journal, for July, 1858, directs attention to the doctrine propounded by me some years ago, that opium and belladonna exert an opposite influence on the human system, and that thus one may be used to counteract the other, even though administered in a poisonous dose. In the summary given at the commencement of his article of the origin of this opinion, he mentions some apparently (and, to my mind, perfectly) conclusive experiments made by me in 1853 (Ranking's 'Half-Yearly Abstract,' vol. xxii., p. 303), on the action of belladonna in poisoning by opium. He further gives very interesting details of two cases of partial poisoning by atropia, which he treated successfully by the injection of morphia. While conducting my experiments in 1853, I became convinced that the converse doctrine must be true—viz., that opium would counteract the action of belladonna, and of all the solanaceæ with like properties, such as the species of datura and hyoscyamus, and perhaps tobacco. In Britain, poisoning by belladonna, or by henbane, is so exceedingly rare an accident, that it was vain for me ever to expect to meet with a case of either. However, in 1854 I proceeded to India, where poisoning by datura is of everyday occurrence; and I determined to test my theory by administering opium to the first suitable case I should have an opportunity of treating. From the unsettled state of the country during my residence in India, first from the Santhal rebellion, and lately from the annexation of Oude, followed by the mutiny of our army, my service has been entirely military; and thus I have been thrown amongst the class of natives least obnoxious to datura-poisoning. Only one favourable case has occurred to me, though I have heard of several cases that recovered, and assisted Dr Fayrer, of Lucknow, in making post-mortem examinations of three or four individuals, to whom a fatal dose had been administered. As this solitary case, however, illustrates my theory of the impossibility of these two classes of poisons exerting their action simultaneously on the brain, and is, moreover, the converse of my former experiments, and, at the same time, supplementary to Mr Bell's, I am induced to relate it in detail.

The 43rd Bengal Native Infantry, of which I was then the medical officer, while on its passage from the Punjab to Calcutta by boats, on the River Ganges, halted for four or five days at Futteyghur, in the beginning of December 1855. The sepoys were of course allowed to go on shore, and many of them visited the large bazaar in the native city of Furrackabad, two or three miles from Futteyghur, the British cantonment. Two days after our arrival, one of the sepoys, a man well known to me, was found by his comrades lying by the roadside, near Furrackabad, in a state of high delirium, and was brought to the hospital boat. On inquiry, I learned that he had been seen partaking freely of sweetmeats—(the Hindoo eats them by pounds-weight at a time)—in the Furrackabad bazaar, some hours before he was found; and the men at once ascribed his condition to poison administered in the sweetmeats. The many varieties of native sweetmeats poisoned with datura and bhang, one of the preparations of Indian hemp, are well known in all large Indian towns, and are used to cause death, or stupefaction so complete as to allow of robbery or violence being committed; and a sepoy, when in undress, usually displays valuable ornaments, sufficient to tempt a thief or thug. Even without this knowledge, the symptoms were so marked that I had no difficulty in forming my opinion of the cause of the patient's condition. I saw him immediately after he was brought to hospital, and found him in the following state: He was reclining on his back in bed, in a wakeful, muttering delirium, unbroken by an interval of even transitory consciousness. His face was much flushed; the eyes were reddened and wandering, and the pupils were brilliant, widely dilated, and quite insensible to light. The pulse was much accelerated and small. He continually twitched his extremities, but especially his hands, and every now and then pinched and tugged at the bedding. Though utterly unconscious to real external objects, the brain was evidently active, with continual visions before the eyes, as his mutterings and frequent clutchings referred to imaginary objects. He was not in the least degree violent, and required no restraint, but merely an attendant to keep him covered during his restless tossings about.

He swallowed any liquid put into his mouth, but exactly as patients in delirium tremens do, in one convulsive mouthful. In an hour after his arrival at the hospital, I began the administration of opiates, and prescribed one grain of the muriate of morphia in solution, to be given every hour, beginning the first dose at two p.m. I watched the effect most closely, taking the state of the pupil as my principal guide. Eight doses were given before I could observe any result. After the eighth dose, about eleven p.m., I noticed that his attention could be fixed for a moment, and that the muttering could be arrested by loudly talking to and shaking him; that the hands were less tremulous.

Still, no impression had been made on the widely-dilated pupils, and he was evidently as wakeful as ever. I, therefore, before retiring for the night, directed the continuance of the morphia until the morning, with orders to discontinue it so soon as sleep threatened to come on. I did not see him again until six in the morning, when I found all his delirium gone, the tremulousness much relieved, the pupils almost reduced to their natural state, and the patient surrounded by his delighted comrades, who were listening with wonder to the native doctor relating to them how "dhutona" poisoning had been cured by "apheem" (opium). Though he was able to talk, and was nearly well, I considered it advisable to persevere with the treatment until sleep had been obtained. This did not supervene until three doses more had been given.

After several hours' sleep, he awoke perfectly well; and after two days' more detention in hospital, he was dismissed "fit for duty;" and while I remained with the regiment, was never again in hospital. In all, fifteen grains of the muriate of morphia had been administered in eighteen hours; and with reference to the largeness of the amount, I took care to inquire concerning the habits of this sepoy, and found that he used opium in no form whatever.

In this case, as well as in the experiments published in my former paper on this subject, the amount of the narcotic used as the antidote, whether belladonna or opium, to restore the normal condition of the brain, would, by itself, have been a poisonous dose. This tolerance of the one poison, produced by the presence of the other poison in the system, seems to me to be a strong additional argument in favour of my theory. It also induces me to go further, and to believe that all narcotic poisons with distinctly opposite actions, and destroying life by their effects on the nervous centres, will, when present in the body together, counteract each other, until eliminated from the system by the excretions. For example, the distinct coma-producing narcotics, such as opium, will, I believe, in all cases be counteracted by the poisonous solanaceæ; and, as a remedy to the action of strychnine, I would hope for success from the use of conia, or preparations of hemlock itself; and of course in all these cases the opposite would hold true. Unfortunately, no correct conclusion can be drawn from experiments made on the lower animals, as they are variously affected by narcotics. To dogs and cats I have given morphia in enormous doses without producing almost any effect; and to them five and six grains of atropia prove quite harmless. Rabbits will feed for months on belladonna leaves, and have their pupils dilated all the time, but otherwise they are not affected. Blackbirds eat belladonna berries in large quantities and do not die.

It is, therefore, only to experiments on man that any value can be attached. In conclusion, I would request my medical brethren never to give up hope of the most desperate case of opium-poisoning; but after the failure of the usual means—such as emetics, the stomach-pump, electricity, &c.—to endeavour to produce, as rapidly as possible, the first symptoms of the action of belladonna on the system by the administration of atropia, either internally, or by injection under the skin, as indicated by Mr Bell. My firm conviction is, that in all such desperate cases (desperate as regards the old treatment), this plan, when boldly adopted, will be invariably successful.

Since writing the above, I have just heard that Dr Carnegie, medical missionary in China, in a letter lately received from him mentions a case of poisoning by opium which he had just cured by giving belladonna.—'Edinburgh Medical Journal.'

PATHOLOGY AND TREATMENT OF CHLOROANÆMIA.

Dr Eisenmann, from an extensive observation of this affection, concludes that it is especially developed under the influence of medical constitutions which predispose to nervous affections. It is especially met with at a time of life when all kinds of neuroses are very prevalent, its appearance being ushered in by nervous phenomena, at a period when as yet the blood has not undergone the slightest change. Such change may even be absent when the disease has reached its full development, nervous symptoms being observable, however, during its entire course. It is curable by agents which exert a special action on the spinal marrow; and when left to itself, it often gives rise to chronic, or even fatal, spinal affections. All these considerations lead the author to the final conclusion that chlorosis is a primary nervous affection, the change in the blood being a secondary phenomenon, due to morbid innervation. Guided by these views, he treated several cases of the complaint by means of tinc-

ture of St Ignatius' bean, with great success. Wishing, however, to effect a more prompt recovery than that which takes place when the bean alone is given, he associated it with ferruginous preparations, adding also rhubarb, on account of the constipation which is usually present. The following is the formula he employs :—Powder of St Ignatius' bean, 1 gr.; lactate of iron, or iron filings, iij. gr.; rhubarb, iii. gr. to iv.; and oleosaccharate of peppermint, iv. gr. This is repeated twice a-day. When the stomach is irritable, the iron is left out. This compound cures far more rapidly and effectually than do mere preparations of iron.—'Bull. de Thérap.'

NEUROMA OF THE OPTIC NERVE.

An extremely rare, if not unique, example of neuroma, affecting the optic nerve, was detailed at some length to the Paris Anatomical Society, by M. Duboné. It occurred in a patient upon whom M. Velpeau had operated for an orbital tumour, and who died of tetanus.—'Bull. de la Soc. Anat.,' 1859.

ARSENIC IN APOPLECTIC CONGESTION.

M. Lamare-Picquot, Physician to the Honfleur Hospital, as the result of ten years' observation and trial upon between forty and fifty cases, including his own among them, strongly recommends the prolonged use of arsenic as an effectual means of subduing congestion likely to give rise to apoplexy. In very urgent cases, in which hæmorrhage seems imminent, he precedes its employment by a moderate venesection; but this is quite exceptional. In proportion to the severity and menacing danger of the case, the dose requires to be larger; and although, even after a month, benefit may already result, to be of permanent benefit it will have to be continued for several months. The more urgent the case, the more tolerant does the system become of the arsenic. The Author, regarding apoplexy as consisting essentially in an excessive increase of globules of the blood, employs arsenic as a powerful agent for decreasing these, as well as the plasticity of the blood. It becomes, of course, necessary to assure oneself in a given case of the richness of the blood, for to employ arsenic when the blood is impoverished would be to do mischief. The Author has generally found the dose of gr. $\frac{1}{15}$ to $\frac{1}{7}$ per diem sufficient.—'Bull. de Thérap.'

M. HARDY'S PRESCRIPTION FOR ACNE.

M. Hardy, who considers acne a mere local disease, trusts in most instances to be able to effect a radical cure by external remedies. None of these preparations, however, seems to be a specific, not even the iodide of mercury and chlorine extolled by Dr Rochard. They all act by the irritation they induce in the integument previous to improvement. The agent which M. Hardy most generally prescribes in the incipient stage is the following:

R.	Aq. destill.	3¼ oz.
	Hydrarg. bi-chloridi . . .	14 gr.
	Alcohol	q. s. M.

One teaspoonful of this solution mixed with a glass of warm water is used night and morning in fomentations. Cold lotions must be carefully avoided, as they occasion injurious reaction.

Three mercurial preparations have been chiefly found beneficial in the treatment of acne: the proto-iodide, the bin-iodide, and the iodide of mercury and chlorine. M. Hardy prefers the two former, which are more easily procured and less liable to change. Every evening the patient should apply a pomade consisting of adip., 1 oz.; hydrarg. proto-iodidi, from 2 to 15 gr. The bin-iodide in doses of 1-10 grains produces the same results. Should the disease persist, M. Hardy increases the strength of the ointment, and, when practicable, he recommends the waters of Barèges, Bagnères-de-Luchon, Aix in Savoy, and more especially those of Louesche in Switzerland, springs which are found singularly beneficial in numerous diseases of the skin.—'Journal of Practical Medicine and Surgery.'

A SIMPLE METHOD OF IMPARTING AN AGREEABLE PERFUME TO COD-LIVER AND CASTOR OILS.

Therapeutics are indebted to M. Jeannel for an improvement which will facilitate the always difficult exhibition of fish oils. Like M. Sauvan of Montpellier, M. Jeannel observed that the addition of 10 gr. of essential oil of bitter almonds to 3¼ ounces of the most offensive cod-liver oil entirely dispelled its nauseous odour and fishy flavour. It was, however, not enough to disinfect the oil; it was further desirable to render it agreeable, an object which M. Jeannel has effected by very simple means: the cod-liver oil should be powerfully shaken in a phial with once or twice its volume of distilled cherry-laurel water, and the two fluids afterwards separated, after forty-eight hours' rest, with a funnel. The oil should be filtered if it has not spontaneously clarified. Brown, fetid oil acquires by this simple process an agreeable perfume and a pleasant flavour of almonds, which remains on the taste during the whole time of digestion.

With regard to castor oil, three drops of essential oil of almonds communicate to 3½ ounces of oil a pleasing perfume and taste. The 'Gazette des Hôpitaux' states that, for several months, Dr Rennes, of Bergerac, has been in the habit of successfully palliating the noxious flavour of fish and castor oils, by merely adding one drop of essence of bitter almonds to every 6 or 8 drachms of oil.—'Journal of Practical Medicine and Surgery.'

FRACTURE OF THE ODONTOID PROCESS OF THE AXIS.

Dr Watson showed a dried specimen, from his museum, of the atlas and axis articulated with each other, in which the odontoid process had been fractured close to its root. Dr Watson regretted that he had no history of this preparation. He believed, however, that it might prove interesting to the Society, as it showed several things connected with this rare and usually fatal injury. 1st. That the patient may survive for a long period after such an accident, if the fracture is not accompanied with serious displacement. That such a lengthened period must have existed, he thought, was obvious, as the fractured surfaces had become smoothly rounded off, no bony union having taken place between them. 2nd. That the absence of displacement was obviously due to the alteration of the articular facets of the atlas and axis. These surfaces were much increased in superficial extent, new osseous matter having been deposited around their margins, more particularly the anterior and external; so that their movements must have been very limited indeed, if the comparison of their irregular and corresponding outlines and certain porcellanous alterations of surface might be considered as indicating the limit of their extent of motion. 3rd. He thought it an interesting question to be solved, by the appearances present, whether the chronic rheumatic arthritis, which obviously existed in all the atlanto-axoidean articulations, preceded or followed the injury which produced the fracture? Dr Watson was inclined to believe that the chronic rheumatic arthritis was first, the injury second; and this because the ordinary alterations characteristic of this disease in the odonto-axoid joint were here present—viz., enlargement of the odontoid process, increase in the size and depth of the axoidean concavity, and porcellanous alteration of some portions of their surfaces. He could not see how any great change in size of the odontoid, or any porcellanous alteration depending upon constant friction of the opposed and altered surfaces, could take place after the fracture, for the fracture had remained ununited, implying, of course, a diminished nutrition and a want of firmness of the separated portion; while, further, he did not see, if the articular facets of the vertebræ had not already been altered in their characters, what there was to prevent the occurrence of death, either immediately upon or within a very brief period after the injury. He was, therefore, inclined to attribute the want of displacement and the long continuance of life after the injury to the fact, that chronic rheumatic arthritis had existed previously.—'Edinburgh Medical Journal.'

COBWEB PILLS.

Dr Kachul says—"I am astonished to find that the prescription of cobwebs, in cases of fever, should have been made the subject of newspaper correspondence, as if it were a *new* discovery. As Dr Colebrooke has pointed out, it is a very old prescription—and it is mentioned in Buchan's 'Domestic Medicine,' and in a foot-note at page 116 an extract is given from Dr Chapman's work, 'Elements of Therapeutics and Materia Medica.'

"'It is a very old popular belief that the spider's web cures agues; but among medical men, till within the last twenty years, little credit was given to this supposed popular superstition. In Dr Robert Jackson's late visit to Philadelphia, he mentioned the efficacy of this remedy as indisputably ascertained, and averred (what he afterwards published), that, as an anodyne to allay pain or calm irritation, it proved vastly superior even to opiates. It has for some time past been pretty liberally prescribed by Drs Physick, Chapman, and Dewers, of Philadelphia; and though they attach different degrees of value to the article, 'they are satisfied that the representation of its virtue is very little, if at all, exaggerated.' In doses of five grains, repeated every fourth or fifth hour, Dr Chapman has cured some obstinate intermittents, suspended the paroxysms of hectic, overcome morbid vigilance from excessive nervous mobility, and quieted irritation of the system from various causes.

"That used by Dr Chapman was collected in cellars, and was probably the product of the common black spider. He has also satisfied himself that the web found in light, exposed situations, the product of the grey spider, is inert; and so is the web of the other, when not recent, which may be known by its glutinous feel.

"Some twenty years ago, I and my brother, in the absence of quinine, and at a time when fever was raging, made an attempt to give cobwebs a trial, but signally failed, from a most ludicrous cause. Not being acquainted with the Telopogoo name for cobwebs, we described them to the dresser as those things that hang about dark cellars and the pagodas. The dresser, though he seemed astonished, said he knew perfectly what we meant, and would bring some the next day and give them a trial. Next day, on the dresser's coming, we asked him if he had got the thing; and on his replying in the affirmative, we told him to go and make them up into five-grain pills. 'How am I to do it?' asks the dresser. 'Why, pound them up in a mortar, to be sure; don't you know how to make a pill?' 'But they won't let me!' says the dresser. Here we twigged there was something wrong, and desired him to bring his obstreperous ingredients, which he did, in an official cover, from which he turned out some half-dozen *bats!* On our screaming with laughter, the dresser could not make it out, and said—'Why, sirs! you said, those things that hang in cellars and pagodas, and I thought you meant these!!' Since then I have never attempted to make cobweb pills."—'Indian Lancet.'

URTICARIA AS A SYMPTOM OF IRRITATION OF THE FEMALE SEXUAL ORGANS.

Professor Scanzoni observes that although it has long been known that chronic affections of the female sexual organs are not infrequently accompanied by skin diseases (as urticaria, eczema, acne, psoriasis, chloasma, &c.), the influence of a more sudden irritation of these organs upon the cutaneous surface is by no means so well established. He has been enabled to find no very definite statements upon the subject, and this leads him to communicate some cases tending to establish such a consensus.

A lady, aged 34, had been under his care for some time with slight retroflexion of the uterus, and chronic metritis, when he ordered four leeches to be applied to the vaginal portion of the cervix uteri. This little operation had been already performed once before without any ill effect; but upon the present occasion, ten minutes after the application had been made, the patient was seized with violent febrile action and slight delirium. In half-an-hour she was seen by the Author, who found her skin, and especially that of her face and upper part of her body, almost of a scarlet red. The temperature of the surface was considerably raised, and her pulse beat 136. She continued much the same during the night; and when seen next day, the face, neck, chest, arms, and thighs exhibited, together with the intense redness, innumerable urticaria elevations. In a day or two the exanthem had entirely disappeared; a distinct desquamation, however, taking place on the face and neck. As this was the first case the Author had ever seen in which these symptoms followed the application of the leeches to the cervix, he did not believe in their dependence upon this, and again ordered them to be employed. Four times this was done without any unpleasant occurrence; but on the fifth occasion the whole

series of symptoms above described were reproduced, and that so rapidly after the biting of the leeches that any doubt as to cause and effect could no longer be entertained.

In a second case, a woman, aged 28, was admitted into the Würzburg Midwifery Institution on account of chronic uterine infarctus, and five leeches were ordered to be applied to the cervix. Scarcely had they taken hold, when she complained of the most violent labour-like pains in the abdomen; and although these soon moderated in force, they were accompanied with such intense febrile action that the entire body glowed with heat, the pulse rose to 140, the carotid pulsated visibly, and the face, neck, and chest exhibited an intensely red colour, to which were added in a very short time a large eruption of urticaria elevations of a palish colour. The eruption was accompanied by great headache, inclination to vomit, and excessive lassitude; symptoms which continued to the following day, although the exanthem with the accompanying fever disappeared entirely after three hours' continuance. This patient had often suffered from urticaria at the menstrual periods, without, however, its being accompanied by such violent symptoms.

The third case occurred in the person of a young lady, aged 26, who, on account of long-continued chronic oöphoritis and metritis, required local blood-letting. In the course of sixteen months four or five leeches had been applied eight times. On the ninth occasion, an intense redness covered the skin, and the patient complained of the most violent pain in the head. The temperature of the surface was much raised, and it was almost entirely covered with innumerable minute, prominent, white elevations. In the course of an hour these appearances gradually subsided, the headache continuing for twenty-four hours longer. The Author is aware of a fourth case of the same kind, but is unable to furnish the particulars.

Professor Scanzoni believes that these cases deserve the attention of those occupied with the diseases of women, as well as of dermatologists. They admit of no other explanation than that the irritation of the uterine nerves, caused by the bite of the leeches, induced an entirely unusual, and in its mode of origin inexplicable, disturbance of the vascular system, which again, in a mode which is to us equally unintelligible, gave rise to the production of the eruption of urticaria. In proof that these appearances were not produced as a consequence of any poison being conveyed through the medium of the bite of the leech, it is to be observed that similar symptoms never result from the application of leeches to other portions of the body, while it is to be observed that even very slight irritation of the sexual organs, as that produced by examination with the finger or speculum, or by the application of caustic, will in many very sensitive women give rise to erythema of the face, neck, breast, &c., which disappears as rapidly as it comes on.—'Würzburger Medicin. Zeitschrift,' band i., pp. 90—95, and 'Medical Times and Gazette.'

LEGAL INTELLIGENCE.

CENTRAL CRIMINAL COURT.—Sept. 19.
(Before Mr Justice Byles.)

THE COLNEY HATCH LUNATIC ASYLUM INQUIRY.

William Slater and William Vivian were charged with the manslaughter of William Swift. Both the prisoners were stout, powerful men. They had been admitted to bail, and surrendered to take their trial.

Serjeant Ballantine was specially retained, with Mr Sleigh, to conduct the prosecution, which was instituted by the direction of the Lunacy Commissioners. Mr Metcalfe appeared for Slater; and Mr Robinson and Mr F. H. Lewis were counsel for the other prisoner.

Serjeant Ballantine, in opening the case, said he had the honour to appear on behalf of the Commissioners of Lunacy, who had felt it their duty to institute the present prosecution; and the inquiry was certainly one of a most important kind, and which would require their most serious consideration. The learned counsel then proceeded to give a brief narrative of the facts of the case, and said that the prisoners were keepers employed at the Colney Hatch Lunatic Asylum, and the offence imputed to them was causing the death of one of the unfortunate inmates by brutal violence. He was bound to admit that the charge merely rested upon the evidence of two witnesses who were undoubtedly lunatics, and it would be for them to consider what value ought to be attached to their testimony; but, whatever might be the result, he was sure they would agree with him that the inquiry was a most important one, not only to the unhappy inmates of those asylums, but also to the public.

The following evidence was then adduced:—

William Gann deposed that he was one of the keepers of the Colney Hatch Lunatic Asylum, and generally was employed in the C ward. In March last the deceased was placed under his charge. He was fifty years old, and a strong, powerful man. On the evening of Wednesday, the 9th of May, in consequence of hearing the deceased make a noise, witness went to him, and he struck him immediately in the eye, and at the same time seized him by the throat, and said, "I've got you now, you ——." He seized hold of him, and they both fell, and he did know anything more that happened till he was released by another keeper. Witness struck the deceased during the struggle in the stomach. (The witness pointed out the spot where he struck the deceased.) He saw deceased again the same evening about eight o'clock, and he made no complaint of injury. He saw him again the next morning, and the deceased showed him a bruise in the stomach, at the place where he had struck him. He did not appear to be suffering in any manner, and he did not exhibit any symptom of difficulty of breathing. He wished to sweep the ward as usual, but witness would not allow him to have a broom. He ate all his meals as usual, and after he had had his dinner he removed him to No. 11 ward, by direction of Dr Tyerman, one of the medical officers. This was done in consequence of his violence on the previous day.

Cross-examined: He struck the prisoner as hard as he could. It was a life and death struggle between him and the prisoner, and he was nearly strangled when assistance arrived. They both fell with considerable violence upon the boarded floor. The deceased seized hold of him the instant he opened the door of his room. He had been knocking at the door and shouting and making a great noise before witness went to him. No. 11 ward was a place appropriated for violent patients, and it was called the 'refractory ward.' The deceased was frequently violent, and often sparred at the other patients and wanted to fight. There were marks on both wrists where he had been chained down at some former time.

Charles Reed, an attendant in the asylum, proved that on the 9th of May he was called by one of the patients to the assistance of the last witness. He found him lying on the floor, and the deceased had him fast by the neck-tie. Witness laid hold of him and told him to leave go, and he did so immediately, and Gann then got up. He then told the deceased to go to bed, and he did so directly. He made no complaint at this time, and did not appear to have received any serious injury. On the following morning the deceased told him it was a lucky job for Gann that he came up the evening before to his assistance, or else he should have killed him.

Cross-examined: The deceased's principal delusions were that he was possessed of large property, and that he was the strongest man in the world. He also used to say that he had killed three or four hundred Catholics.

Mr John Berry, the head attendant at the asylum, deposed that he saw the deceased on the day he died (Saturday, the 12th of May), in the airing court, at four o'clock in the afternoon. At this time he appeared in his usual health and strength. The deceased was partial to him and followed him about, and told him he thought he could infuse strength into any one by breathing into his mouth.

Cross-examined: The deceased complained of having received a blow from Gann, and pointed to the part of the abdomen where he had struck him. He made no complaint of having been ill-used by any one on the Friday, and he never made any complaint of having been ill-used by the prisoners. Witness knew the patients Clark and Varney. The latter had almost always been in the refractory ward. Clark was also a very violent man, and frequently struck the other patients, and he considered him a spiteful man.

Re-examined: When he saw the deceased on the Friday, he did not appear to be suffering in any manner, and he did not observe any difficulty of breathing.

Thomas John Lord, another attendant, deposed that he saw the deceased between four and five in the afternoon of the day of his death, and he did not observe that there was anything the matter with him; and he did not appear to be in any pain, and made no complaint.

Cross-examined: The patient Clark was a fretful man, and prone to fight. His insanity showed itself by excitement and violence; and he laboured under many delusions of different kinds, and frequently assaulted the other patients.

Re-examined: Witness would not rely implicitly upon anything Clark represented to have occurred in the ward.

Dr Stocker deposed that he was a physician and medical superintendent of the Grove Hall Lunatic Asylum, Bow. The two men, Clark and Varney, whose names had been mentioned, had been under his charge for a month, and he believed that they were both competent to give a correct account of matters that came under their personal observation.

Cross-examined: Witness was not aware that these men were placed under his charge for the express purpose of ascertaining whether they were competent to give evidence or not. They were placed under his care by the authority of the magistrates for the county of Middlesex, and he had instructions to pay attention to their mental condition. The man Clark was undoubtedly subject to delusions, and he judged of the truth or falsehood of any statement made by him by its probability or improbability.

By Mr Robinson: Clark was under the delusion that poison had been administered to him, and that his system was very much injured by it, and he seemed really to believe that this was the case. The other man, Varney, was under the delusion that he had been the victim of persecution by a variety of parties. He could not discover that he laboured under any other delusion.

Re-examined: A lunatic might have a delusion upon one subject, and yet be quite reasonable upon others, and quite competent to state facts correctly with regard to any occurrence that took place in his presence.

Sergeant Ballantine then proposed to call the two lunatic patients as witnesses.

Mr Robinson said that before these witnesses were examined, he should like to take the opinion of the learned judge whether his learned friend had a right to call them without giving some further evidence that they had sufficient lucid intervals to render them competent to give their testimony, and that the jury would be justified in relying upon it.

Mr Justice Byles said it had been distinctly laid down that a lunatic was not disqualified from giving evidence, and he could not stop the examination of these witnesses unless the learned counsel was in a position to produce evidence to show that they were in such a state of mind that their evidence could not be relied upon.

Mr Robinson said he was not prepared to produce evidence upon this point, and he therefore withdrew his objection.

Samuel Clark, the lunatic witness, was then called in and examined. The witness, who is a tall, powerful man, was, at the suggestion of the learned judge, not examined from the witness-box, which is quite close to the jury, but in the body of the court. He said: I used to live at Colney Hatch. I know the two men at the bar. They were attendants at the asylum. I knew the deceased man Swift, but did not hear of his death until the Tuesday, after it happened. On the Saturday afternoon before, Mr Vivian came into the ward about four o'clock, and caught him by the hand and the collar to drag him out, and Swift said he would go with him quietly. Mr Slater was present, and Vivian said he had been waiting for him, as he could not get Swift out of the ward. Slater then said that they had better get him out at once, and Vivian tripped his legs from under him and he fell to the ground on his back, and they then both kicked him, and punched him, and stamped on him with their feet. After this they took him into the padded room, and he could not see what occurred, but he heard them ill-treat him, and heard him cry out "murder" once, and he also called out to them not to kick

him and ill-use him. I afterwards went out to the airing court, from whence I could look into the padded room, and I saw the deceased lying on his back and drawing his legs up, and Slater had his hands on the deceased's head.

Cross-examined: The noise could be heard all over the building by the patients, and also by the attendants. I saw three or four, or half-a-dozen kicks given to the deceased by both prisoners. They kicked him principally in the sides and ribs, and Slater also stamped upon his chest. He did this with his feet, and also with his knees. Both prisoners also "punched" the deceased with their fists, but Slater was the most violent of the two. I saw them do this in the airing court, and I saw the same thing in the padded room. I have had something given me that has done me great injury. I have not been out of the doctor's hands since. I was poisoned when I was in Sydney, and I was poisoned again shortly before I went to Colney Hatch. I have been poisoned a good many times. I am very nervous, and it does not take much to make me so. Swift complained the same day of the injuries he had received, and said that his ribs were nearly broken. He said that those two brutes—meaning the prisoners—had nearly broken his ribs. I did not say anything about this until the 2nd of August, when I was examined by the commissioner. I did not tell the other patient, Varney, anything of what I had seen, and I did not talk about it to any of the other patients. Varney said to me once that it was pretty work that was going on, but it would not last always. I never told any of the attendants in the asylum that I had been poisoned. I was afraid to talk about what I had seen in the asylum, in case I should be ill-used myself.

By Mr Robinson: Another patient named Overhall was near the padded room when the occurrence took place, but he did not look into the room. He could have heard all the noise and cries of the deceased. The kicking and the stamping lasted nearly an hour, and the deceased was screaming the whole of the time. He called out to them once to kill him, and not to keep kicking him. It seemed to have an effect upon me, and after it was over I went to sleep.

William Varney, the other lunatic witness, a respectable-looking man wearing a large beard, was then examined. His statement was similar to that made by Clark, but referred to other acts of violence alleged to have been committed by the prisoners. He said that, after dinner on Friday, the 11th of May, the deceased was making a noise and "talking nonsense," when the prisoner Slater very roughly told him to be quiet, and then seized hold of him to drag him to the padded room. The other prisoner assisted him, and they both got him into the padded room, and when he was there he heard him say "Oh!" and "Oh Lord!" several times, and there was a noise as though persons were scuffling. He did not see the deceased again until the next morning, when he said to Slater it was too bad to kick him so, and put his hand to his breast. The prisoner took no notice of what he said. Swift appeared to be in a great deal of pain at this time, but he ate his dinner as usual.

Cross-examined: He did not notice whether Clark was near enough to hear the cries of the deceased. Several of the other patients were quite close to him. Witness had been two years in the asylum. He was removed from Hanwell to Colney Hatch. He was at the former asylum for ten years. He had made complaints before to the commissioners of having been ill-used several times by the attendants at Hanwell. His beard was cut off by violence, and six or seven strong men held him down while his face was being rubbed with pumice-stone. His face was cut by the pumice-stone. All this was done by the orders of the authorities. He complained to the doctor of the manner he was treated, and he only laughed at him. He did not recollect having talked to Clark about what occurred on the Saturday, and how Swift had come by his death; but he knew that he was somewhere in the ward at the time it happened. Eight or nine other patients might also have seen it, and there were about forty patients altogether in the ward. The violence in the padded room lasted about ten minutes or so. The patients were very different in their ways.

Mr Robinson: Some of them are a great deal more mad than others, I suppose!—Witness, yes, sir; some of them would not take that notice of the cries and disturbance that others would.

By the Court: Swift was not a violent man. I never saw him offer to strike any one.

Dr Tyerman, medical superintendent of the Colney Hatch Lunatic Asylum, deposed that the deceased was one of those patients considered to be a dangerous lunatic, and on the 10th of May, in consequence of his attack upon Gann, he was removed to the ward appropriated for refractory patients. There were about forty other patients in the same ward, and they had three attendants. He saw the deceased two or three times between the 10th and the day of his death, the 12th, and felt his pulse. On the evening of the 12th, Slater came to him and told him that Swift was very ill, and either dying or dead, and that he had a fit. When witness got to the asylum the deceased was dead, and he observed a large bruise upon his stomach and right side. Witness made some inquiries of the prisoners, and they both said that he had had a fit, or two fits. They also said that he had partly recovered from the first fit, and that he then got worse and they put him to bed, and both prisoners said they deemed it to be an epileptic fit. There was a post-mortem examination on the following Monday morning, and it turned out that the arch of the entire chest was fractured, and several ribs on each side were also fractured. There were also two slight ruptures of the liver, and there were two or three pints of extravasated blood in the stomach. (The witness then read the notes made by him upon the post-mortem examination, describing the appearances presented by the deceased.) At this time there was no suspicion that the prisoner had used any violence towards him. The deceased had once before attempted to strangle the master of a workhouse.

Cross-examined: The deceased was paralysed when he was admitted to the asylum, and his condition in this respect would render him less sensible to pain, and in some cases, he believed, it would occasion complete insensibility to pain. Patients afflicted with this form of insanity would sometimes attempt to walk about with broken limbs. He had seen several instances of this kind during his experience at Colney Hatch. In one case a patient who had fractured his knee-cap walked about, without any apparent pain, very shortly afterwards. In another instance, after a patient died, it was found that several of his ribs were fractured, and on the morning of the day of his death he said that he was quite well. He heard that this patient had sustained the injury in question by falling over his bed or over a chair. Cases of this sort were constantly occurring in lunatic asylums and other places. If there had been such a kicking and stamping upon the deceased as had been spoken of by the witnesses Clark and Varney, he was of opinion there must have been some external marks; but none such were visible upon the body of the deceased. It was his opinion that many of the injuries sustained by the deceased might have been caused by the struggle with Gann, and the blow he received from him on the Wednesday before his death. He had known Clark and Varney for some time, and they had been under his care, and he was of opinion that no reliance could be placed upon any statement made by them, and if he were upon a jury he certainly should not give any credit to them. They were both subject to various delusions, and Varney had decidedly a homicidal tendency, and a desire to conspire to destroy the lives of others.

Re-examined: There were no external marks to indicate by what means the ribs and sternum became fractured.

At this stage of the case the Court adjourned, in order that the jury might take some refreshment, and the trial was then proceeded with.

Dr Tucker, the assistant medical officer of Colney Hatch Asylum, deposed that he saw the deceased between twelve and one o'clock in the morning of the day in which he died, and felt his pulse, which was moderately good. He made no complaint, and there was nothing to indicate that he had anything the matter with him.

Cross-examined: The deceased made no complaint of violence being used to him on Friday evening. He had heard the description given by the witnesses Clark and Varney, and he was of opinion that if the deceased had been kicked and stamped upon in the way they represented, for nearly an hour, there must have been some external marks of violence. Witness had had a good deal of experience with insane patients who were at the same time paralytic, and he was aware of several remarkable instances of their apparent insensibility to pain. In one case, where a patient had broken both the bones of his right leg, he pulled off the splints and tried to walk about on the stump without exhibiting any appearance of pain. He considered it quite possible that all the injuries might have been caused on the Wednesday, and the deceased might not have exhibited any indication of the injury during the interval between that day and his death.

Mr Partridge, one of the senior surgeons of King's College Hospital, and professor of anatomy for twenty years, deposed that he had been in court and had heard all the evidence that had been adduced, and particularly that portion of it relating to the injuries the deceased was alleged to have received. His opinion was, that it was impossible for such injuries to have been inflicted on the Wednesday without the deceased exhibiting marked symptoms of having received them during the interval between that time and death. The consequence of so many ribs being broken would be to most materially affect the respiration, and the patient could not breathe regularly, but would do so with great difficulty, and in such a manner as must immediately attract attention. According to his judgment, the injuries that were the cause of death had been inflicted not more than two hours before. He did not think that the fact of the deceased being a lunatic would have made any difference in this case, as to the consequences of the injuries that had been received. Lunatics who had met with an accident, or who had received injury from any cause whatever, would no doubt act very differently to sane persons, and they might under some circumstances exhibit an indifference to pain; but in this case the chest would have entirely lost the support of the ribs, and the effect upon the respiration, in his opinion, must have taken place, and the patient could not have control over it.

In cross-examination, Mr Partridge said that if so much violence had been used towards the deceased as had been deposed to by the two witnesses Clark and Varney, he should certainly expect there would be some external marks upon the body of the deceased.

Mr Luke, vice-president of the Royal College of Surgeons, surgeon to the London Hospital, and to St Luke's Hospital for Lunatics, gave evidence similar to that given by Mr Partridge. He also said that he agreed with that gentleman as to the possibility of a lunatic evincing an indifference to or concealment of pain in some cases, but that this could not be done when a patient had received such injuries as were exhibited in this case, and that the difficulty of breathing must have been apparent.

Mr Barnard Holt, one of the surgeons of Westminster Hospital, gave similar evidence, and this closed the case for the prosecution.

Mr Metcalfe then proceeded to address the jury for the prisoner Slater, and in the course of a very able speech he said that the charge against him was one in itself of a very extraordinary character, and it was sought to be supported by evidence equally extraordinary, namely, that of two lunatics; and he expressed his confidence that no jury would feel themselves justified in convicting two respectable men of felony and ruining their prospects for life upon evidence of such a character. He called their attention to the facts, and remarked upon the violent character of the deceased, and the probability that he had received the fatal injuries during the struggle with the warder Gann, upon the occasion when he made the desperate attack upon him. He observed that the occurrence was proved to have taken place in what was called the refractory ward, which was inhabited solely by violent lunatics, and he asked the jury whether anything could be more likely—supposing they should not believe that the fatal injuries were received on the Wednesday—than that some act of violence might have taken place among the lunatics themselves, during which the deceased, who was proved to have been a quarrelsome, violent man, might have received them. It was, he said, admitted that the witnesses were liable to delusions, and he urged that, for anything that appeared to the contrary, the tale they had told about the violence used by the prisoners to the deceased might be an entire delusion.

Mr Robinson also made an eloquent speech to the jury on behalf of his client. He went over a good many of the topics that had been urged by the other learned counsel, and particularly called the attention of the jury to the fact that they were asked by the prosecution to convict the prisoners of this serious offence upon the evidence of witnesses who were under no moral or legal responsibility, acknowledged lunatics, who could not be indicted for perjury even if it was proved that they swore ever so falsely, and who were, in fact, utterly irresponsible for the consequences of the evidence they had given.

Mr Justice Byles, in summing up, said the case was undoubtedly one of very great importance to the public generally, to the unhappy persons confined in these asylums, and also to those who had the charge of them; and he then called the attention of the jury to all the important facts bearing on the inquiry, commenting upon them with the greatest impartiality as he proceeded.

The jury, after deliberating a short time in the box, retired. They were not absent more than a quarter of an hour, when they returned into court, and found both prisoners Not Guilty.

There was a slight attempt at applause when the verdict was pronounced, but it was speedily repressed by the officers of the court.

MEDICAL NEWS.

Royal College of Surgeons.—The next anatomical examination for the membership of the College has been fixed for Monday, the 5th November, and following days; and the next surgical or pass examination for Thursday, the 1st November, and following days.

Apothecaries' Hall.—At Courts of Examiners held on Thursday, the 13th, and Thursday, the 20th instant, the gentlemen whose names are immediately subjoined, having passed the necessary examinations in the science and practice of Medicine, were admitted Licentiates of the body, viz.: Messrs Charles Henry Bennett, of College House, Hammersmith; George John Bennett, of Gateshead, Durham (M.R.C.S. 1859); and Daniel Taylor, of Bury, Lancashire. And at the same courts the following passed the first examination, viz.: Messrs William Reginald Beck, of Great Russell street, Bloomsbury; Elijah Barker, of Sheffield; Herbert Frederic Henry Barham, of Maidstone; Henry Stanley Gale, of High Holborn; Henry Holman, of Crediton, Devonshire; William Hugh Hughes, of Warrington, Lancashire; Robert Iliffe, of Coventry (M.R.C.S. 1860); and William Pitt, of Willenhall, Staffordshire.

Royal Orthopædic Hospital.—The half-yearly court of the governors of this hospital was held on the 20th inst., at the offices, 315 Oxford street. Mr Quarles Harris occupied the chair, and stated that a number of applications for the benefits of the hospital had been received from persons who, it was imagined, moved in a higher sphere than those for whom it was designed. The decisions concerning such applications were always postponed, in order that inquiries concerning the position of the applicants might be made; for although the governors always wished to deal mercifully, yet they were bound faithfully to administer the funds of the hospital. The secretary stated that 778 patients had been admitted during the half-year, and that the total number admitted since the opening of the institution had been 26,048. The Marquis of Westminster had just sent another donation of 25*l.*, and it was stated that Miss Burdett Coutts was a yearly contributor to the amount of 20 guineas. Attention was drawn to the fact that the mortgage debt on the institution is 6,000*l.*, and entails an annual charge of 300*l.* Additional subscriptions are urgently needed to meet more than 200 cases which are in waiting, and cannot be taken in owing to the want of funds. After the routine business of the court had been transacted, it was closed by a vote of thanks to the chairman.

Metropolitan School of Dental Science.—The second session of this school will commence on Wednesday, the 10th of October, when the Introductory Lecture will be delivered by Mr Hulme, at 8 p.m. Lectures will be delivered on Dental Surgery, by Mr Hulme, on Thursdays at 7; Anatomy and Physiology, with Demonstrations from the subject, by Dr Richardson, on Wednesdays at 7; Dental Mechanics, by Mr Perkins, on Thursdays at 8; Comparative Anatomy, by Dr Cobbold, on Wednesdays at 7; Principles of Surgery, by Mr T. Spencer Wells, on Fridays at 7; Chemistry and Metallurgy, by Dr Bernays, on Wednesdays at 8.

A Learned Charlatan.—Thomas Woolhouse is the first modern author who has called the attention of the Profession to the passage of Hippocrates which refers to scarification of the eyelids. He was oculist of James II., and settled in Paris about the beginning of the 18th century. He was a Graduate and Fellow of Magdalen College, Oxford, skilful and very learned; but his place in history is in the rank of those for whom science is merely a means of arriving quickly at fortune. He made use of this very passage of Hippocrates to carry on his charlatanism. In this passage, he said, which no one before him had understood, scarification of the eyelids was indicated,—a sovereign remedy for a great number of ophthalmic diseases. He only knew the mode of performing it, and this he kept a secret. In his works he speaks only of the operation and the instrument with which he operated, but gave no description of it. He, in fact, kept it a complete mystery, and only permitted his pupils and intimate friends to be present when he practised it; and when he initiated them into the secret, he made them pay a good round sum for it, and also swear to keep it secret.—'Med. Times.'

Air-purifying Ventilators and Refrigerators.—The news of the deaths of Sir H. Ward and Mr Wilson, from the effects of the climate of India, suggests the consideration that less progress has been made in the means of preserving the health of Europeans in India than might have been expected in an age when the powers of steam and electricity render such signal service to man. These deaths forcibly remind us of the extreme importance of the plan suggested and recently patented by a Medical man, and described in a recent number of our journal. We allude to Mr White's air-purifying ventilators and refrigerators. The process is effected by forcing a current of air through plates of metal filled with small perforations, down which water is falling. The motion of the air is produced by a fan which is moved by hand, or by water issuing from a "Barker's Mill," or by any other motive power; and the motion of the water on the perforated metal is produced either by causing circular metal plates to revolve with half their substance immersed in water, or by causing the water issuing from the Barker's Mill to fall on perforated metal. The air on contact with water colder than itself is cooled by evaporation and conduction. With water artificially cooled with ice (which is plentiful in the chief cities of India), and the use of this simple and inexpensive machine, the temperature and purity of the air in an apartment in the hottest and most unhealthy parts of India will be like that of England. It is not as an article of luxury, but as a means of preserving the health and lives of our countrymen in India, that we recommend this refrigerator. The machines may be seen at Mr Harris's, 21 King William street, Charing cross, from two till five p.m.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 26.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, September 27.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, September 28.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 29.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, October 1.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, October 2.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

A Subscriber.—1st. St Bartholomew's or the London Hospital for general surgery; for operations, King's College is famous.

Anodyne.—The composition of chlorodyne, as given in our Journal, we are informed is, if not quite, at least approximatively correct. Mr Davenport is, of course, justified in denying its correctness if it vary ever so slightly from the authentic one.

Dr B. H.—A good and cheap microscope can be had at Baker's, in Holborn.

Palmam qui Meruit, Ferat.—It is unnecessary to open a controversy upon the point. We do not consider it in question.

L.S.A.—The regulations as regards preliminary education are only the recommendations of a Committee, and are, of course, not yet in force.

Beta.—You are still within the period.

Senex, on the Degree of M.D., received.

Chirurgus Alter.—Enclosures received. Our correspondent is thanked.

A Student.—We cannot inform you.

Tyro.—Such an arrangement can be made in several schools.

Deodorization in Obstetric Medicine.

To the Editor of the Medical Circular.

Sir,—Dr Skinner's paper on the above subject is of great value. But as with the poor especially the general use of a deodorizer in the lying-in chamber will depend much on the price and facility of obtaining the deodorizing powder, I suggest that "Condy's Health Powder" should be used in the manner advised by Dr Skinner. It will also probably be found equally, if not more useful than the applications recommended by Dr Skinner in the other cases of disease named by him.

I am, &c., John White, M.R.C.S.

Hospital for Diseases of THE SKIN, New Bridge street, Blackfriars. Between 700 and 800 cases attend weekly. The Out-Patients are seen on Mondays, Wednesdays, and Thursdays, at Four o'clock p.m. Particulars can be obtained by application to the Secretary and Dispenser, at the Hospital.

Kent's Pharmaceutical PREPARATIONS OF BRITISH MEDICINAL HERBS.—These Preparations have received universal approbation, and gained first Prizes at the London Great Exhibition in 1851, the Paris Exhibition of 1855, and also the New York Exhibition. They may be obtained of Mr W. Kent, Walsham-le-Willows, Suffolk; or of his Wholesale Agents, Mr W. H. Bucklee, Chemist, 86 New Bond street; or Mr C. F. Buckle, 3 North place, Gray's-inn lane, London.

Human Osteology from France.—RAGINEL, 38 Ludgate hill, City, E.C., London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser, so as to show that every bone of each set belongs to the same skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat-gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.
Splendid Pieces for Lecturers and Museums.

Save Half your Coals, Cure your Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a warm Bath always ready, night and day, by using the PATENT AMERICAN KITCHENER: A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155 Cheapside, E.C.—Illustrated Prospectus free.

Microscopes.—J. Amadio's BOTANICAL MICROSCOPES, packed in mahogany case, with three powers, condenser, mincers, and two slides, will show the animalcula in water, price 18s. 6d. The 'Field' newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7 Throgmorton street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1,500 Microscopic Objects. Post free for six stamps.

Monuments, Tombs, Head STONES, &c., ERECTED in town or country, and at any of the Cemeteries, at moderate charges, by S. H. GARDINER, Monumental Mason, New Kent road, S.E.—A Sheet of Designs, with Price List, forwarded on application.

Established 25 years.

INTRODUCTORY LECTURES
DELIVERED AT THE
OPENING OF THE SESSION
1860-61.

The usual Introductory Addresses were delivered on Monday, and, as is our custom, we append abstracts of the greater number. There was a large attendance at most of the Schools.

ST BARTHOLOMEW'S.

Mr SAVORY commenced his lecture with an earnest congratulation to those who were entering for the first time the profession of Medicine, inasmuch as henceforth they might become possessed of illimitable means of doing good, and find unbounded scope for the exercise of the noblest faculties of their nature; pointing out, that although by no means the direct route to wealth and titles, they might fairly weigh in the balance of their esteem the advantages it had to offer.

To begin with the lowest wealth, if vast incomes are not common, sudden failures are very rare. If scientific labours are not rewarded with State honours and pensions, it is a tribute to the labourer and the work; it is because the result is not limited to the aggrandisement of any sect or party, but its value is universal. No man or party rewards, because all men, all parties, are benefited and advanced. But are not such labours in themselves ennobling? Is there no heraldry in science? Would titles have added a single ray to the lustre of such names as Harvey or Hunter? The superior claims of scientific labours are almost universally acknowledged: what studies can rival these in their influence upon the mind—what others so well engage and exercise all our faculties, and enlarge them? No class enlists so many volunteers as the natural sciences; we see men stepping out from all professions, as it were instinctively, into our domain. What a popular instrument the microscope! How attractive to many the laboratory of the Chemist! No subject can be broached so sure of entirely absorbing the attention as that of our structure and functions. So, then, what others turn aside to seek, lies directly in our path of duty. It is a happy lot for us that we can earn our bread in the midst of the most ennobling and exalting inquiries. It is to us not only beneficial, but absolutely necessary. He alone can become a sound and successful practitioner who has been a diligent student of those sciences which investigate our structure and functions in their healthy and natural state. I allude to anatomy, chemistry, and physiology. Let each one learn as much of these as he can, bearing always in mind the great object for which they are studied here, never neglecting the purpose to which they are to be applied. But remember, too, that Medicine and Surgery are founded and raised upon the natural sciences; all that they are beyond mere empirical arts, they owe to their dependence upon and their association with these. It would be difficult to find a man in our profession who has attained to any great eminence in the practice of his profession, or who by his writings and precepts has advanced our knowledge of disease, or our power over it, who did not lay the foundation of his success in the distinction which he earned by his labours in the natural sciences. They found time for all this work; nay, it was well invested—for by it they were enabled to do so much and to such good purpose ultimately. Your object must be to study anatomy, chemistry, and physiology, with a view to becoming sound and scientific physicians and surgeons.

If the practice of our profession does not lead to popularity and public applause, think, if you do not win the many, in what an enviable relation you may stand to the few. How much good is done without remuneration, commonly so called! Where is the consulting-room that refuses to acknowledge the passport of pain and poverty. Moreover, our science and art are of almost universal application. Wherever man exists, there is he the subject of disease and injury, and is therefore in need of the resources of Medicine and Surgery. But if to us so much is given, from us how much is required! With more than ample scope for the exercise of the highest faculties with which we are endowed, how powerfully are we appealed to, to cultivate every faculty that we possess! With this investment for our talents, shall we, on the plea that they are small, bury them? That which the profession of Medicine has to offer is open to all—are you excluded! Why? On what does success in life depend? The most "gifted" men often fail in life. The most successful men are by no means always the most "gifted." But mark this. Success is constantly associated with work. It is never really seen apart from work. Look into the history of men who have made themselves known, and you will find one great rule in common: Industry—earnest, persevering industry. Through what grand struggles have they passed! noble illustrations that difficulties form the cradle of excellence. What is success? The attainment of the end we have in view, the accomplishment of that for which we strive. Whatever the object may be in view, it can be accomplished only by labour, labour proportionate to the result. How important that the object chosen be a worthy one! Do not let us cast our offering before an ignoble shrine.

Genuine work is no trifling matter—no less than the entire devotion of all our faculties to the difficulty to be overcome. The earlier the effort is made, the more readily is the power of application attained. If a sure foundation of elementary knowledge be not laid—lacking this firm support, the future work can never be relied on. To lay this first great stone, Gentlemen, is our business here to-night; and then we can build around it and upon it—not hastily, but securely—not for display, but for endurance. Test, and examine, and scrutinise each portion before you leave it, and ascertain that it will bear whatever weight you lay upon it in the future; and then, when the structure becomes conspicuously high, no one shall detect a disastrous flaw in the corner-stone.

Perhaps there is no subject in which erroneous opinions are so commonly entertained as the means whereby distinction has been won. There are so many fables to be told of sudden achievements in inspired moments, and of wonderful discoveries through accidental circumstances;—such for, example, as the pretty fictions of Newton and the apple—Galileo and the lamp—Young and the soap-bubble;—that it is made to appear as if chance and genius were the sole conditions of eminence. These fictions have no place in the pages of genuine history. Wherever you read the full and faithful record of the life of a great man, there you read the tale of a life of earnest, persevering labour. I am not attempting to deny there is more than this—that so much could have been done without more than ordinary intellectual powers; but with these there is always combined, as the inevitable condition of success, extraordinary work—nay, more, in many cases extreme difficulties at the commencement. The biographies of orators, poets, philosophers, historians, statesmen, soldiers, are all alike records of the fact. There is the best evidence of the extreme labour which Cicero and Demosthenes bestowed upon their orations. They were not in the habit of trusting to their genius—they made it by their industry. If there is one branch of excellence which more than another is supposed to be the gift of untutored nature, it is the faculty of verse; yet Lord Byron said he had revolved some of his compositions for whole years in his mind before he had attempted to write them down. Wordsworth spoke of the immense time he required to write even the shortest copy of verses before he could satisfy himself. What an admirable history of resolute labour is the life of Southey!

Of Newton it has been said, "Even his recreation consisted only in a variety in his industry; it is told he wrote his Chronology fifteen times before he was satisfied with it." There are similar records of the labours of Burke, Hume, and Gibbon, and many others. Frederick the Great and Napoleon, like Cæsar, worked prodigiously. Still more interesting to us the labours of the great men of our own Profession—of Harvey, Jenner, and Sir Charles Bell. Great was the genius of Hunter, and how great his labours! Johnson has defined genius to be "a mind of large general powers accidentally determined in some particular direction."

Buffon says of genius, "It is patience." John Foster held it to be the power of lighting one's own fire. "Genius," says Carlyle, "means transcendental capacity for taking trouble first of all." Although these and similar sentiments, which have been expressed by Newton, Locke, Helvetius, Diderot, Michael Angelo, and Reynolds—who held that excellence in art, however expressed by genius, taste, or the gift of Heaven, may be acquired—may, in some sense, be exaggerations; for it must be admitted that no amount of industry alone could have made men like some of these; yet it shows the estimation in which these men held work, and the confidence they had "in the omnipotence of human labour."

The most distinguished men have been invariably the most indefatigable labourers. The power of labour in subduing difficulties, and the absolute necessity of study as the inevitable condition of success, even in those whom Nature has most liberally endowed, is still more strikingly shown in the recorded examples of early failures and subsequent success. Examples — the perseverance of Demosthenes and Curran—Lord Byron's and others' first attempts—the behaviour of Frederick the Great, and Wellington's first campaign. "Depend upon it, Gentlemen, genius commonly means labour, and inspiration is only another term for industry."

There is no waste of time or stagnation in Nature, but work everywhere; for even in her most perfect production we are permitted to recognise the consummation of work. Moreover, we see everywhere by what humble and apparently insignificant agents the grandest results are attained. Witness, for example, coral reefs, and the chalk and other formations. Also observe the all-important agency of time as an element in the production of the grandest results. So it is our duty to work—a duty we owe to ourselves, to our friends, to those around us, to our hospital, to our profession, to our patients. In no quality of the mind do men differ from each other so remarkably as in what is called the power of the will, and in the relation which it bears to the passions and emotions. As by the presidence of the will man is especially distinguished from the animals below him, so in the relative degree of its development do men vary more widely than in their intellectual endowments, strictly so called. Thus, to refer again to the example of men who have accomplished some great purpose in life, we find that although such men have been by no means invariably distinguished by genius, yet that they have all been remarkable for strength of will. In such men the will was domiuant, subjugating and controlling the passions and instinct. Thus, they were distinguished not so generally by intellectual wealth, as by the earnest and sustained application of the powers at their command.

On the other hand, what pitiable spectacles have been presented by the grandest intellectual powers, when accompanied by what Coleridge, in his wretchedness, described as impotence of the volition! Truly, there is no slavery so abject as that which springs from want of self-control, no victory so fruitful as that which we achieve over ourselves. Thus, those who have been great, who have been successful in accomplishing some high and noble purpose in life, have been remarkable for character rather than intellect. This distinction is an important one. The latter may accomplish great things, but it is the former which secures success in life. Men differ in ability, but infinitely more in conduct; and we are not responsible for the powers we possess, but the use we make of the powers at our command. Resolution, energy, and perseverance, which are but various manifestations of the power of the will, are the qualities which recommend and ensure success; while infirmity of character and feebleness of purpose will mar the fairest prospects and destroy the brightest hopes.

All men covet success. But desire is not effort. There is a vast difference between wishing for

anything, and the endeavour to obtain it. Every man possesses the means of success, if he will only use them. If the consciousness of inferior capacities lead a man (as it should do) to recognise the need of extraordinary efforts, it may become the fulcrum of a lever which will move all things.

But a man may acknowledge all this, and yet refuse to accept the conditions. He declines to pay such a price for the result; he fails, not from want of faith, but of resolution. In such a case, let him not accuse any but himself. Let him not cast it upon circumstances, for the most unpropitious have by his fellows been overcome; let him not charge it upon opportunities, for other men have made them.

The difficulty does not lie in our ignorance—we can all tell what is good and great; it is in the struggle to *do* well that the great battle of life is fought.

Gentlemen,—Life is before you. If Anticipation, the enchantress of youth, could, by the touch of her bewitching wand, disclose to your view the future of your lives; could you, as you are, see what you might become,—then there need be no misgiving of the course you would pursue. But what is now all mist and shadow, Time, the great magician, will soon—too soon—reveal; so soon, that before this Session shall have passed, it may not be impossible to discern the destiny of many amongst you. Your choice is still free, but you have no hours to spare. Though that alone were not inglorious, there are far higher motives to industry than mere worldly advancement. Industry will ensure knowledge, and knowledge is excellent for its own sake. The knowledge that you will acquire is most excellent and most useful,—most useful ,to yourselves, for it will, if rightly employed, enlarge every faculty, exalt the understanding, and ennoble your whole mind; nay, more, the study of the last of Nature's works should teach the truest wisdom, for this transient structure tells, in every change it undergoes, of an Elysium for the spirit it enshrines; and lastly, though not least, most useful to others, for the aim and end of your work is to do good, "to give a true account of your gift for the benefit and use of man."

All is before you. Difficulties and disappointments you must inevitably encounter. They may dishearten you a while, but they cannot destroy you. There are no conditions so hard, no circumstances so opposed, that they will not yield to the labour which overcomes all things.

Work is before you. Independently of all reward, whatever it may be—apart from the result, it is our duty. This should be enough for us. No matter how far he may be removed from the necessity of labour, no man can be at once idle and virtuous. Industry is essential to the happiness of the life which now is. In the present time there can be no real pleasure apart from it, and the retrospect of a life well spent is the sole means of securing peace when we most need it. The faint and obscure traces of Truth which we may here discern are indeed but the shadows of revelations to come. Yet, if now we can see only through a glass darkly, hereafter we shall be face to face. If now we are permitted to know only in part, then shall we know even as also we shall be known.

ST THOMAS'S.

The Introductory Address at this hospital was delivered by R. D. GRAINGER, Esq., F.R.S., to a very large audience. He commenced by remarking that these annual reunions were often regarded as mere matters of form demanded by custom, but intrinsically valueless. He could not, however, in any degree accede to that view, and he should be sorry that their incipient students should enter upon the cultivation of so divine a science as that of medicine with the feeling that aught connected with it could be trite or common-place. Medicine was not what the general public (who, unhappily for themselves, knew so little of the true scope and bearing of the profession) conceived it to be—the bare observation of disease and the application of remedies. On the contrary, it embraced a whole circle of the most deeply interesting sciences, of which it was the very sum and substance. Mr Grainger proceeded as follows:—"As the present is the last occasion on which I shall address you in the capacity of teacher, I am anxious to submit some remarks on the fundamental nature of organised bodies and the forces acting on them, feeling assured that even with those who are commencing their studies I shall best consult their ultimate advantage if I can succeed in conveying to them some right and clear perceptions as to the essential character of that living mechanism, the disturbance of which it is the one object of medicine to prevent, if that be possible; to rectify it if it has actually occurred. Such an inquiry will, moreover, not be misplaced, since even in the present day the prevailing notions concerning the nature of those forces upon which life and organisation depend are, as it seems to me, fundamentally erroneous. But, *in limine*, I must beg you plainly to understand that what I am about to submit to your judgment has reference solely to the phenomena of the mere organic and animal life, to the actions of the body alone—to that life which man shares in common with a cabbage and a worm; that it has no relation whatever to the conscious existence, and still less to the spiritual—to the soul—which, as we are taught by the Word of God himself, and only in a less degree by the researches of all science rightly interpreted, is an entity perfect in itself, and distinct from that earthly tabernacle in which it is now imprisoned; that, in fine, the body is formed out of the dust of the ground, into which the Lord God breathed the breath of life, when man became a living soul. With this all-essential restriction, I conceive it may be assumed, in strict keeping with inductive philosophy, that as the living body is admittedly composed of the common elements of matter; that as those elements are in most organic substances known to be combined in strict accordance with the laws of chemical affinity; that as in a multitude of instances, to which the exact science of the present day is continually adding, it is recognised by all that the actions of the living body are either chemical or physical in their character, so in reality is proved the operation of physical forces, and that all the so-called vital actions are as essentially dependent upon these same powers. Views like these, as many now present well know, have at various periods been enunciated with greater or less precision, but nothing has been firmly established; whilst, on the other hand, volumes have been written to prove that the phenomena of living bodies are altogether peculiar and depending on forces to which there is nothing analogous in common matter. Even in the case of those processes which obviously are closely allied to chemical and physical phenomena, physiologists spoke of them as altogether peculiar and vital. There were so many of those terms—such as animal heat, vital elasticity, the chemistry of life, and so forth—which, violating in themselves the sublime unity displayed in the primary forces of nature, were coined with the express object of teaching that the living actions were altogether *sui generis*. It is true that no very clear ideas were attached to such expressions, for the sufficient reason that they were, as we can now perceive, entirely fallacious; but whilst they prevailed, they involved many of the prime questions of physiology in the same hopeless obscurity as would be caused in astronomy if it were admitted that there were two distinct kinds of attraction or two laws of gravitation. In considering this question we must recollect that only the most universal principles are concerned; whereas it seems to me many of the prevailing opinions have reference merely to secondary properties and phenomena, which have no significance to the natural philosopher or the physiologist. Form, magnitude, colour, and like sensible qualities, are all subordinate points; indeed, one of the very first lessons the student has to learn is to discipline the senses, which by themselves are liable constantly to mislead, since in nature the obvious is rarely the true. Who by any sensuous observation could ascertain that the ultimate particles of matter, which are infinitely minute, never actually touch each other even in the densest substances, as a mass of flint, or a plate of polished steel—nay, that no amount of force can compel them to come into contact, since all bodies, even water, are compressible; that the ultimate particles are thus free to move among themselves in the most solid bodies, and may—even do—incessantly, like the earth itself, as De la Rive infers in his theory of electricity. Similar illustrations abound in organic matter. Thus the blood may be scarlet, as it is in the vertebrata, or colourless, as in the numberless tribes of invertebrate animals, insects, mollusca, and so forth; but it is essentially the same fluid; and so the breast-bone may have a narrow projecting keel, as in birds, or be flat and expanded, as in the chelonia, and yet present exactly the same typical parts in both. And so in the case of the forces implicated respectively in organic and organised bodies: it may in the present state of knowledge be very difficult to demonstrate their ultimate identity. Nor need this be a matter of surprise when we recollect how very recently the intimate relations of the several physical forces themselves have been discovered by such researches as those of Oersted, Faraday, and Graham. Chemical force, electricity, magnetism, caloric, light, act and re-act on each other in the mode signified by the term correlation, and are probably, as many profound philosophers suppose, only different manifestations of one universal, all-pervading force. To proceed to the organic forces, such as the nervous and the muscular. We perceive a current of the former passing through the motor nerve, crossing the sarcodes matter at right angles, as the latest as well as earlier observations prove, like the electric and magnetic currents moving in the direction of the equator and poles of the earth, and thereby evoking the muscular force, whilst again there passes out of the living muscle a force which, as in the experiments of Matteucci, excites the nervous force. We know, further, from the same penetrating observer, that this muscular current carried along the coils of the galvanometer, induces the same kind of deflection of the magnetic needle as electricity. It is, moreover, most remarkable and instructive, as my lamented friend Dr Todd pointed out, that although this muscular current is thus so closely allied to electricity, it is so far distinguished from it that it is arrested by conductors, as when a thin film of gold is wrapped round the living muscle, whilst it readily traverses non-conductors, phenomena the very counterpart of what Professor Muller pointed out years ago in regard to the nervous and electric forces. Now, although this may seem to indicate an ultimate and essential difference between the electric and muscular currents, it presents the very same condition of things as that expressed by the term correlation of forces. The mere fact of the existence of differences in physical and vital forces is therefore not in itself sufficient to demonstrate that there is a primary essential distinction between them. And thus truth being recognised and kept in view, we shall be in a better position to weigh the existing opinions on this question. In the case of animals the error which almost universally prevails, and is, I believe, more misleading than any other, is the idea that their actions exhibit such marks of intelligence, and are so exquisitely adapted to ensure the designed end that they cannot be referred to the operation of physical forces. To show that this is no mere allegation on my part, it is not necessary to go back to the ancient hypotheses, to the Anima of Stahl, or to the Archæus of Van Helmont. It will suffice to refer to the views of modern physicians and surgeons. Thus, an author most justly esteemed, the late Dr Prout, seeing in every part of the animal economy unequivocal marks of the adaptation of means to ends, infers that in the various parts of every organic body there exist intelligent agents 'superior to and capable of controlling and directing the forces operating on inorganic matter,' and thereby affecting the vital phenomena. And so in respect to pathology. I remember conversing with a very eminent surgeon who, whilst admitting the existence of the endosmotic force of Dutrochet, urged that no such mere physical power could account for the separation of a mortified part from the living body, such as the detachment of the sequestrum in a diseased bone, because this process gave evidence of perfect design. These erroneous opinions, still prevailing among so many medical men, renders it necessary for the student always to keep in view the truth recognised by the great teachers of physical science, that the whole of nature is full of design and of intelligent actions, produced by agents in themselves unintelligent. What, in fact, in its widest acceptation, is law but the operation of the

Divine Will so controlling the forces of the universe as to produce a pre-ordained, specific, and intelligible result? No writer that I know has set forth this great principle more forcibly than our great exemplar, Harvey, who, contending against the very error we have indicated, is at pains to show that the common elements of matter and the forces connected with them—air, water, fire, the ocean, the very winds which waft navies to either India, nay, even round the globe, and often by opposite courses—are, as he so eloquently expresses it, subservient to the will of the supreme, intelligent, and eternal God; thereby surpassing their own powers, producing the exquisite order, harmony, and design, which are evinced as plainly in the globe we inhabit as in the most elaborate and perfect animal. To pursue and illustrate this great argument, we may ask why are the lofty Andes placed at the extreme western verge of South America, if their position be not in foreseen and strict relation to the direction of the trade-winds, those grand water-carriers by which this continent is fertilised? Had this range of mountains been placed in the eastern border, they would have intercepted, as by a wall, the aqueous vapour borne from the Atlantic, and the vast forests and valleys now watered by the largest of all rivers, the Maranon, and redundant with vegetable and animal life, would have been converted into an arid, burning plain, identical with the rainless region of Peru, where a second kind of Sahara being produced, the lama, the representative of the camel in the new world, and a few other animals, find a scanty, but yet to them sufficient existence. One other instance may be permitted, since it is more individually connected with physiology—the rapid ascension into the highest strata of the atmosphere of the heavy carbonic acid generated by respiration, combustion, and putrefaction—a phenomenon in which one physical power, diffusion, overcomes another, gravitation, both being but modifications of one force, attraction, with the obvious intention of removing a poisonous gas from the immediate surface of the earth, which, if left alone to the power of ordinary attraction, would have rendered animal existence impossible." Mr Grainger next combated the erroneous argument in support of special vital forces, that organic matters are altogether peculiar in their chemical constitution, attributable to what is often termed the chemistry of life, and that nothing like them is found in inorganic matter; and also another prevalent opinion, which is considered by many distinguished physiologists as embodying the most important proof of the existence of a vital principle, and which relates to the internal arrangement of the parts of which organised structures and inorganic bodies are respectively composed. There could be no doubt that in this, and perhaps in other countries, the overruling influence of the Hunterian doctrine of a vital principle had most powerfully tended to the propagation of the erroneous views which had been touched upon. He need not point out to many of his auditors that the great instances adduced by Hunter in support of his theory of life, and to which he recurred again and again in his writings, relate to the cause of the coagulation of the blood, the resistance of a freshly-laid egg to freezing, and the power which enables the stomach during life to resist the solvent action of the gastric juice. In each of these instances Hunter, as it is well known, attributed the phenomena to the defensive power of life, to his vital principle, and in the then state of knowledge it was scarcely possible to draw any other inference, so plain appeared to be the evidence and so inevitable the conclusion. It was, however, very remarkable and instructive that modern science, which in such a multitude of instances had enabled them to distinguish the real from the apparent, had demonstrated the fallacy of all these instances. Thus, Dr Richardson has shown that the coagulation of the liquid fibrin was owing to the loss of its ammonia, whilst Mr Paget, by his interesting experiments, had proved that the fresh egg of the hen remained unfrozen when exposed to a temperature several degrees below 32 degrees, not because it was alive, but because the mechanical disposition of the albumen, as in the similar instance of the leaf of a vegetable, prevented the watery particles running together into crystals of ice. From these and similar considerations, he was satisfied they might rightly conclude that, save and except the sentient and truly living soul, every part and organ of the human body was formed of the common elements of matter, combined by pure physical and chemical forces, and acting exclusively in obedience to those powers. (Loud cheers.)

LONDON.

The Inaugural Address at the London Hospital Medical School was delivered by Dr Barnes, Fellow of the Royal College of Physicians, assistant obstetric physician to the hospital. He said he proposed to offer to the students some general remarks upon the relations of medicine to society at large, in order that they might more clearly appreciate the position they were about to occupy, and to be led, he trusted, seeing the height and extent of the mission on which they had embarked, to pursue these studies in a liberal and generous spirit. Their special object was the cultivation of physical and biological science. These departments of knowledge were largely indebted for their existence and development to the labours of medical practitioners. They constituted the basis of medical knowledge. They at the same time afforded the student an inexhaustible exercise in training his powers of observing and judging. It was very true that the study of these sciences of matter and of life did not exclusively belong to the domain of medicine. But it was also true that the most ardent and the most successful promoters of these sciences had always been found amongst medical men. Their art consisted in the application of a knowledge of life and of the influences of matter upon life. If they began to study the nature, or rather the phenomena and laws of life in man alone, they were soon irresistibly attracted to extend their observation to other creatures. As they proceeded in this study, the beauty, and order, and correlation of the organic and inorganic worlds opened more and more upon them; their knowledge of each animal or plant became more perfect and luminous, through the constantly multiplying beams of intelligence reflected at every step; and being so constantly reminded that their professional duties called upon them to make all their acquaintance with the vast field of biology subservient to the benefit of man, they enjoyed a sure and a never-failing stimulus. Their study was truth—the glorious truth of nature, as revealed in the creation. Their aim was beneficence—to allay misery, to assuage suffering, to advance the physical and moral well-being of mankind. Viewed as an educational agent, as a means for cultivating the highest and best faculties with which a man was endowed, the study of medicine, and the collateral sciences was unrivalled in the whole range of human knowledge. That undeviating pursuit of truth it was which they might claim as the peculiar attribute of their profession. When they looked upon a suffering patient, their first and constant thought was to penetrate the mystery of his affliction, to ascertain what it was that traversed and disturbed the course of health. Their object was to seize and comprehend the effort and action of Nature in combating the influences under which she was labouring. They sought to aid her in the conflict—they were compelled to observe and to follow her laws. If they deviated from this path—if, losing sight of the beacon of observation, they chased the *ignis fatuus* of speculation, they would surely miss their aim and fail to benefit their patient. It would be hard to name any other profession whose pursuit is truth undefiled, and harder still to find one whose pursuit is truth for the sake of beneficence. After some remarks showing the inferiority of religion, law, the study of history, &c., in this respect, Dr Barnes continued:—In natural science we are not reduced to choose between fallacious evidence and speculation. When we doubt, we turn at once to the ever-open book of Nature; we consult at first hand testimony that may be cross-examined and verified by all. For example, if two anatomists differ in their description of an organ, a third anatomist does not waste his time in weighing and balancing the statements of the combatants; he proceeds at once, instructed by their experience, to re-examine at the original source. And here let me break for a moment to exhort you to follow this plan. When you read one account of a disease in one book, and a different one in another, do not use one book as evidence to condemn the other. Both may be wrong. Search at the common source for yourselves. Never yield to the temptations of controversy; for notwithstanding our immeasurable advantage in having the standard of Nature to appeal to in our disputes, we have controversialists amongst us. If you think you have discovered some new fact or law, and your position is attacked, as it is pretty sure to be, do not reply or defend it by arguments or pleadings. Be assured that you and your opponent will never settle the matter by talking or writing; but humbly and patiently question Nature again, and appeal to her testimony whether it be for you or against you. Turn your eyes for a moment to the hospital close by. The first patient—sick with fever or consumption—is a victim to malaria rising up from the sewage sodden soil, or engendered in his cramped or overshadowed dwelling, never purified by the living atmosphere or the rays of the sun. The next is a man whose limbs are fractured, or who has sustained some other injury, which benevolence, directed by science, might have averted. Further on is one whose energies are destroyed, whose mind is debased, by indulgence in those accursed drinks whose use is abuse, whose purity is foulness, to adulterate which is a superfluous or impossible fraud. These are amongst the evils we have to combat with in civil life. From this scene the mind follows the surgeon to the field of battle. Here he has to avert or to quell the diseases that spring from ignorance and neglect, as well as to repair the injuries inflicted by the destructive engines of war. Or, when we are helpless to save, when the devilish ingenuity or ferocity of generals have done their work too well, when we contemplate the slaughter of a Solferino, and might despair of the usefulness of our art, we may remember, with rekindling pride, the great, the Promethean gift of Jenner, that has more power to reproduce than war has to destroy. With regard to the mode of study, the Lecturer observed: I will now only advert to a few points of general importance. First of all, let me impress upon you the paramount necessity of becoming good practical anatomists. No amount of reading, no attendance upon lectures, no gazing at plates or diagrams, will compensate for the neglect of dissection. I am sure my surgical friends will bear me out, when I tell you that the constant practice of dissection is not less necessary as a means of familiarising yourselves with the structures whose injuries you will be called upon to repair, than as a means of mechanical education, of giving precision and dexterity to that instrument from which the surgeon derives his name. And as for the application of anatomy to the practice of medicine, I need but remind you that it is only the quack who pretends to cure the human mechanism without knowing the structures that compose it. Connected with this point, I will further urge upon you to frequent the dead-house. Thus passing from the study of healthy structures to the examination of them when altered by injury or disease, you will acquire the more precise ideas of pathology, and be in a position to understand the natural history of disease in the living. Here, also, I would advise you to acquire the art of opening dead bodies with neatness and accuracy. In practice, you will often be called upon to perform this operation, either to satisfy the anxiety of friends as to the cause of death, to aid in judicial investigations, or for the advancement of medical knowledge. I assure you it is an art, one which you will certainly appreciate hereafter if you possess it; and you will as certainly regret your deficiency if you possess it not. The curricula and examinations of the licensing boards are now so definite and extensive, that it is inexpedient to advise any marked departure from the order of study prescribed. On the whole, it is the wisest course to take up the various subjects in the order indicated by the successive examinations. But I cannot omit to state my own conviction that you ought not to postpone attendance in the wards of the hospital. You cannot too early begin the exercise and training of your powers of observation. At first you may understand but little of what lies before you; but gradually you will see more and more distinctly. Where at first you will receive little beyond the confused image of rows of beds occupied by sick persons, you will soon, by the daily practice of analysis, and by attending to the remarks of your

teachers, arrive at the power of resolving this confused image into its elementary constituents. Each ward, each bed, will present to your mind a vivid picture full of instructive details. One bed will be associated with the picture of a man of yellow aspect, dusky lips, propped up in a posture half reclined, half sitting, breathing with short and frequent inspirations; and this picture you will fill up with all the other symptoms of pneumonia, the causes that produced the disease, and the treatment which relieved it. Another bed will recall to your mind another pathological history; and thus you will go on storing up facts, extending your intimacy with disease, and invigorating your powers of observation. Your practical labours in the dissecting-room, in the dead-house, and in the laboratory, will every day be throwing new and clearer beams of light upon your clinical studies. Every day you will experience something of that puro and intense delight which excited the Ευρηκα of Archimedes when he discovered the law of specific gravity. And, if you study in the right spirit of humility and perseverance, you will every day open up new vistas of fresh inquiries to be prosecuted, of discoveries to be made. Acquisition and anticipation will accompany you, will cheer and illuminate your path. Such is the Profession you aspire to join—this is the mission on which you are embarked. It is no mean privilege you seek. You may not find wealth, but with earnestness and industry you will surely find happiness and competency. Our fleets, our armies, and our colonies cover the globe. All find employment for the members of our Profession. The entrance into the public services is now the right of merit, not the appanage of nepotism. Then there is the career of private practice before you. If we have few splendid prizes, if there be but few great fortunes amongst us, so there are but few great reverses. It is one of the immunities which we enjoy to a large extent with the other learned Professions, that we are tolerably sure from those calamities which the errors and misfortunes of others so often entail upon those engaged in commerce. There is, perhaps, hardly any profession in which a man need depend so little for success upon extraneous aid. So long as he enjoys that blessing which it is his aim to dispense to others, the physician approaches most nearly to the Horatian standard of freedom and independence—the man "*in seipso totus teres atque rotundus.*" This, you will say, is the sunny side of the picture. It has no doubt a reverse one—a side not without asperities and angularities. Upon this, however, I think it unmanly and unbecoming to dwell. Success rarely attends the querulous man. No doubt you will all have your difficulties, your disappointments, your days of expectation, and your hours of despondency. In all this, I, more than most men in the Profession, can sympathise. But unalloyed prosperity is not the lot of man, nor is it good for man. The true use of present adversity is to chasten and strengthen the mind—to teach us to look hopefully into the future, not alone of this life, but of the life beyond. Before concluding addresses of this kind, it is customary to offer some words of advice concerning the moral conduct of students. I will spare you this infliction. I take your presence here to-day, as aspirants for reception into the order of Medicine, as a pledge that your behaviour will be that which becomes Medical practitioners and gentlemen. We shall, I am well assured, all work steadily together for the credit of this hospital and school, for the honour of our Profession, for the advancement of knowledge and the welfare of mankind. Is any further incitement needed to prompt to a life of labour and self-denial? Another, and another still, is not wanting. Reputation, present and perennial, is a spur to every generous mind. It is not given to all to fill a niche in the Walhalla of science; but every man who does his duty earnestly as a Medical practitioner, in howsoever modest a sphere, will assuredly leave behind him a name that will be repeated with affection and esteem—one, perhaps, that will fill a large space in the cherished traditions of the country side. Join, then, with me in the hope, hallowed by the greatest poet of that country which for ages has been the nursery of generous thoughts and noble words, and which now again is the theatre of heroic deeds:—

"Di non perda vita
Tra coloro, che questo tempo chiameranno antico."

GUY'S.

Dr Wilks, who delivered the Introductory Address at this medical school, commenced by alluding to the advantages offered by Guy's Hospital for the purposes of medical study, and inculcated the necessity for students to begin to work in earnest, assuring them of the fact that just as a man sows so does he reap, and especially of this, that if a man fits himself for any position in life the opportunity for filling that position will soon arrive. Dr Wilks alluded to the decease of their senior physician, who had died since they last met, and spoke of him as one of the brightest ornaments who had ever adorned Guy's Hospital. Afterwards he went into some particulars respecting what he believed to be the true meaning of the word "practical"—a word which was constantly enforced on students, and which they often interpreted into an absence of any enlarged culture of the mind, or even into an ignorance of the allied arts and sciences, understanding by the expression "a practical man," he who can treat disease according to the method of the schools, and who knows no more. The Lecturer insisted that, at the present day, since the discovery of the correlation of all natural phenomena, it behoved the doctor to look around him and draw instruction from every branch of science, and even from the affairs of mankind generally, for that those only who have a wide range of observation and thought can hope to elevate their respective professions. "For example," he said, "I take up Dawson's well-known treatise and discover the difficulty which exists, both in the animal and vegetable kingdom, in defining species, and how all created nature has, as it were, a tendency to run together. The opinions there expressed only tend to corroborate my own views, long maintained, with respect to disease, that the so-called typical affections of which we speak are to a certain extent artificial, or that we select certain similar examples of maladies to enable us to apply names to what in our ignorance we choose to call types. The student soon finds for himself that those admirable models of cutaneous diseases in yon museums are but representatives of the more characteristic eruptions, while in practice he knows that he meets with them in every variety and combination. I might illustrate what I mean of the relation of one subject to another in fifty other ways, but another example will suffice, and has often pressed itself upon me with considerable force—that is, that what is true of man individually and of man in the aggregate is true also as regards the morbid manifestations of his being. When we look around into the political world, and see this sudden outbreak of its peoples, or that unexpected revolution, it wants but a moment's consideration to perceive that these are but the outbursts of some long pent-up passions, just as the explosion of the boiler is the result of a long-continued undue pressure of its steam, or the explosion of the mine by the slow burning of the match. In the same way, if we look to individuals we do not discover that the man who has been eminent for his respectability, though unexpectedly discovered dishonest, has therefore for only a limited period followed a course of roguery. From this contemplation of man in general I see a striking resemblance in his corporeal operations. I see, in fact, that the most important changes in the body are of a chronic kind. Just as in history the great revolutions may figure as the most remarkable events, yet in philosophy, if their slow beginnings can be written, so in the same way, although our best books may treat of the acute forms of disease as the types, yet a more profound consideration of the subject will, I think, show that the more chronic or slower changes are those to which we should rather give our attention, and that so far from chronic disease succeeding the acute, as has usually been taught, the contrary is nearer the truth. I need scarcely illustrate my meaning by alluding to the sudden deaths arising from apoplexy or rupture of the heart; for, unexpected though they be, we know that they are but the consequence of long-continued changes in the blood-vessels in the one case, and of equal chronic changes in the muscular tissue in the other case." Dr Wilks then spoke on the subject of specialities in medicine, and they received his most decided opposition. He considered that the body was so fearfully and wonderfully made, that it was impossible to treat one organ separately; and as regarded any additional knowledge of disease which was said to be obtained by the attention being directed to any particular form of malady, he much doubted if this was the case, since diseased conditions were so commingled that they could not be isolated; and taking cancer as an example, the selection of cases of this affection, as it attacks the external part of the body only, and isolating it from other morbid conditions from which it has no actual line of separation, appeared to Dr Wilks to be the very best method for remaining utterly ignorant of its nature. He was sorry to think that special hospitals were established for interested motives, and he spoke of the degraded position in which the medical man placed himself who was always begging for his charity and advertising his cures in the newspapers. That the speciality system, however, was not a novel one, was seen by a quotation from one of Goldsmith's admirable essays, and in which he very properly holds it up to ridicule:—"In other countries the physician pretends to cure diseases in the lump. The same doctor who combats the gout in the toe shall pretend to prescribe for a pain in the head; and he who at one time cures a consumption, shall at another give drugs for a dropsy. How absurd and ridiculous! This is being a mere Jack of all trades. Is the animal machine less complicated than a brass pin? Not less than ten different hands are required to make a brass pin, and shall the body be set right by one single operator? The English are sensible of this force of reasoning. They have one doctor for the eyes; another for the toes; they have their sciatic doctors and inoculating doctors; they have one doctor who is modestly content with securing them from bug-bites, and 500 who prescribe for the bite of mad dogs." Dr Wilks thought that the profession lay open to this ridicule, and that, therefore, it was time for its members to consider seriously how by any such methods of practice they were imitating the charlatan, and really obscuring the boundary which had been hitherto so well marked between them. He considered that the great hope of the regeneration of the profession lay in the promised connection with the College of Physicians, and thus its necessary severance from the Apothecaries' Company; for it was his strong conviction that a profession and a trade having been so long associated together in the public mind had been fraught with the greatest evil. It had appeared, indeed, as if a druggist's shop had constituted the very basis of medicine, and that the Pharmacopœia, or a particular method of physic-giving, formed the foundation of the art. Nothing could be more erroneous than such an idea, for he believed that if Guy's Hospital dispensary was destroyed, their wards would still be filled with patients, to whom great good could be done without any medicines, which enlightened physicians considered now-a-days to be only ancillary. After some further remarks, the Lecturer concluded by inculcating the importance of a moral and religious culture.

The address was listened to throughout with marked attention, and Dr Wilks was loudly applauded by the students.

WESTMINSTER.

Mr Power commenced his lecture by showing the object of our Professional education to be two-fold,—the acquirement of technical knowledge, and a process of mental training or discipline. By constant practice, any single faculty of the mind may be extraordinarily developed; but this generally occurs at the expense of others; whereas the true aim of education is to cultivate equally the various powers, and to enable the mind to concentrate them upon whatever subject is placed before it. The preliminary studies of the Medical Profession singularly various and interesting, and have close relation with that which is the main object of our study, Life. The importance of chemistry, the interest that attaches to it from its antiquity; how the necromancy and alchemy of the middle ages laid the foundations of all the exact chemical knowledge of the present day, and how large a field still remains open in organic chemistry. The value of a knowledge of the vegetable and animal kingdoms, in order that we may rightly enter upon the study of Life, for those

structures and laws which attain such high complexity in the higher animals are then seen in the simplest forms and operation. The pleasure which results from a knowledge of these sciences. How coincidently with these anatomy and physiology must be studied; the necessity of constant and indefatigable labour in their acquirement; their relations to the study of disease. How disease must be studied, not only in the living, but in the dead: in the living, that we may discern the distinguishing characters of the same disease under many varying circumstances; in the dead, that we may see the extremest effects of disease, and knowing the results, may recognise the value of early attention to departures from health. Then, as regards the mental discipline, the importance of habits of observation; examples of Galileo, Franklin, Jenner; the difficulty of correct observation. The necessity, not only of correctly observing, but of reasoning correctly upon observation. Finally, the noble ends and aims of our Profession; how it brings us into relation with all classes of the community, and how our varied knowledge may exercise upon all a powerful influence for good.

KING'S COLLEGE.

Dr JOHNSON, of Savile row, delivered the Introductory Lecture to the students in connection with this college and hospital. After some introductory remarks, the Lecturer went on to say—"And now, before I proceed further, let me revert for a moment to the mournful event which lately cast so deep a gloom over this college in particular, but which also excited a very general lament throughout the kingdom—I mean the death of Dr Todd. You are all aware of the circumstances of his decease, in the midst of a career of almost unexampled prosperity and usefulness. I need not dwell upon the painful details, but I feel that I should be guilty of a serious omission both of duty and affection were I not upon this occasion to allude to some of the many and great benefits which our lamented friend was the means of conferring upon the medical school of King's College. In the first place, then, he was the founder of our hospital. Dr Todd, having been appointed professor of physiology in the year 1836, soon saw the vital importance of establishing a clinical hospital in connection with the college. To his clear sense of the need, and to his success in obtaining the sympathy and the aid of very zealous and able fellow-workers with him, we owe it that in the spring of the year 1840 clinical instruction commenced in that old building, now soon to be entirely replaced by the more commodious and imposing structure which is rapidly approaching completion." Dr Johnson went on to say that Dr Todd was, with the late Bishop of London, the originator of St John's House Training Institution for Nurses. This institution supplied the hospital with a very efficient staff of nurses and lady sisters, and the hospital in its turn afforded to St John's House the means of training its nurses, many of whom were annually sent out to private patients in all parts of the country. Another foundation which had exerted an important influence upon the college and upon medical education in general was that of medical scholarships. These were first established in King's College, and their establishment originated with Dr Todd. The Warneford scholarships, which were intended to encourage an extended preliminary education amongst students preparing for the medical profession, were always considered by Dr Todd to be in the highest degree beneficial. Another important element in the arrangements for medical education in that college, which originated with Dr Todd, was the establishment of the office of medical tutor. The Lecturer continued—"I have referred to some of the results of Dr Todd's energy and influence while he was working amongst us here. But it was as a teacher of physiology and clinical medicine that he conferred the greatest benefit upon his pupils and upon the college. Few teachers have ever possessed in an equal degree the power of exciting the interest and of winning the confidence and the affection of their pupils; few men have ever exerted themselves so much to promote the welfare of those whom they have taught; few teachers have had the proud satisfaction of seeing so large a number of their pupils pursuing a career of usefulness and distinction. This is not the time or place for the discussion of any disputed points in Dr Todd's therapeutical doctrines. Suffice it to say that those who by the bedside had enjoyed the fullest opportunity for noting the accuracy of his observation, the soundness of his judgment, and the remarkable success of his treatment, were the most ready to declare that his great fame as a physician rested upon a solid basis of true desert.

'He was a man, take him for all in all,
We shall not look upon his like again.'

I must not omit to mention that Mrs Todd, with a munificence truly akin to that which characterised her departed husband, has presented to the hospital, for the use of the present and all future generations of students, Dr Todd's large and valuable medical library." The Lecturer then proceeded to address himself more particularly to those who were about to commence their professional studies. He remarked—"The educational discipline which you have already received has had for its object to give pliancy to the faculties, to render the perception vivid, the attention alert, the imagination inventive, the memory full, the judgment just, the reason searching. You are now to bring your trained and disciplined faculties to the study of those deeply interesting sciences which are subservient to the practice of medicine and surgery. Every good habit which you have acquired, whether of self-denial, of steady persevering industry, of method, and order, and punctuality, or of obedience to authority, will serve you in good stead during the period of your pupilage here." The Lecturer then endeavoured to excite in the minds of his younger hearers some adequate appreciation of their happy position and prospects as students commencing their academic career, reminding them that they had youth, health, energy, and elasticity of mind to carry them onwards,—that they were free from the distressing cares of life and the harassing engagements of business, and had before them three or four years for the uninterrupted study of some of the most interesting subjects which have ever engaged the mind of man. The curriculum of their studies being prescribed by authority, they had but to work heartily and honestly at each subject as it came before them in their academic course. They would then find that day by day, while their interest in their studies increased, the difficulties and the obscurities would diminish. By the act of matriculation they had become members of a college in which, for some years to come, they would be subject to the wholesome and humanising influences of a well-ordered discipline—a discipline to which all, whether professors or pupils, were expected to conform, and to which, as it was their duty, so it should be their happiness to render a loyal and cheerful obedience. The Lecturer particularly insisted upon the importance of a regular and diligent attendance in the wards of the hospital. "There," he said, "you have the actual presence of that with which it will be the business of your life to deal—disease itself in all its varieties and stages. There, and there only may you learn by actual practice to recognise and to interpret the physical signs and the functional symptoms of disease, to trace it through its various phases to the final result in recovery or death, and in the latter case you may have the opportunity to note the structural changes which have resulted from disease triumphing over treatment—an opportunity which you ought never to miss." The Lecturer referred to the practical examination by the bedside, to which candidates for a degree at the University of London are now subjected, as giving a wholesome stimulus to clinical study. He warned the younger students that on being released from the restraints of school, and the watchful control of parents and guardians, they would in this great metropolis be exposed to peculiar dangers and temptations. He exhorted them to a faithful discharge of their duty, and told them that one of the best safeguards against evil would be found in a steady persevering industry. Their success hereafter would depend greatly upon character. Their future patients would look not only for professional skill, but they would require in those whom they admitted to their confidence the high principles and motives of Christian gentlemen. In conclusion, the Lecturer said—"The Profession which you have chosen, gentlemen, is one in which you may find ample scope and opportunity for the exercise of the highest attainments of the intellect and for the greatest of Christian graces. May you never be tempted to forget the true end and dignity of your calling! That which Lord Bacon said of all knowledge is in an especial manner applicable to the science and skill which it will be the business of your lives to acquire and to use—namely, that it 'is not a couch whereupon to rest a searching and restless spirit, or a terrace for a wandering and variable mind to walk up and down with a fair prospect, or a tower of state for a proud mind to raise itself upon, or a fort or commanding ground for strife and contention, or a shop for profit or sale; but a rich storehouse for the glory of the Creator and the relief of man's estate.'"

Dr Johnson was loudly cheered during the course of his lecture, as were the other professors who were present.

ST GEORGE'S.

Dr PITMAN delivered his Inaugural Address. He remarked that the occasion which had called them together, namely, the commencement of another Medical year, presented a favourable opportunity, of which he gladly availed himself, to offer some suggestions for the guidance of those who were about to commence the study of their Profession. Possibly they might expect that he should in the first place endeavour to solve that difficult problem, "Who is a doctor?" and define how much learning is implied in a diploma, or what amount of professional skill and knowledge is sufficient to justify a claim to that much-coveted prefix. But his purpose was more practical. To describe to them the qualities requisite for profitable study, to advise them as to the employment of their time, to anticipate difficulties, to inspire hope—in fact, to point out how they might obtain sound knowledge, how secure professional reputation and success, and so satisfy the expectation which their friends had formed: these were subjects which appeared to him better adapted for their consideration, as involving questions of the deepest interest to all. The profession which they were about to study was that of physic, in the sense in which that term was generally understood; the art of healing diseases; a pursuit having for its object the attainment of means for prolonging life and for relieving human suffering—one of the noblest occupations in which they could engage. Much, however, depended upon the spirit in which they entered on its study. Dr Pitman having earnestly advised steady and undivided attention on the part of the students, remarked that it was the observation of little things, of events apparently trivial and unnoticed by others, which furnished the medical practitioner with most valuable information; but if they looked without perceiving, or, as the Russian proverb expressed it, "walked through the forest and saw no firewood," many opportunities of acquiring experience and gaining knowledge would be lost upon them. How was it that so much was read and yet so little remembered? Because the attention was not fixed; it became unsteady, wandered away, and became engaged in other occupations, while the eye still travelled on over pages which might as well have been so much blank paper. He impressed upon them the necessity of a constant habit of reviewing the employment of each day. Some appropriate remarks followed on the importance of economising time. Experience would soon prove to them that he who knew the true value of time and the importance of economy in its use, was he who found time apparently for everything,—for punctuality in all the relations of life, for the pleasures of society, for every rational amusement, and who was also the most assiduous and the most successful in the actual pursuit of his profession. And yet how common a thing was it to hear a person excuse himself for the omission of some duty, or for the neglect of some engagement, by saying that he had not time, yet acting probably as if he had an unlimited supply! There appeared to be some persons who had a remarkable power of so arranging their time as to make it available for many things for which others could not find leisure or opportunity. They had an instance of

this faculty strongly marked through life in an ex-Chancellor now living. Many years ago Sir Samuel Romilly was applied to to undertake some business, but having numerous professional engagements, he excused himself by saying that he had not time, adding, "Take it to that fellow Brougham; he finds time for everything." A distinguished writer of the last century had stated that every person had two examinations,—one which he received from others, and one, more important, which he gave to himself; not that they were distinct in kind, but that they differed in the source whence they were derived. It was not enough that knowledge should be brought by others within their reach, nor was their assistance sufficient to give them its possession; it must be made their own through their own exertions. From whatever source education was received, its aim should be to teach them rather how to think than what to think—rather to improve the mind, so as to enable them to think for themselves, than to load the memory with the thoughts of other men. Much of their time would necessarily be passed at the bedside of patients, making inquiries, comparing one case of disease with another, ascertaining their essential characters and connecting these with the causes on which they depend. Note-book in hand, and recording daily every fact, however trivial it might appear, an accurate knowledge of disease would be acquired, and they would soon accumulate an amount of practical experience which would prove of inestimable service to them in after life. Clinical study, like all other studies, to produce its full advantage, must be pursued with a method—that is, regularly and perseveringly. Students were too much in the habit of desultory attendance in the wards to derive much benefit. They followed one physician or surgeon for a week, watched the cases for that time, and then did the same with another for the same period. The consequence was that no case of disease was carried through by the student, who saw in this way only odds and ends of illness. It was certainly walking the hospitals, but nothing more. It was not study. To become acquainted with disease, they must see it in every stage, in its commencement, progress, treatment, and termination; and the investigation of disease so conducted had a value which no other method could equal. So important was this method of study considered, that every student was required to perform the duties of dresser and clinical assistant; and still further to promote this object, prizes were annually offered to the most diligent and industrious in this department of study. The names of the prizemen were then announced, and the Lecturer concluded with some appropriate remarks on the moral conduct of pupils.

MIDDLESEX.

The Inaugural Address was delivered by Dr CHARLES COOTE. The Lecturer spoke at some length of the high moral tone which should be observed by Medical students, dwelt on the noble incentives to study which their Profession provided, and urged a close attention to the study of anatomy and physiology. At the close of the lecture, a *conversazione* was held in the new buildings connected with the hospital.

UNIVERSITY COLLEGE.

At this hospital the practice of delivering an Inaugural Address has been abandoned, and yesterday's session was opened by a distribution of prizes to successful students of previous terms.

CHARING-CROSS HOSPITAL.

The Introductory Address at this School was delivered by Dr CHOWNE, and was well received by a considerable number of the friends and old pupils of the Hospital.

SUDDEN DEATH OF DR JOSEPH BARRY OF MIDLETON.—We have to announce with great regret the very unexpected death of the above-named gentleman, who for many years enjoyed the esteem of the inhabitants and his professional brethren in the county of Cork. It appears that on the 18th ult., the guard on duty at the Killeagh Station of the Cork and Youghal Railway discovered Dr Barry lying on the seat as if he was asleep. Assistance having been obtained, he was conveyed to the station-house, and medical aid was called in, which, however, unhappily proved unavailing. Dr Barry, it appears, had spent the day at Youghal and bathed in the sea there, and up to the time of his death had enjoyed apparently good health.

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' opens with a continuation of Mr HILTON'S Lectures on *Pain and Rest*. This is followed by an account of a case of *Rupture of the Uterus during Labour*, by Dr E. L. ORMEROD, which we quote:

"The woman from whom this uterus was taken was thirty-six years old, large and well-made, but singularly pale; she had, however, always enjoyed good health. She had borne seven living and five dead children at the full time, and, besides these, had miscarried at the sixth month in the previous year. The first stage of her labours was always very tedious, and increasingly so with each successive labour. She had never suffered from uterine hæmorrhage; it was not known whether she had habitual leucorrhœa, or had ever suffered from syphilis.

"About three months before the fatal issue of this her fourteenth pregnancy, she was suddenly taken with seeming labour pains—with the same symptoms, in fact, as had ended in a miscarriage at the sixth month in the preceding year. These pains continued severe for twenty-four hours, accompanied by the discharge of a large quantity of offensive fluid; they then ceased, and her pregnancy went on, without any further incident, till nearly the full time,—namely, a fortnight before her death. Then it seemed as if labour fairly set in, for from that time she had a constant succession of regular pains, continuing day and night, so as quite to interrupt her sleep. She had an abundant discharge of fluid at the outset, which she supposed to be the waters coming away; and this continued throughout the whole fortnight, only in less quantity.

"However, she was used to matters proceeding very slowly, and did not even send for her nurse till the pains came on with more violence nine hours before her death. Her nurse was with her at nine p.m., and at eleven she sent to tell Mr Fry, her usual attendant, that she should soon want his assistance. She was then lying in bed, very cheerful, and expecting a speedy delivery. Before Mr Fry's arrival, however, a great change had taken place in the patient; for at twelve o'clock he found her collapsed, and, on examination, was unable to ascertain the nature of the presentation. From his former experience of the case he thought that there would be much delay, and, not being well, he left at half-past twelve, requesting Mr Sewell to take charge of the case.

"About twenty minutes, certainly not more, elapsed before Mr Sewell's arrival; but a further change had taken place in the patient in the interval, though still without any sudden violent symptoms. She was then lying on her side, imperfectly conscious and very faint, and all uterine action had ceased. Mr Sewell tried to ascertain the presentation, but could not reach the os uteri; and within a minute or two of his arrival, she had ceased to breathe. There was no external hæmorrhage whatever.

"On examination of the body after death, the peritoneal cavity was found to contain more than five pints of blood, in which lay a full-grown female child placed transversely with its feet to the right. There was no mark on the child by which the nature of the presentation could be determined. The uterus was ruptured straight down the posterior wall from top to bottom, the tear stopping just short of the cervix, and not implicating the vagina at all. The cervix was somewhat everted, so that what seemed to be the os uteri was really part of the canal of the cervix, occupied, in four-fifths of its circumference, by an elastic growth, which was of a somewhat gelatinous appearance, and was studded here and there with little bladdery points. The entrance to the uterus would not allow the passage of a cone of more than one inch and a half diameter. The muscular substance of the uterus was generally soft and flabby, but otherwise healthy-looking. Large flakes of healthy decidual membrane hung from the interior of the uterus. The placenta, which lay loose in the peritoneal cavity, seemed to have been attached on the left side, about halfway up the organ. No corpus luteum distinctly referable to this pregnancy could be found in either ovary. The dimensions of the pelvis were quite normal.

"Portions of the liver and kidneys, of the muscular structure of the heart, and of the uterus all along the line of rupture, were examined, and found free from any traces of fatty degeneration. The uterine muscular fibres about the fundus of the organ were quite healthy; but those taken from the edge of the rupture, near the cervix, did not display the muscular structure as distinctly as those from the fundus. They were smaller, darker, and apparently mixed with fibrous tissue, which connected them closely together, and gave them a woolly look. But there was no fatty degeneration anywhere.

"On vertical section of the mass which grew from the interior of the cervix uteri, the structure had a honeycomb appearance, from a number of irregularly cylindrical cells, distended with a clear mucus, swelling up from the cut surface. The general appearance of the cells was very like that presented on section of a compound ovarian cyst, the white, opaque, fibrous septa contrasting with the transparent contents of the cells; only these cells were arranged parallel to each other, at right angles to the uterine structures, and they were somewhat oval, not radiating and pyriform as in an ovarian tumour. The whole mass was nearly three-quarters of an inch thick, and the bladders, already noticed, on the surface, were the protruding ends of some of these dilated mucous follicles.

"From the cut surface the mucus could be raised with the forceps in distinct masses, which retained the form of the original cells, and were evidently enveloped in a fibrous membrane of extreme delicacy. This membrane was wanting in the mucus which was squeezed out of the cells. In the transparent portion of this nothing could be seen besides a few small nucleated cells, either single or collected in patches; the opaque lines by which it was traversed here and there, were composed of epithelial scales, which were almost entirely of the columnar form, without any ciliæ at their broad ends. No cells leading to a suspicion of malignant disease, no pus or exudation cells, were anywhere to be seen.

"The disease seems to have been simple hypertrophy of the glands of the cervix uteri, accompanied by fibrous degeneration of the adjacent muscular structure. It would be very difficult precisely to fix the origin and order of succession of all these changes in and about the cervix uteri, but it seems most probable that the constant afflux of blood, necessary to maintain so large an abnormal secreting organ as the hypertrophied glandular element grew to, was inconsistent with the normal periodical growth and decay of the muscular tissue hereabouts, and led to the formation of a more permanent structure in its place. The follicular disease was harmless enough in itself, but, incidentally, its constant presence caused, or was accompanied by, a permanent change in the muscular structure, which interfered with the mechanical functions of the part, and thus gave rise to rupture of the organ. It was not the bulk of the tumour which caused the obstruction, but the rigidity of the tissues about the orifice of the womb.

"Apparently, this condition of parts had existed for some years, gradually increasing till what in the first instance had merely delayed the dilatation of the os uteri ultimately impeded this process so effectually that the muscular structure ruptured itself in its fruitless efforts to overcome the resistance. It cannot be inferred that the hypertrophy and distension of the mucous glands of the cervix uteri were the consequence rather than the cause of the protracted labour, for the tumour did not implicate the whole circumference of the cervix, as might have been expected under such circumstances.

"One other point invites examination: At what period did the rupture take place, and how? At eleven p.m. the patient was cheerful, and expecting delivery; at one p.m. she died. No information can be obtained defining the period within which the rupture took place more closely than this. The rupture would seem to have been gradual, for it is inconceivable that an injury of such extent, and accompanied by so much hæmorrhage, should occur suddenly without producing violent and immediately fatal symptoms. I am inclined to the conclusion, which the negative history of the case strongly favours, that the rupture and hæmorrhage were not instantaneous in all their extent, but that the uterus gave way at first only in a single point, and that the lacera-

tion was gradually dilated to its full extent by the passage of the child."

Dr G. Gibb contributes the following article on the *Laryngoscope*:

"Professor Czermak, lately of Pesth, but now of Prague, in Bohemia, paid a short visit to London in the last week of August, and took advantage of the opportunity to demonstrate the use of his laryngoscope at some of the hospitals, and at several private sittings, to many members of our Profession. I spent the evening of the last day of the same month with the Professor, by special appointment, in company with Dr Thudichum, and he favoured me with a comple description of his most valuable instrument, and showed the use of it upon his own person, a brief account of which I thought of sufficient importance and novelty to bring before the readers of the 'Lancet.' I must premise by stating that M. Czermak does not take to himself the credit of having been the first to invent the laryngoscope, for he was fully aware—as, indeed, he states in his work—that Mr Liston had contrived something of the kind in 1840, and more lately M. Garcia (1855). He was not acquainted with Mr Avery's instrument, which has been known to the Profession, as I am informed, for many years. But he has perfected the instrument in every way, and has shown its application in the most satisfactory manner to both physiological and pathological researches. There are many instruments in London which are called Czermak's; some of these were shown to him, and he informed me that they were not his invention, and were widely different in their construction from his own. It is of importance to state this, because any one anxious to use the proper laryngoscope can obtain it from Weiss, in the Strand.

"It consists of a circular mirror, perforated by a round hole in the centre (indeed, like that of the ophthalmoscope, only that its diameter is greater), and a small looking-glass reflector, on a stem and handle, for introduction into the pharynx. The light employed may be either that of the sun, or of a good moderator lamp in a dark room; the latter is always at command. Clear daylight will answer. With a good light, the whole of the pharynx can be illuminated by the aid of this mirror, when the next step is to introduce the small reflector, previously warmed, into the pharynx, gently pressing it against the anterior part of the velum palati and uvula. This proceeding was carried out by M. Czermak in his own throat; and he regulated his movements by the aid of a second reflector, by means of which he himself saw what was being exhibited to the spectator. On his first introducing the small reflector, he repeated the ejaculations, 'Ah, ah!' 'Eh, eh!' continuously, which permitted the epiglottis to be elevated during the expiratory efforts, and a good view of the interior of the glottis, with its vocal cords, to be obtained. The lips of the glottis would occasionally close and expand like a fan, the pivot being situated anteriorly; this, to my mind, is one of the most remarkable and striking features connected with the larynx in its healthy state. This movement was effected by the utterance of the sounds mentioned, and the rapidity with which it was accomplished was truly interesting and remarkable, and affords an idea of what this part of the vocal apparatus undergoes during speaking and singing. He showed me all the different parts of the larynx in a quiescent and active condition, and concluded this part of his demonstration in closing the glottis, by bringing the lateral surfaces of the cords together, and then gliding the arytenoid cartilages forwards into opposition with the base of the epiglottis. This last feature, as he assured me, was one of considerable difficulty to accomplish, and I could perceive that it cost him an effort to do it. It is represented in fig. 10 of the second plate of his work on the Laryngoscope, published this year in Paris.

"Having rested himself for a few minutes, and partaken of a glass of sherry—an example which we all followed, as our own throats were shortly to be inspected,—he reintroduced the reflector, and altered the position of his neck and throat so as to permit of a view down the larynx. With some little arrangement a good posture was gained for the passage of the light downwards, and I saw clearly the rings of the trachea, and afterwards, lower down, the right and left bronchi, with the intermediate septum of a yellowish-white colour, presenting a distinct light object between two apparently circular dark spaces. This is also engraved in his book—fig. 7 of plate 2. I must confess that, familiar as I had been with the idea of the actual passage of a probang so far down by Dr Horace Green of New York—a feat which I knew was quite possible in such experienced hands,—I little dreamt of the possibility of actually being able to *see* thus far down the larynx. There was no disbelieving the evidence of one's senses, but it was some time before I could certainly realize in my mind the fact of having seen, from the mouth, the bifurcation of the trachea in a living and healthy person. Whilst observing all these, I was fascinated with the intense interest of this novel subject, and was only afraid that I was taxing the good-nature of the Professor.

"He now showed me the posterior nares and Eustachian tubes, and all the parts in connection with the former. The posterior edge of the septum of the nose stood out quite distinct, and the posterior terminations of the middle and inferior turbinated bones were well seen. The orifices of the Eustachian tubes presented circular concavities with raised margins, and certainly seemed different from what they are generally described. The upper part of the pharynx was shown by simply introducing a reflector looking upwards, at the same time holding the soft palate downwards and forwards.

"These illustrations were confined solely to the examination of healthy parts; but a great field is opened out, with the aid of the laryngoscope, for the examination of various internal and hidden diseases of the larynx, of which we at present have scarcely any conception. The Professor told me that with its aid he has been enabled to introduce the solid caustic and touch an ulcer within the larynx. If tracheotomy has been performed for laryngeal disease, a reflector can be introduced into the tracheal opening, and a view of the internal disease will be at once afforded from below upwards. Much as the ophthalmoscope has done for hidden and obscure diseases of the eye, it is probable that even more may be expected from the laryngoscope in many terrible, intractable diseases of the larynx. But it appears to me that it is an instrument that cannot be commonly applied, unless by very delicate and steady hands; and it requires a special experience in its use. My own throat was submitted for examination, and the little reflector was delicately and gently applied by M. Czermak in front of the soft palate: I did not feel the slightest uneasiness, although my faucial mucous membrane is irritably sensitive, and I was able to sustain a good, prolonged examination. The Professor declared, however, that I knew how to disport my throat for examination; and he said that he saw the laryngeal structures more distinctly and with greater facility than is his custom. Dr Thudichum was not so fortunate in applying the reflector to my throat, for it rather tickled the uvula, and I felt disposed to cough. After a little practice on myself with this instrument, I feel persuaded that I shall be enabled to demonstrate its use pretty satisfactorily to others.

"There are other peculiarities in connection with the laryngoscope, besides those I have described. It is not necessary, however, that I should do more on the present occasion than to draw attention to the use of this most valuable auxiliary. No one in any way familiar with the delicate structures of the throat should be without it."

M. Claude Bernard's Lectures on *Experimental Pathology* are continued in the 'Medical Times and Gazette.' The present part treats of Muscular Poisons. The Author says:

"That fatal diseases, in a variety of cases, leave behind them no visible marks of their passage, is one of the most singular, and at the same time indubitable, facts which the Medical Sciences have brought to our knowledge: and, as we stated in one of our previous lectures, there exist in this respect two distinct regions in the field of Nosology; some affections being connected with constant lesions, while others are not. Now, the toxic agents to which we have lately called your attention are precisely situated in the same case, and might equally be ranged under two principal divisions,—those which produce evident physical changes in the diseased organs, and those which do not. We have already informed you that several poisons, which destroy life with great rapidity, leave behind them no appreciable alteration of the tissues on which their deadly action has been exerted. In the case of woorara, for instance, we showed you that the moter nerves were entirely paralysed, without exhibiting the slightest modification in their anatomical structure or physical properties. The electro-tonic power, which M. Dubois-Reymond has ascertained to exist in the nerves, still retains, in animals poisoned with this substance, its usual degree of intensity, according to the latest experiments; the galvanic stimulus, however, and the impulse of the will, no longer exert their wonted influence on the locomotive apparatus.

"But if in this case the vital powers are destroyed by a process, the first stage of which lies hidden from our knowledge, a similar property is enjoyed by numerous other poisons, among which strychnia may be selected as an example; a substance, which, as we have already informed you, exclusively confines its action to the sensitive portion of the nervous system, the convulsions which arise from its introduction into the economy being merely the result of reflex action. An essential difference therefore exists between these two poisons, although in both cases the nerves are found to be the seat of disease. As the contrary opinion has lately been maintained by certain observers, who believe the effects produced by these agents to be somewhat analogous, we cannot refrain, notwithstanding the various proofs previously adduced in support of our own views, from mentioning a very simple experiment, which, according to our judgment, decides the question at once. It consists in tying the vessels of the posterior limbs, in two frogs of equal size, without injuring the nerves. The animals are then simultaneously poisoned, by injecting under the skin of the back a solution of woorara in the first case, and of strychnia in the second. The operative proceeding is as follows: A thread being passed under the sacrum, immediately in front of the origin of the lumbar plexus, the whole remaining part of the animal's body is included in a single ligature. All vascular communication being thus intercepted between the hind legs and the anterior portion of the body, the poison exclusively circulates in the trunk and upper limbs, without passing beyond them. Notwithstanding this obstacle, the posterior limbs of the frog poisoned with strychnia enter into convulsions; while in the animal submitted to the action of woorara, voluntary motion exists below the ligature, while absolute paralysis prevails above it. The result obtained in the first case arises from the general influence exerted upon the entire economy by all actions brought to bear upon the sensitive nerves, which acting in their turn upon the spinal chord, produce a universal disturbance of the normal functions, as we have before explained. Such are the results which take place when strychnia is administered; but the effects of woorara being only felt in those parts to which the circulation has conveyed it, are confined to the upper half of the body, when all communication between the hinder limbs and the seat of inoculation has been intercepted. The ultimate results of the experiment afford an additional proof of the difference which exists between these two poisons. After a few minutes have elapsed the subject poisoned with strychnia no longer exhibits the slightest vestige of reflex action in any part of the body; and the motor nerves when galvanized are generally found to have lost the power of acting upon the muscles, particularly when the experiment has been performed during the warmer seasons of the year,—for heat is known to give additional intensity to the effects of poison in cold-blooded animals. But the loss of excitability is not confined to any given point; it extends to all regions of the body, and appears consecutively to the entire abolition of sensibility and reflex motions.

"In animals poisoned with woorara we meet with a very different state of things. The sensitive nerves have everywhere retained their usual properties, while the motor branches are paralysed above the ligature; below this point, voluntary motion persists as long as life remains; and if the animal is thrown into a basin of water, it swims with its posterior limbs, the upper part of the body remaining, of course, entirely motionless. These facts sufficiently prove the vast difference which exists between the action of these two substances upon the nervous system.

(Continued at page 228)

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 3, 1860.

A FEW WORDS TO THE NEW STUDENTS.

The Introductories have been recited, the Schools opened, and the Students have begun their work. The second and third year's men fall into their places without awkwardness; they are familiar with the wards and passages of the Hospital, the Out-Patients' Room and the Accident Ward—are intimate with the Dressers and House-Surgeons, shake hands with a host of old acquaintances, know exactly the right time to be in the way when some great Professor is likely to give a Clinical, or to go round with his class—and the right time, too, to be absent; they drop easily into their old places in the theatre, and recognise the queer inscriptions upon the rails scribbled in ink, or graved with a blunt scalpel; they are familiar with the order of the Lectures, and guess the subjects beforehand; and they know the spare moments between the Lectures when they can do a bit of dissection, and perchance consume a lunch in the intervals of rest, when the back begins to ache and the attention to weary; but the Freshman has no such advantages; to him everything is strange,—the faces, the building, the course of study, and the ways of the place; he is like a man dropped from a balloon in the clouds upon a foreign land; he has no place to go to that he can call his own, no friend to accost with a familiar greeting; nobody seems to heed him, and he is afraid to push himself through the crowd, lest he be thought impertinent: even the talk is strange to him; terms are used of which he has yet to learn the meaning: his heart grows heavy, and, in the loneliness of his feelings, he casts his thoughts back despairingly upon the home he has left, and the habits and affections from which he is severed. In a few days, however, this strangeness will wear off, and as the youth applies to his work, he will find a growing interest in the new world of knowledge which he has begun to explore.

A few words may not be inappropriate upon the relative value of the studies in which he is engaged. With his examinations in view, it will be the paramount duty of the Student to adhere closely to the appointed curriculum, as the best devised order of study which the experience of his teachers has enabled them to arrange. There are also certain records of attendances that operate as checks upon indolence and truancy of disposition. We have, therefore, no fear that a well-disposed Student will neglect a regular attendance at the Lectures, or omit to make one of the crowd that daily "walks the hospital" at the skirts of the great surgical luminary.

But the young Student must know that mere attendance is not enough: without attention, attendance is waste of time. There are many Students who make a point of attending to their Lectures with the utmost regularity, and yet at the end of their term of study are ignorant of almost everything they ought to have acquired. They fancy they know a great deal; but there is nothing arranged in their minds in an orderly manner; they possess no precise knowledge: if they were questioned about the distribution of a certain nerve, they would, in all likelihood, give that of an adjacent artery, being quite in a mist whether their description applied correctly to one or the other. The consequence is, they have a very unpleasant consciousness that they are unfit to submit themselves to an examination; and they accordingly pay Five Pounds to some friend of Students in distress, and they grind! When a man has fallen into a muddle with his Cash Book and Ledger, he calls in an Accountant, who puts all the figures in the right places, and reduces the arithmetical chaos to order: so the grinder methodises the jumble of information in the head of the Student, and gives to it connection, lucidity, and precision.

But if the Student would be attentive to the Lectures, read in the evening the subjects of the morning's dissertation, and, whilst he reads, put the substance of it all in the form of question and answer, he would find that he would not require the grinder's aid. It is very difficult to fix facts or dogmas in the mind, excepting by the catechetical method. A distinct question requires a distinct answer; and thus it is that the gold in our mind is struck into a definite practical coinage, ready for every-day use.

Students are apt to drop into the fault of overlooking the minor accidents and incidents of the Hospital, and to give their attention almost exclusively to the more important diseases and grand operations. Some Students think it quite enough, as a means of acquiring a knowledge of Surgery, to rush into the operating theatre when Fergusson, Skey, or Erichsen holds the knife; and to trace the steps of the operation, if they can see it, and if they can't, to be satisfied with the attempt: all the rest is too unimportant to deserve their attention. This is a great mistake. It may be many years, if ever, before a Practitioner may be called upon to perform the operation of lithotomy; and when the time comes, he will find that he has forgotten much that he thought he had learned, and that, at any rate, he had never learned the wonderful *knack*—impossible to him—which as a Student he so much admired.

There are many small things in Surgery which the Practitioner will be frequently required to do, and which will bring him credit or discredit according to the skill and knowledge he evinces. The treatment of abscesses in all their variety, perineal, mammary, scrofulous, or connected with bone; carbuncles, ulcers of all kinds, phlegmonous erysipelas, varicose veins, hæmorrhoids, fistulæ, obstinate forms of cutaneous disease, passing a catheter, the art of bandaging, dressing wounds of all varieties; the diagnosis of tumours, and the various operative procedures for their removal; the multiplicity of what are termed medical diseases;—all these are matters that come under the daily notice of the General Practitioner, and yet are little attended to by the Student. They are, however, of the greatest importance, since they embrace the principles of Medicine and Surgery as a science, and some of their more recent improvements as an art. Yet young men are apt to think that there is nothing in all these in comparison with an operation for stone, the reduction of a dislocation of the hip-joint, or an amputation of the lower extremity. Do not neglect these last; but attend to the first also. We have known a Surgeon ignorant of the proper mode of dressing a smashed hand, risk the life of his patient; yet he performed the subsequent amputation with due skill. The chief secret of success in ordinary practice is ability in small things. It is very certain that, provided a man have firmness and common sense, the great operations can be performed as well, though not so brilliantly, by a rural Surgeon as by the grander tragedians in our London Hospitals. The success of the cases depends much less upon the operation, *per se*, than upon the subsequent treatment and the hygienic conditions of the patient.

We beg our young friends now entering upon their studies to bear these things in mind: and we would advise them to use their best exertions to obtain the appointments of House-Surgeons, Dressers, and Clinical Clerks, as the most effectual way of obtaining that kind of knowledge, the importance of which we are endeavouring to impress. In many of the Hospitals these posts are thrown open to the Students—a most praiseworthy arrangement; and we recommend those Students to whom money is a consideration, to select such Hospitals as their places of study.

Nothing gives practical experience so effectually as a sense of responsibility. Under such a feeling, all the energies of the mind are quickened and brought into play; caution is

induced, and a mistake once made and pointed out is not likely to be repeated. Sound rules of acting are impressed upon the mind; and one of the greatest of all virtues, self-reliance, is gradually acquired. We now wish our young friends God speed! and trust that their time will be pleasingly and profitably used.

SUMMARY OF THE WEEK.

THE INTRODUCTORY LECTURES.

These annual commemorations of Introductory Lectures form a grand Medical *Symposium*. They prepare for the ardent, eager, impulsive curiosity of youth, a feast of Professional eloquence and of Medical erudition. This banquet to which at the start in study they are so liberally invited, is flattering as well as gratifying to them. It, moreover, gives opportunity to the unfledged Professor to make the first flight with virgin pinion to determine if he has chosen rightly the sphere of his exertions;—if his "vaulting ambition" has compassed the right circle in which to feather his flight, or if he overleaps himself to "fall on the other." We are fully convinced of the high interest each Professor takes in the welfare of the classes committed to his charge: nevertheless, the importance of the occasion is liable to be damaged by hacknied iteration and reiteration of the same theme. The modest revelations of science and pathology require no such resonant echoes. The high interests involved render the occasion too important to be tritely treated, or ostentatiously displayed. They should come fresh as youth upon the sense, and free to the feelings. Aspiring and ambitious youth should be introduced into the career and walks of life by every inducement, and greeted at its threshold with every encouragement—to have pointed out to him the prizes to be obtained, and the labour to be incurred. It is well to beckon him on to the manly contest, and cheer him to the first conflict of life. Having once trailed the slot, young blood will warm in the chase; the excitement of the numerous accidents inevitably met with by "field and by flood" will lead him on to the *death*. So will the young Student be beguiled by this manly and exciting strife. This high breath will require to be sustained by hope and by achievement. The steep, rocky precipices of life will need the refreshment of success to stem its crags and top its mountain-peaks: without, its heights would be never, and its levels scarcely ever, attained to repay the emprize. We do not depreciate occasions for rallying the well-strung sinews of the youthful Hercules, or for soliciting with persuasive encouragement the diffident and fearful aspirant, emulous, in modest guise, to solicit the favours of natural science—a courtship, if pleasant, not always prosperous; or by powerful appeals to awaken dormant and lagging energy: but we think the mode and the manner might be improved. The candidates in the various walks of our noble Profession converge to this city of the world from all points of the compass. To many the scene of this vast Babel, in which they have emerged for the first time, is sufficiently exciting, and is itself a wonder which fancy and reflection can hardly comprehend. London is no illusion, but a stereotyped reality, suggestive, nevertheless, of deep thought, and of painful and pleasurable ideas. A congregation of peoples so immense disperses all pedantry, annuls all trivial rivalries, in longings for the definite and for unity. We think the various Schools should unite and elect from amongst themselves *Public Orators* for the Session, limited to four or five in number. This might be easily accomplished, so as to secure the election of the coming men of science; of pathological distinction, and of acquirements, especially appointed to officiate at this Annual *Symposium*.

MEDICAL EVIDENCE.

How is it that no evidence given from a witness-box is so unreliable, unsatisfactory, and inconclusive as is Medical testimony? Moreover, none is received with so much suspicion, or so severely animadverted upon, as is Medical evidence. In a case of forensic inquiry—of poisoning, for instance—Medical analysts cabal together to get up opposing testimony. Mr Smith of this school, Mr Thompson of that, and Mr Brown of the other, are pitted as analytic gladiators;—the fight of test-tubes thus arranged to come off in the presence of the Lord Chief Justice; the arena, the Queen's Bench. On another occasion, the question to be inquired into may be, whether a man can survive several days who has received mortal injury; say, traumatic rupture of the liver in two or three places, with fracture of "the arch of the thorax, and several ribs on each side also fractured?" Another eminent physician, considered by idol-worshippers the physiologist *par excellence* of the day, gives evidence in a trial of life and death. This gentleman pays a visit in consultation to a patient suspected of being poisoned by her husband. The visit is of *four minutes'* duration, ostensibly made to establish and support other evidence of witnesses upon the suspicion of a poisoning by antimony being perpetrated by the husband. The evidence of poisoning in this case was limited to and guided by the existence of symptoms which are common to idiopathic gastritis, enteritis, and the administration of mineral poisons. It was *the expression of the countenance of the patient*, which the first penetrating glance of the eminent physician detected on entering the room of the patient, and four minutes determined his conclusions. His testimony, as he knew full well it would, formed an important element in this juridical decision. That antimony had been given, and that the patient was poisoned, were the questions at issue. Most probably a large *honorarium* passed for this visit of four minutes. A longer tax of time in the witness-box might be well and gracefully spared, in consideration of a still larger *honorarium*, in elucidation of this erudite Medical *conspectus*. In this case there was no evidence upon which to rely, or to build a superstructure that would explain the forfeit of life. A chain of circumstances implying strong suspicion no doubt existed, but that was all.

The tendency of Dr Tyerman's evidence, in the Colney Hatch case, to infer in the case of William Swift a state of insensibility peculiar to insane people, was not relevant. The apparent insensibility or stolidity of insane patients to sensations of cold, or heat, or pain, is perhaps not difficult to explain. These are instances of common sensation. But voluntary or involuntary muscular action, as also the performance of organic functions, are incompatible with certain conditions of injury, traumatic lesion, or fractured bones. Pain and irritation, although perhaps less manifest in the lunatic, are also inseparable. Dr Tyerman, in his evidence, says,

"There was a post-mortem examination on the following Monday morning, and it turned out that the arch of the entire chest was fractured, and several ribs on each side were also fractured. There were also two slight ruptures of the liver, and there were two or three pints of extravasated blood in the stomach. (The witness then read the notes made by him upon the post-mortem examination, describing the appearances presented by the deceased.) At this time there was no suspicion that the prisoner had used any violence towards him.

"Cross-examined: The deceased was paralysed when he was admitted to the Asylum, and his condition in this respect would render him less sensible to pain, and in some cases, he believed, it would occasion complete insensibility to pain. Patients afflicted with this form of insanity would sometimes attempt to walk about with broken limbs. He had seen several instances of this kind during his experience at Colney Hatch. In one case, a patient who had fractured his knee-cap walked about, without any apparent pain, very shortly afterwards. In another instance, after a patient died, it was found that several of his ribs were fractured, and on the morning of the day of his death he said that he was quite well."

We conclude the insensibility implied by Dr Tyerman, in his evidence, is *anæsthesia* from paralysis. The functions of locomotion and of respiration in the case of the man Swift were not invalidated or impaired. The conclusion inferred by Messrs Partridge, Luke, and Barnard Holt is the only physiological solution of the mystery; namely, that the injuries occurred (*which caused death*) within a very recent period. Or, if a greater latitude of time be admitted, it might as well be inferred that this condition of insensibility would allow a patient with broken legs to *walk*, not merely *attempt* to walk (for the parallel is not forced between such a case and a man with lesion of the respiratory muscles, in whom "the arch of the entire chest was fractured, and several ribs on each side were also fractured," being able to perform the function of respiration). This induces the inference that the substitution of padded rooms and individual

control for personal and physical restraint introduces a new element. Insane fury is not, under the latter circumstances, to be always controlled by human forbearance and personal subjection, in which, unavoidably, the passions and feelings of the attendants, at the best but human beings, are sorely tried by immediate conflict and violent struggles. There is no other appeal. To moralise, or to reason, is negatived; a foregone conclusion has decided against such resources as useless, if not trifling. Thus, human passions are brought into open conflict with the insane paroxysms of the patient, and living muscular force must be resorted to, under the most exceptionable circumstances. It is much to be regretted that these means are practised where no human eye penetrates; the actors in the struggle and unfortunate patients being the only witnesses; the superintendent is thus placed in a position which demands almost angelic qualities to entitle him to the exercise of such responsibility.

THE SPIRIT OF THE PERIODICALS.

(Continued from page 225.)

"But there exist other poisons which equally destroy the vital properties of the locomotive apparatus, although a totally different histological element becomes the seat of disorganisation. We allude to the toxic agents, which abolish contractility in the muscular tissue; you will find them infinitely more numerous than those which confine their action to the nerves. Among this class of bodies, digitalis and upas antiar have already been mentioned; and the attention of American physiologists has lately been drawn by Dr Mitchell, of Philadelphia, to the properties of two other substances, which are known by the Indian names of Corrowal and Wao. Their action a similar to that of upas, although of greater intensity. The active principle of the veratrum album, or veratrine, a substance now frequently employed in practice, also exerts its influence upon the muscular fibre, to the exclusion of all other tissues; and a large number of poisons, with the chemical composition of which we are imperfectly acquainted, evidently belong to the same class.

"The small arrows now placed before you were forwarded to us by M. Boussingault. These weapons are extensively used in South America. The nature of the substance with which they are impregnated is still a mystery to us; they were supposed to have been charged with woorara, but their action is of a totally different kind: the muscular, not the nervous, fibres are affected by the wounds which they inflict. Although unable to state in a positive manner what this poison really is, I am tempted to believe that the venom of toads is the substance employed. The Indians of New Granada are known to make use of a small variety of this animal, which is found in great abundance in that country, for the purpose of poisoning their weapons. After collecting a large number of toads, they impale them upon wooden spits, and roast them alive. The heat causes the animal to eject its venom, into which the arrows are dipped. This latter substance is known, in fact, to exert a most powerful action on the muscular tissue. But the unknown principle with which these arrows are impregnated differs so completely in its properties from those usually attributed to animal poisons, that we shall seize the present opportunity to enter into some considerations on the subject of venoms in general, and that of the toad in particular, our conclusions being the result of the researches we have lately undertaken on this interesting and hitherto obscure part of toxicology.

"The effects produced on animals by these poisoned arrows would appear at first sight to be strictly similar to those produced in our own climate by the venom of toads; but when we inquire into the chemical composition of this new substance, we find it to be a perfectly stable compound, the properties of which are not destroyed by plunging it into boiling water or dissolving it in alcohol. The arrows which have been allowed to rest for a certain space of time in this latter solvent are found to have lost their destructive power, although no change has taken place in their dark brown colour; and the liquid in which they have been kept being gradually evaporated, the solid residue left behind appears to contain the active principle which imbibes them, for on redissolving it in water a poison is obtained which produces on animals the same effects as the arrows themselves.

"But the opinions usually entertained with respect to venoms are entirely opposed to such a result. Animal poisons are in general considered as resembling ferments in their chemical properties, being easily destroyed by the action of heat, and modified by dissolution in alcohol and other powerful solvents. We ought, therefore, in concordance with generally-received opinions, to have surrendered our former hypothesis; but, however satisfactory the inductions drawn from previously-ascertained facts may appear, an experimental verification is always indispensable in sound physiology, even in those cases in which it seems useless, and almost absurd, to require experimental proofs. Acting in conformity with this rule, which has always directed us up to the present time in our labours, we have examined in its turn the venom of toads, for the purpose of ascertaining whether its characteristics were really such as had been supposed; and, contrary to our expectations, we have found it to be soluble in alcohol, and in all other respects as stable a compound as the active principle of these American arrows, for the action of boiling water destroys none of its properties.

"It had been supposed, however, that no venom was fatal to the animal itself which secreted it; and as the poisonous arrows produce marked effects upon the toad, we found it necessary to try upon this animal the results produced by the inoculation of its own venom, in order to ascertain whether the opinion generally entertained on this point was scientifically true. The experiments undertaken for this purpose do not allow the slightest doubt to remain on this point. The toad is killed, like other animals, by the inoculation of its own venom; it is, however, true that the action of this poison is infinitely less intense in toads than in frogs, of all other animals those which resemble them the most in organisation; and it might hence be inferred that a certain degree of truth exists in the above-mentioned opinions. Let us bear in mind, however, that the resistance of the toad to all kinds of poison is infinitely superior to that of the frog; that strychnia, upas, and various other substances, act in much smaller doses upon the latter than upon the former animal; a fact which agrees with the lower excitability of the nervous system in toads.

"All these phenomena may, therefore, be reduced to a general principle, which we have strenuously endeavoured to inculcate in the course of the present lectures; namely, that no essential differences exist between the homologous tissues of different animals; that properties observed in one case are found to exist throughout the entire scale of being, although considerable variations in their intensity are met with, even in the case of neighbouring species. You also perceive that our knowledge of venoms is less advanced than the other branches of toxicology, and that it is urgent to repeat a new series of experiments on each of those substances in particular; for we are not prepared, up to the present moment, to attribute the properties enjoyed by the venom of toads to the whole series of animal poisons; farther researches are indispensable to settle the question.

"Let us now, gentlemen, after this digression resume the explanation of the effects produced by muscular poisons. The principal result of their action is sudden arrest of the heart's motion; and in this respect they might also be divided into two classes. Some of them act upon the heart before affecting the voluntary muscles: such is the case with digitalis and upas antiar. Corrowal and wao enjoy this power in a still greater degree. The reverse is the case with other poisons; they act upon the voluntary muscles at first, and do not paralyse the heart till a later period of the destructive process; the American arrows belong to this latter class. It is, therefore, easy to conceive how wide is the difference between the intensity with which these poisons act in animals differently organised. A very small dose of corrowal produces instant death in birds: a mammal survives a few minutes; while frogs resist the action of this substance for a considerable space of time, these animals, as you are aware, being able to survive a few hours after the total ablation of the heart.

"We shall now perform a few experiments on various animals with these different poisons; and you will find that, far from resembling woorara and strychnia, which destroy life without leaving the slightest vestige of their action, these muscular poisons actually produce deep physical changes in the tissue, which loses its physiological properties under their influence.

"(At this stage of the lecture a couple of pigeons are brought forward; an incision is made into the breast of both, laying bare the muscular fibres, and on applying test-paper, a decided alkaline reaction is met with in both cases. One of the pigeons is then killed with a poisoned arrow; the others with a solution of woorara injected into the cellular tissue. A frog is at the same time poisoned by introducing a small dose of corrowal under the skin; it is then replaced in the jar from which it had been taken.)

"You perceive, gentlemen, that the muscular tissue offers a decided alkaline reaction in the healthy state. But in animals poisoned with any of those substances which act upon the contractile elements, the reaction of this tissue becomes acid, and the *rigor mortis* occurs immediately after death; two changes which spontaneously take place in dead animals, but only after a space of twenty-four hours has elapsed. The electrical properties of this tissue equally undergo a singular alteration, for, in the ordinary state of things, the external surface of a muscle is positively, and its internal or cut surface negatively, electrified; the reverse is the case in animals poisoned with these toxic agents. And, lastly, on opening the bodies immediately after death, the heart is found contracted, motionless, rigid, and totally empty; so that its transparent walls, in the frog, have lost the ruddy colour imparted by the presence of blood within the cardiac cavities, and appear perfectly white and colourless.

"In all such cases the muscular element alone has been acted upon; for if, on poisoning an animal with one of these agents, you were to apply a ligature round one of the limbs, and thus prevent the poison from reaching it, you would find that while the other muscles of the body remained insensible to the action of galvanism, those of the limb thus preserved would readily obey its influence, when excited through the corresponding nerves: a proof that the muscular fibres alone have in this case been interfered with, the nerves retaining, as before, all their vital properties.

"(The bodies of the poisoned animals were now opened: in the pigeon killed with an arrow, the heart was found rigid and motionless, the muscles stiff and incapable of responding to the galvanic current. The same phenomena were observed in the frog, the heart of which was particularly rigid and perfectly colourless. On testing the muscles, their reaction was found decidedly acid. In the pigeon killed with woorara, the heart was found still in motion; and when at length its pulsations had ceased, galvanism was applied to it, and caused the parietes to contract; the muscles of the limbs responded readily and powerfully to the same agent, and their reaction was alkaline.)

"You will no doubt allow me, Gentlemen, to seize this opportunity of conveying to your knowledge our opinions on the subjects of the connections existing between physiological phenomena and the physical properties of the tissues which produce them. It may be correctly asserted, in a general manner, that the physiological properties of muscles, nerves, and all other tissues, co-exists with physical and chemical phenomena of a peculiar nature, and that a direct relation is to be found between the degree of intensity which each class of properties exhibits. Shortly after death the vital characteristics of the tissues disappear along with their physical and chemical properties: thus, in muscles, the electric current fails at the moment when contractility is

extinguished; and in the nerves the electro-tonic power disappears at the same moment as physiological excitability. But although we are tempted to view this connection between physical and physiological phenomena in the light of the necessary relations between cause and effect, I rather believe it to be a mere coincidence. It must not be supposed that the vital properties persist as long as the physical and chemical phenomena have not disappeared. A remarkable instance of this reciprocal independence is afforded by the following experiment:—A rabbit being killed by the section of the medulla oblongata, both nervous excitability, muscular irritability, and the electric muscular current disappear by degrees, and are totally extinct a few hours after death. But when the animal is poisoned with upas, a very different result is observed: the normal irritability of the muscles disappears twenty-five or thirty seconds after death, while the electric current persists during four or five hours. In the same manner, the alkaline reaction of muscles is not inseparably connected with their contractile power, nor the electro-tonic state in nerves with the property of transmitting the impulse of the will.

"Far be it from us to maintain that the disappearances of the vital properties of any given tissue is not in all cases the result of a material change; we only intend to show that in more cases than one that change is yet unknown and must be sought for in a different direction; the physical and chemical properties hitherto known to exist in our tissues are the inseparable attendants of the vital action, but do not appear entirely to create its powers.

"We shall here conclude, Gentlemen, our Course of Experimental Pathology for the present session: we shall resume these studies next year at the point where we now drop them; and, the general notions of the science having now been laid down, we shall devote our attention to a few particular points. We shall, therefore, endeavour to produce in sound animals some of the diseases with which clinical observation has rendered us familiar, by means of Surgical operations; and in observing their effects, in seeking to explain their cause, we shall never lose sight of our fundamental principle, 'That Physiology is the foundation-stone of Pathology.'"

Dr Goodfellow continues his Lectures on those diseases of the kidney known as *Bright's Disease*; and Mr Jones contributes an article on the *Treatment of Delirium Tremens by large Doses of Digitalis*, which we will quote in our next Number.

The 'Indian Lancet' contains the following article on *Femoral Aneurism and Ligature of the External Iliac*, by Dr Wylock:

"A somewhat obscure and not less curious case of aneurism of the femoral artery which fell to my lot may not be unworthy of record:—W. B., Royal Artillery, had been under my care on 25th February with bubo in both groins, and phagadenic ulceration of the penis. The ulcers on penis yielded kindly to treatment, and so also did the bubo or ulcer in left groin; that in the right, however, gave considerable trouble, and it was not until the end of April that it showed any signs of improvement. About this time it began to granulate and contract; but this action was accompanied with excruciative pain all down the front of thigh as far as the knee. On the 1st of May, the ulcer, which was before granulating and contracting kindly, became livid and tense, and granulations large and flabby; the pain increased in spite of all remedies. On the night of the 4th of May, I was called to see the patient, who was bleeding from the groin. I immediately went, and found that about 4 oz. of blood had escaped; but it was clotted, and apparently had ceased for some time before it was discovered. I could not find the place from which it had flowed. I applied cold and oil lint, waited about an hour and retired. About 4 p.m., next day, I was again called, and found the same state of affairs; made the same applications, and after a due time left.

"At about 4 p.m. on the 6th, I was again called by a man in breathless haste. I lost no time, and found the patient apparently lifeless in a pool of blood. I thrust my finger over the part, and dashed cold water over his face and chest. On his reviving, a jet of blood, 6 inches high, escaped. I had meanwhile, having determined on the necessity of an operation, sent for Mr Blechynden, the Commissariat officer. On his arrival, his finger was substituted for mine, and I proceeded to put a ligature on the external iliac artery. This I accomplished in from 7 to 10 minutes with perfect success. I had now leisure to examine the aneurism, which I found rough inside and capable of containing 3 or 4 oz. of blood; its centre was immediately under Poupart's ligament, above and below which it extended about 2 inches either way. The openings of the artery into and out of it were hard, and as distinctly defined as the openings into a stethoscope. The patient is doing well; but how long he will continue to do so, after his enormous loss of blood, remains to be seen."

Dr Purefoy contributes to the same journal an article on *Tubercular Meningitis*, attended with obscure symptoms, which we quote:

"The subject of the present remarks occurred in the case of a young man, a recruit in the Company's Service. Shortly after his arrival in this country, he was seized with a severe attack of bronchitis, which proved the means of developing the latent symptoms of a severe organic disease under which he laboured, and thus, indirectly, of throwing considerable light upon the nature of a secondary lesion of the brain, afterwards supervening, which otherwise must have remained in considerable obscurity as regards the accuracy of a diagnosis. Before presenting the reader with notes of the case, I should briefly say, although favouring the supposition that such a lesion was the result of tubercular deposition in the brain, yet I am not prepared to say so with certainty. One is naturally inclined to look upon cerebral symptoms grafted upon a scrofulous constitution as deriving their origin from such source. Yet were such the case in the present instance, the symptoms, as the case will show, are greatly at variance with what one is led to expect. The patient, a young man (ætat. 20 years), of thin and slender make, temperate habits, and in the previous enjoyment of good health, was admitted into hospital, Barrakpore, June 8th, suffering from a severe attack of bronchitis. He was not very many days in hospital before the paroxysms of dyspnœa, the copious muco-purulent expectoration tinged with blood, and constant cough, made me suspect the nature of his ailment. A stethoscopic examination of the chest, coupled with the physical signs, cleared up all doubts on the matter, and pointed out as the nature of his disease, tubercular infiltration with vomica in apex of both lungs. The usual treatment for such cases was adopted, but without much relief, and now for the first time his flesh and strength failed him, the appetite decreased, and there was almost total loss of sleep from the cough. In this state he continued without any notable change in his symptoms to June 15th, when, upon visiting him, I found him sitting upon a chair by his bedside, morose and taciturn, apparently indifferent to all going on around him. The countenance, pale and anxious, presented a wild and vacant stare; the eyes, dull but not suffused, were fixedly rivetted on one object, and when questioned it was with the utmost difficulty an answer could be elicited; when it was short, evasive, always tending towards some religious topic. There was no fever, no heat of skin present, nor throbbing of temples, nor abnormal condition of pupils visible. Pulse is 100, small and weak; bowels constipated. Ordered two aperient pills, and a blister to nape of neck. June 16th.—Still occupies the same position, and exhibits the same sullen disposition and aversion to speak. Hallucination confined to same subject (religion), upon which the mind is so rivetted he constantly bursts into tears. He refuses to be put to bed, to make use of anything. Bowels still confined. Ordered calomel, gr. x.; pulv. jalap. c., dr. j. June 17th.—Supported between two men, slept a little. General symptoms as yesterday. Bowels still refuse to act. Ol. Crotonis, gtt. ij., to be given immediately; a turpentine enema in two hours afterwards. June 18th.—Was induced to go to bed last night: got a little sleep; mental faculties improved. No cerebral symptoms discoverable. Bowels not operated upon. Ordered ext. elater., 2½ gr., to be made into two pills; one to be taken at once, the second if necessary in two hours. June 19th.—Bowels have been actively operated upon, evacuation consisting of scybalæ, since which nearly all head symptoms have undergone a marked change for the better. The patient is now quite rational.

"*Remarks.*—At first sight there may seem no difficulty in arriving at an accurate diagnosis regarding this secondary lesion. But supposing that bronchitic attack had not supervened, thus developing the latent symptoms of a diseased action, not only local, but constitutional; could one with any degree of certainty point out any of the above symptoms as originating in cerebral disturbance, the result of tubercular deposit? On the contrary, did we look to symptoms alone whereupon to base a diagnosis, would not the absence of all fever, of alteration in pupils, the age of the patient, presence of delirium, and the rapidity of the accession as well as the departure of all signs of mental aberration, point to some other cause as the probable source? Although hydrocephalus is essentially a disease of childhood, yet it is occasionally met with in more advanced life. When such is the case, must we expect to find the phenomena attendant upon the disease at the former period identical with those of the latter period of life? Is it not reasonable to expect, according as the reasoning faculties become developed, and the excitable condition of the nervous system diminished, we will find delirium substituted for convulsions, and many of those symptoms having a nervous origin wanting? If such a view of the case is admissible, might not the secondary lesion be accounted for by supposing the deposition of tuberculous matter to have proceeded so slowly as to give rise to no symptoms, until the balance of circulation in the part was altered by either the supervention of the bronchitis, or the obstinate constipation of the bowels?"

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.—Sept. 22nd.

Resection of Knee-joint.—Mr Hulke.

The patient, a woman about thirty years of age, received an injury of the knee some three years since, on a voyage to America, by falling through the hatchway. Inflammation and disease supervened, which after some time terminated in spontaneous cure, the joint becoming anchylosed. The patient went on well until about nine months since, at which time her knee received a wrench, or twist. Disease became renewed in the cartilages and ligaments of the anchylosed joint. Matter formed in the joint, which was discharged by the abscess being opened. Great constitutional and local irritation now occurred. She was suffering also at this time from uterine hæmorrhage. This aggravated the constitutional irritation, and seemed to augment also the local irritation, which likewise on its part apparently aggravated the uterine disease. Under these complications, health rapidly giving way, Mr Hulke decided upon removing the seat of disease by resection of the joint. The operation was performed by making the H section. On each side of the knee, a longitudinal section of about four inches was made through the integuments and tissues. A crucial section was then carried horizontally above the seat of the patella, cutting through tendons, ligaments, and cartilages into the knee-joint. This made a superior and inferior flap. The superior flap was then dissected upwards, discovering the extremity of femur, which was found necrosed and diseased. The extremity of femur being laid hold of with nippers and raised, was cut through with saw obliquely downwards and backwards. The lower flap was then dissected to show the heads of tibia and fibula, which were then cut with saw obliquely upward and backward. Thus, a sufficient angle was obtained, by removing the extremity of heads of bones, to admit upon apposition of a nearly straight limb from its previously bended position. To make this satisfactory, it was necessary to remove, by a supplemental cut, a small slice more from extremity of femur. No hæmorrhage took place, no vessels required tying. The flaps were brought together with ligature, and water-dressings applied; the limb being properly extended and secured in a M'Intyre splint, with anterior and posterior splints for thigh.

The *experimentum crucis* of this operation of resection is not arrived at maturity. Whether growth and normal development of limb be stopped by removal of the epiphigies of bones or not, is yet to be determined. If they be stopped by such removal, resection will not supersede amputation. It will in that case (unless modified removal of epiphigies may be practised, so that sufficient may be removed to effect the purpose of resection free from mischief), become a foregone conclusion that resection is not applicable to young, growing subjects. We hear of early cases of resection having resulted in dwindled leg, hanging useless from the thigh, in consequence of this operation. We confess to be sceptical upon this point, and hardly entertain the fear. Ossification radiates in the shaft and cylinders of long bones from the central diaphysis to the epiphigies.

GUY'S HOSPITAL.—Sept. 17th.

Lithotomy.—Mr Cooper Forster. Sept. 26th.

—Tumours of Neck.—Mr Cock.

A case of lithotomy, a child of three years old, was operated upon by Mr Cooper Forster. We have on more than one occasion had to revert to the frequent operations for lithotomy and amputation which have occurred at this hospital.

Tumour of Neck.

Mr Cock gave rather an interesting history of

the progress of this case. The patient was a man about thirty years of age. He first noticed the access of this tumour nine years since. Mr Cock believed its existence dated from an earlier period. It had gradually enlarged and extended until now. He explained that it was one of those deep-seated tumours extending under the muscles which almost always proved of malignant character. This had become very large, extending anteriorly, so as to be buried under the sterno-mastoid muscle of the left side, taking its course under the muscles on the side of the neck posteriorly, as far as the vertebræ. Mr Cock believed it had travelled as far as the transverse process, and had formed a connection with the ligament of the fifth vertebra. It would consequently be impossible to remove such a tumour wholly. From its painful character, as well as from its great size, this tumour had lately caused considerable irritation and inconvenience, and the patient urgently sought relief. Under these circumstances, notwithstanding the tumour was so dangerously situated, imbedded amongst large arteries, Mr Cock thought it was justifiable and proper to endeavour to afford relief by an operation. Until this occurred, it was impossible to say what the tumour was—whether deep-seated, fibrous, fatty, or malignant. If the first, he proposed to follow it through the anatomical region it occupied with finger and scalpel-blade, and handle as well as he could. If it should prove malignant, it would become necessary to stop the operation and close the wound. The tumour showed purple discolouration over its most elevated portion, which elevation seemed circumscribed to 2½ inches in diameter under the mastoidean region. Under chloroform, Mr Cock made an incision at its base anteriorly, and proceeded by dissection to trace its connections. On reaching and examining the tumour, he found it to be malignant. This circumstance decided the staying of further proceedings. If this state of things had not been discovered, the further progress of the operation would have been attended with considerable difficulty from hæmorrhage, several arteries having already been secured. Mr Cock made a few remarks, to the effect that it was justifiable to afford relief by amputation in such cases when practicable. In this instance it became necessary to leave the unfortunate man to his fate.

UNIVERSITY COLLEGE HOSPITAL.

September 19th.—Fistula in Ano. Sept. 27th.—Bloody Tumours of Lip Removed—Tumours of Breast Removed.—Mr Thompson.

This operation for fistula in ano was performed in the usual way by Mr Thompson.

Bloody Tumours of Lip and Gum (so-called Epulis.)

This patient, who was a young man about twenty-eight years of age, had been inconvenienced for some time by this tumour. He had had ligatures applied on three several occasions, but the bleeding tumours returned. Mr Thompson stated that it was the character of these tumours, that they were more troublesome than dangerous. They very seldom proved malignant, although that did occur sometimes. They sent roots into the bone of the alveolary process, of which it consequently became necessary to saw away a portion. Mr Thompson proceeded to remove the two front teeth of the upper jaw to effect this purpose. After dissecting back the frænum of the lip and soft parts of the gum, he applied the saw and removed away a portion of the alveolary process of the superior maxillary bone. It was the nature of this fibrous tumour to shoot its roots into the bone, and the only successful method of cure was to follow them by extirpation of a portion of the bone.

Tumour of Breast.

Mr Thompson reverted to the number of cases of tumours of the breast operated upon recently at University College Hospital. The case we reported about a fortnight since, which Mr Thompson removed, was progressing favourably. It was a large tumour of a doubtful character. Although the wound and parts had been attacked with erysipelas, which had been prevalent in the hospital, the wound was now healing. The present case, a woman twenty-five years of age, had been noticed about six months. The tumour, situated on the right breast, superior and internal to the nipple, was small, moveable, and presented no untoward appearances—a slight blush or discolouration existed over it. Under chloroform it was removed by oval section, and proved to be a large sebaceous gland, situated in a tough, thickened cyst. If its radius had been known, it might have been cut down upon and pushed out. Most of the other cases which have occurred at this hospital have been more advanced in years, their ages running from forty-five to fifty-five.

Varicose Vein.

This case is noticeable, inasmuch as although only one vein was diseased, it was attended with great and constant pain. The vein was pierced on the anterior aspect of the leg at two points, with silk passed in the usual way over and under them, and tied over a quill-like piece of wood.

GREAT NORTHERN HOSPITAL

This aspiring young hospital, situated far away, demands and truly deserves regard and notice. Notwithstanding its distance, its polar tendency excites a normal attraction. We consequently were drawn into these northern parts, not without edification and improvement resulting from our visit.

The exterior of the Great Northern is of so unpretending and modest a character, that although its "name" had sounded well and frequently upon our ear, we are almost ashamed to say that at our first visit we could not find its "local habitation." Surely this will not be an abiding shame! If so, it will not rest with us, but with an undiscerning public. At a time when the large hospitals seem to be holiday-making, we found ourselves in presence of ardent appetites for the occasion, earnestly in search of surgical refection, with a numerous and goodly company of select and enterprising Surgeons. This bevy seemed on excellent terms, keen to inquire, and eager for the business before them. Amongst the *entremets* and smaller *trifles*, the standing *billet* runs thus:—

Resection of Hip-joint.—Mr Price. Amputation of Lower Maxillary Bone.—Mr Adams. Removal of Tumours from Neck.—Mr Savory.

Partial Excision of the Hip-joint.

Mr Price is well known to the Profession as an advocate for surgical interference in certain cases of diseased hip-joint. In the columns of this Journal have been lately published the views of this surgeon regarding excision of the hip-joint—partial and complete—in instances in which the articulation has been more or less destroyed by that form of disease termed morbus coxæ. In a paper read before the Medical Society of London during its past session, Mr Price reviewed all the cases of excision of the hip-joint which had come, more or less, under his observation, and the conclusion he drew was in every way favourable to the adoption of operative measures in such cases in which the joint was greatly implicated, and both femoral and pelvic portions included. The operation which we saw performed at the Great Northern Hospital fully showed the correctness of diagnosis, and the great advantage of direct surgical interfereuce. A little boy, about seven years of age, had suffered for nearly four years from a diseased condition of the hip articulation of the left side. He had been under notice at various institutions, but no permanent benefit had resulted from the treatment adopted. He had been under the observation of Mr Price for some months, and considerable relief had been obtained by the application of a long side-splint, which had retained in position and absolute rest the parts forming the articulation. When the little patient was brought into the operating theatre, we noticed that the left leg and thigh were much shorter than their fellows, and greatly diminished in size, as much as two or three inches. Great pain was experienced on pressure being made over the great trochanter. The buttock was globular, and much larger than the right. The thigh was semi-flexed on to the belly. A sinus opened on to the front of the thigh. Mr Price remarked that although under chloroform considerable movement of the joint was permitted, and no grating sensation produced by manipulating with the limb, yet he did not consider these circumstances evidences of non-existence of extensive disease. The suffering had been severe, and the constitutional symptoms likewise formidable and indicative of much mischief. But, in such examples, experience and former operations had taught him that constitutional symptoms were more often to be relied on as pointing to considerable disease than any local expressions of morbid action. Hand in hand, however, the continued evidences were, in his mind, amply sufficient ground for interference in this particular instance. An incision, two to three inches in length, was made over the inner side of the great trochanter, and the capsular ligament (which was to all intents entire so far as retention of the end of the femur was concerned) readily opened. The head of the femur was found almost entirely removed, and a large necrosis, occupying the middle portion of the acetabulum, was easily detected and removed. The lips of the small wound were adjusted with sutures, and the limb bandaged to a long interrupted side-splint. This is one of the most interesting cases of the kind we have witnessed, and we shall recur to it again in a short time, when resolution shall have afforded the little patient a useful limb.

Excision of Lower Maxillary Bone.

This patient, a man forty-eight years of age, noticed enlargement of the lower jaw about four months since. It came under the care of Mr Adams some time afterwards. He observed an internal and external abscess, which induced him to form a rather favourable prognosis. The disease rapidly increasing, he decided to make an exploratory operation, to solve the doubt existing of the nature of the disease, and proceed further if required. A horizontal section was carried along the body of the lower maxillary bone, which quickly discovered its nature. Recurrent fibrous tissue or malignant epithelial cancer was found to exist, having penetrated deeply and extensively into the bone and soft parts. The body of the bone was quite gone in its centre; and the disease extended, including the angle and ramus of the jaw, to within half an inch of the symphysis. It required to be eradicated with saw and nippers, and followed with knife in every direction. It had burrowed under the base and root of the tongue. In dissecting it away, the lymphatic salivary gland was exposed. It was necessarily a tedious and exigent operation, and numerous vessels had to be secured. The wound was brought together in the usual way with ligatures and strapping, and cold water-dressings applied.

Tumour of the Neck.

This being a simple fatty tumour, Mr Savory removed it from its cyst, by a simple oblique incision dissecting out the fatty development.

GENERAL CORRESPONDENCE.

DIPHTHERIA.

To the Editor of the Medical Circular.

Sir,—I beg to forward to you the following remarks on the disease termed "Diphtheria," and also regarding a case of that disease which, along with others, occurred to me in the course of practice.

Before doing so, I would premise that in London, in a population of about three millions, the weekly number of cases of genuine Diphtheria averages no more than seven or nine, and that the average results of treatment are about one recovery to seven deaths. Were we, however, to judge from the statistics sent from some parts of the country, Diphtheria would appear to be there not only more prevalent, but also far less fatal: but a careful investigation would undoubtedly show that neither the one nor the other is the fact, and that many of those country cases (especially those in which recovery has taken place) have in reality been severe forms of quinsey, and perhaps in some cases merely aggravated forms of *Cynanche tonsillaris*.

The case of Diphtheria to which I refer occurred in February, 1860, in a girl of seven years of age, and proved fatal in five days. The disease, attributable to exposure to cold and wet, was first ushered in with the usual symptoms indicating inflammation of the throat, such as dyspnœa, pain of affected parts aggravated by pressure and by attempts to swallow, and attended with constitutional disturbance. It would be too tedious to detail all the successive symptoms; let it suffice to describe only those peculiar and specific symptoms which characterise that disease termed "Diphtheria;" viz., the great depression of the vital powers; the low type of the fever, owing to the virulence of the morbific poison affecting the circulating and the nervous systems; the pallid face; the thready pulse; the absence of the tumefaction, and of ulceration of the velum pendulum palati and of the pharynx, but the presence of an intense dark redness of the surface, dotted at first here and there only with small circumscribed patches of a greyish, tough, persistent, viscid, and plastic exudation. As the disease proceeded, this exudation, in spite of all means, gradually covered the whole surface, and invaded the larynx and the trachea. Before the fatal termination, there were added to the dyspnœa and the difficulty of swallowing, loss of voice, and apparently a paralytic condition of the muscles of deglutition and of respiration, resulting, doubtless, from the disturbed state of the nervous system. A variety of remedial measures were had recourse to, such as laxatives, calomel, opium, quinine, camphor, sesqui-carbonate of ammonia, æther, brandy, wine, beef-tea, &c.; touching the parts with a strong solution of

nitrate of silver; friction of throat with powerful liniments, containing camphor, a little tinct. opii, and liquor ammoniæ, so as to produce vesication; counter-irritation also to neck and upper part of chest, application of constant warmth to the lower extremities, and various other appliances.

In conclusion, I beg to state that though the above means proved of no avail in this case, yet their adoption in another case, which occurred abont the same time, was successful.

J. B. Nicolson, M.D., M.R.C.S., L.S.A.

OUR NOTE BOOK.

GUNSHOT WOUND OF THE COLON.

During the recent campaign in India, in an action with the rebels in the Jugdespore jungles on May 12, 1858, Private Michael McCurteney, of the 10th Foot, received a gunshot wound of the abdomen. A musket-ball entered his left side between the tenth and eleventh ribs, in a line from the anterior superior spine of the ilium, passed downwards and backwards, and escaped one inch and a half to the left of the spines of the first and second lumbar vertebræ, close to the crest of the ilium. When hit, he was observed to whirl round and fall heavily to the ground. He suffered much from shock, and had brandy and ammonia administered at intervals during the next twelve hours. There was only slight bleeding from the wound, and no blood was observed to have passed from retum or bladder. Soon after this peritonitis set in, accompanied with vomiting, for which calomel with full doses of opium and effervescing draughts were administered, with alleviation of the symptoms.

On the evening of the 14th, his orderly came to report that his bowels were, as he termed it, "all gone." On examination, it was found that about two ounces of fæces had escaped from the posterior opening, thus indicating perforation of the descending colon. His condition at this time was briefly as follows:—Skin cool; pulse 94, small; tongue somewhat dry, complaining of thirst; expression anxious, with occasional sickness and vomiting. Abdomen tender and tympanitic in its lower half; had slept occasionally for short periods, but this was evidently produced by the opium. The day previous he had been carried about five miles in a dooly, and on the 15th he was again removed sixteen miles back to camp. Here he remained three days under treatment in the regimental hospital, the treatment being still directed to subduing the peritonitis and allaying the vomiting, and with a good measure of success. The utmost attention was paid to cleaning the opening in his back, and a large loose compress of tow applied to receive the fæcal matter as it escaped. He was now removed some eighteen miles to a Depôt Hospital which had been established for the sick and wounded of the force. While there, his treatment, if we except the dressing of the wound, was purely medical. Its results were most satisfactory.

On June 19 the regiment was ordered into quarters at Dinapore, and he being brought with it, came again observation. He, though much emaciated, had a healthy look, and was in good spirits. Abdomen felt natural, and, except in one or two spots, pressure gave him no pain. The wound in his side had nearly healed, that in his back had contracted considerably, although fæces in large quantity were still passed from it, but at the same time his bowels were occasionally moved pretty freely in the natural way. There was little remarkable in his case from this time up to the middle of July, when, dysentery being prevalent, he was seized with that disease. Stools containing blood and mucus only were passed by both the natural and artificial anus. The constant trickling from the latter was a source of great discomfort. He was treated for this, as if no wound of the colon had been present, by the usual remedies for dysentery, and, almost contrary to expectation, recovered,—and so much so, as to be able in August to proceed with other invalids to England. By this time the opening in his back had become so diminished, that for two days at a time—although his bowels were well moved *per anum*—scarce a trace of fæcal matter would escape by it; and hopes were entertained that, by supporting the part with well-fitting compresses, and using stimulating astringent applications to the wound, it might be completely occluded. But for sudden perturbations of the bowels, induced by climatic causes, this, no doubt, would have been accomplished at the time.

Although he promised to let me know the subsequent progress of his case, he neglected to do so, and I lost sight of him until a few days ago, when a corporal of the regiment, who had recently returned from furlough, told me that he had met him in Belfast in March last, and that he desired him to inform me of his complete recovery; that although there was still a very small hole in his back, nothing but a slight watery discharge came from it, and that his bowels were all right, and opened regularly in the natural way. He was then performing the duties of monitor in a poor-house in that town.—Dr Tullock, 10th Reg., in 'Medical Times.'

WARTY TUMOUR ON THE NOSE OF A BOY.

Geo. C——, aged 12, admitted June 13th, under Mr Prescott Hewett, into St George's Hospital. Six months previously he had noticed a small wart on the tip of his nose, about the size of a pea; it grew very fast, and in about a month it had more than doubled in size, and looked black. Some acetic acid was applied by his schoolmaster; this did not do any good. Two months ago the tumour was nearly an inch long, and half an inch wide. He was then seen by a surgeon, who applied chloride of zinc. This reduced it in size. It very shortly afterwards began to grow forwards with great rapidity. On admission there was a warty growth, of cone-like form, situated on the tip of the nose; it was nearly an inch in height, three-quarters of an inch in length, and half an inch in breadth; it was very painful, and bled if pulled about; it looked very like epithelioma. There was also a small wart situated on the upper lip, just above the angle of the mouth; health was very good. The boy's face is of a peculiar colour from having been exposed in an open boat in consequence of shipwreck; the skin is red, and covered with black blotches; some like large freckles, others like deposits of black pigment. The treatment consisted in the application of nitric acid on five different occasions, and a perfect cure was accomplished.—'Lancet.'

ON THE EXCLUSION OF LIGHT IN THE TREATMENT OF ACUTE EXANTHEMATA.

While treating of acute exanthemata in relation to the nature of the epidemics which may prevail, Dr Pockels attaches great importance to the due regulation of light. Experience teaches us that in darkness plants become pale and weak, but under the influence of a brighter light the irritability of the nervous system is augmented, and the metamorphoses both in the vegetable and animal economy are accomplished with more rapidity, while during sleep they are diminished. In a sick-room we avoid bright, glaring colours, and take care that reflecting objects shall not remain within the field of vision, especially when the excessive irritability of the nervous system prevents sleep. These facts induced the Author to try the effect of darkening the room during the treatment of the acute exanthemata, and that the more because he had already remarked their favourable course in those cases in which necessity compelled the patients to remain in dark places. He completely darkens the room, not only during the period of the symptom, but until that of desquamation has been passed through. Of course, in slight forms of disease and mild epidemics this care is superfluous; and in an aged, cachectic, or asthenic condition of the patient, the room is only so far darkened as to render the symptoms milder. The first influence of this darkening is seen in its effect on the exanthem, the development of which it arrests, all the local symptoms being moderated in severity. It, moreover, moderates the ensuing reaction, the febrile action being rendered much milder, the exhaustion of the patient prevented, and his convalescence favoured. The convalescence is further remarkable in not being attended with the same amount of secondary affections. In many cases of scarlatina no other treatment is required, and in varioloid affections disfiguration by scarring is much diminished.—'Varge's Zeitschrift,' band xiv, p. 1, and 'Medical Times and Gazette.'

COMPRESSION IN THE TREATMENT OF VARIX.

Professor Botto, of Genoa, has of late treated varix with success by applying compression at two points along the course of the saphena vein; a procedure, he thinks, very preferable to puncturing or injecting the vein. At first he employed digital compression, but afterwards he substituted his present plan of making it. The patient first assumes the standing position for a long period, in order to induce as much distension of the varices as possible. Two pellets of charpie are then fixed firmly by means of two circular rollers over the saphena interna vein, the one above and the other opposite the knee, in such a way as to comprise between them an interval of about sixteen centimetres. Some inflammatory action is at first produced; but this soon subsides, and in the course of a month the vein becomes obliterated, and reduced to the state of a hard, compact cord. The large varices between the knee and groin will have entirely disappeared; but to obtain a complete cure of those of the leg and back of the foot, a new compression will have to be instituted at the lower third of the leg.—'Rev. Méd.' 1860, vol. i., p. 369, and 'Medical Times and Gazette.'

ACUPRESSURE.

At the Academy of Medicine on Tuesday last, one of the members, M. Bonnafont, just arrived from Edinburgh, and glowing with grateful enthusiasm on the strength of Scotch hospitality, thought it incumbent upon him to deliver a short address, most complimentary to the practice of Edinburgh generally, and Dr Simpson in particular. M. Bonnafont described to the Academy the method for arresting hæmorrhage after amputation devised by the talented Scotch Professor, and urged upon the Parisian hospital surgeons the adoption of acupressure in their practice. He also showed one of Dr Simpson's uterine supporters, of the good results of which he himself had been an eye-witness. M. Velpeau, in reply to these observations, stated that he himself believed, from his own experiments, that acupressure, such as that described by M. Bonnafont, and practised in Edinburgh, was an uncertain means of arresting hæmorrhage, and would never supersede the ligature, although he readily admitted the imperfection of the latter means, and thought it most advisable, when possible, to avoid the presence of a foreign body in the wound. M. Velpeau had lost sight of acupressure for the last year and a half, when M. Fouchet undertook to investigate by experiment the amount of benefit to be obtained from this plan, in comparison with the ordinary method. M. Fouchet, who was most enthusiastic and confident at the time, had not published his observations on the subject; and M. Velpeau thought that his silence boded no good in favour of acupressure. He had himself, in 1830, adopted a modification of the same process, and had at the time a difference concerning its right of priority with M. Amussat, by whom M. Velpeau's claim was contested. He had, however, returned to the ligature, and was disposed to stick to it until he saw some better method proposed; and such a method the acupressure, as described, certainly was not. M. Depaul, in his turn, criticised the uterine supporter shown by M. Bonnafont. He did not believe that it was safe; it often set up inflammation of a dangerous character, and on its removal the womb invariably reassumed its unnatural position, unless—and these were the cases called cures—the organ had, by the inflammation produced, been glued to the surrounding textures, and so rendered immovable. —'Lancet.'

PERCHLORIDE OF IRON IN DISEASES OF THE SKIN.

As the result of numerous trials, M. Devergie arrives at the following conclusions:—1. It is the most efficacious agent which has been employed in the internal treatment of purpura simplex and hæmorrhagica. 2. It may be employed with much advantage internally in the cachetic and anæmic condition which so often accompanies certain forms of disease of the skin, as rupia, ecthyma cachecticum, impetigo scabida, and atonic ulcers of the lower extremities. 3. It is not of the same value in active hæmorrhages or in the acute forms of the diseases just named. 4. Employed externally, in the liquid form, in different degrees of strength, it may exert great influence in modifying the condition of wounds; atonic, scrofulous, and syphilitic ulcers, and various forms of syphilitic diseases of the skin, accompanied by secretion. Under its employment, obstinate morbid conditions have yielded which have resisted a great number of

external agents. Its use, in the form of ointment, is most advantageous in the declining period of diseases with secretion; but used in pretty strong doses, it is also useful in certain squamous affections, diminishing the period of time necessary for the application of such disagreeable substances as tar or cade oil.—'Bulletin de Thérapeutique,' tome lviii., p. 297.

ON SEA-SICKNESS.

Dr Armand, after describing the phenomena of this most unpleasant condition, proceeds to give his views of its causation. After rejecting various hypotheses as untenable, he continues: When any one waltzes for the first time, it seldom happens that the apparent turning round of surrounding objects does not produce such a degree of vertigo as to cause him to stumble, or even to fall down, while there is a tendency to nausea; in fact, a condition is produced for a short time exactly identical to what is met with, but for a longer time, on board ship in a rough sea. A similar condition is occasioned if we mount and go round upon the wooden horses we meet with at fairs; if, while fording a rapid stream, we allow ourselves to be fascinated by the rapidity of the current; in some people it is produced if they look out of a carriage at the sides of the road, and watch the trees apparently in rapid motion. All these circumstances, including sailing, have this in common, that they give rise to an interference with the laws of perspective, produce perversion of vision, cerebral fatigue, and a whole series of sympathetic phenomena, reacting from the brain upon the stomach and the entire organism. A proof that the fatigue of the eye is in these cases the chief cause of the peculiar feeling is, that, after having waltzed, the most certain means of getting rid of the vertigo is to shut the eyes for an instant; while, on board ship, a pretty sure means of avoiding sea-sickness is to look steadily upon one point—a better still is to lie down and close the eyes. Sea-sickness should not be looked upon as a disease properly so called, but simply as a temporary indisposition, disappearing as one gets accustomed to navigation, except in exceptional cases, where, from a continuance of rough weather, and as the consequence of a peculiar idiosyncrasy, the continuance of this state may give rise to accidents of a certain gravity, such as the vomiting of blood. The obstinacy and the energy of vomiting may have a still worse effect in persons suffering from various kinds of prolapsus, or in producing it in those who are predisposed. Pregnancy is an unfavourable condition, as the movements of the vessel and the repeated vomiting not unfrequently bring on premature labour. The best means, if not of preventing, at least of moderating the violence of sea-sickness, is to wear a belt round the body, to assume the horizontal position, and to close the eyes; to suck, from time to time, a peppermint lozenge, or some slices of orange or lemon, which have the effect of moderating the ptyalism, that water in the mouth, which precedes the vomiting. These means succeed in a large number of cases, although it must be confessed that in others they do little or no good. Dr Armand has employed many of the remedies so pompously announced, but has never met with one which could be called a specific in the proper sense of the word.—'Gazette Médicale de Paris,' and 'Edinburgh Medical Journal.'

PARISIAN MEDICAL INTELLIGENCE.

Amongst the various subjects bearing on Medicine, introduced to the notice of the Academy of Sciences on Monday, the 10th inst., one of the most interesting perhaps at the present moment is a detailed account given by Signor Vella, of Turin, of certain experiments undertaken by him in connection with the effects of woorara administered to animals after the ingestion of poisonous doses of strychnine. These researches, which seem to have been carefully and conscientiously prosecuted, go a long way to prove that these two drugs, strychnine and woorara, stand one to the other *almost* absolutely in the relative positions of poison and antidote. (The reserve implied by *almost* is necessary, as it will be seen that this neutralizing property possessed by the woorara can be relied on within certain limits only.) The Author of the above communication informed the Academy that he was first led to administer woorra in the treatment of tetanus by the consideration of certain experiments by M. Claude Bernard, in which it was clearly established that the physiological effects of this poison on the animal economy were due to paralysis of the motor nerves. For several years past, therefore, Signor Vella has been occupied in investigating the question of the curability of tetanus by woorara. This special therapeutic action clinical observation certainly denies to this agent, and Signor Vella has of late given to his researches a somewhat different direction, and has undertaken ninety-seven fresh experiments, partly with a view to the possibility of rendering the ingestion of strychnine innocuous by subsequent injection into the blood of solutions containing woorara, partly with a view of ascertaining in what proportions and to what extent the two drugs administered *conjointly* could be taken without the poisonous effects of *either* being manifested. In the first class of investigations, then, the animals, generally dogs, were poisoned, or at least made to swallow a dose of strychnine known to be fatal to them under ordinary circumstances, and then small quantities of woorara were from time to time thrown into the jugular vein whenever tetanic symptoms showed themselves, until the toxical effects of the first agent were exhausted, and complete recovery of the animals took place. In the second category, the two poisons were mixed in certain determined proportions, and no effect whatever was produced, and the life of the animal was unaffected. A specimen of each suffices to illustrate Signor Vella's mode of proceeding. In a first experiment, the solution of two-fifths of a grain of hydrochlorate of strychnine in six drachms of distilled water was injected into the stomach of a middle-sized dog fasting, with the effect of producing at the expiration of a quarter of an hour violent tetanic convulsions. A solution of woorara was then thrown into the jugular vein; this produced a temporary cessation of the muscular spasm. When the convulsions returned, the injection was resumed, and continued at intervals until a dose of three-fifths of a grain of woorara, dissolved in half an ounce of water, had been taken into the circulation. The whole operation lasted three hours, and at its termination the dog was allowed to run about the laboratory, apparently quite well, and no return of the tetanic symptoms occurred subsequently. Three days were now allowed to elapse, and the same dose of strychnine was exhibited to the same animal, who was then left to his fate, and died sixteen minutes after its administration. In an experiment of the second class, into the jugular vein of a big dog is injected a mixture containing one-thirty-third of a grain of strychnine, and a quarter of a grain of woorara, dissolved in fifteen minims of water, and the operation is followed by no bad result whatever; but on a subsequent injection of the same dose of strychnine, not guarded by woorara, the animal is killed in the space of ten minutes. It has been proved by Signor Piria, a chemist at Turin, that on the mixing together of these two agents no new chemical combination takes place, nor is appreciable alteration noted, the two drugs preserving their individualities indefinitely—a fact which renders their *modus operandi* in the process of mutual neutralization all the more obscure, the natural conclusion at first sight being that their harmlessness when mixed was owing to the formation of a new and insoluble salt.

Did you ever hear of the *Bombyx processionarius*? If not, so much the better; for, according to M. Champouillon, it seems to be a very bad beast, and a most disagreeable acquaintance. It is a caterpillar, wearing a yellow uniform (like a Neapolitan galley-slave), of Druidical tenets, for it lives on, and no doubt worships, the oak. And, as this naturalist observes, "Si avec une gaule très longue on démolit un nid de bombyx"—or, Anglicè, if you stir him up with a long pole, he vindictively projects to a distance, in the direction of the aggressor, a very fine powder of so irritating a nature as to cause a papular eruption on the skin, followed by swelling of the part, and general febrile disturbance, with occasional delirium. A patient seen by M. Champouillon, who had incautiously applied some leaves covered with portions of the nest of a bombyx to that use which it was formerly the special privilege of the *Grub* street literature alone to fulfil, was in a high fever, with delirium, and presented on the skin of the neighbourhood of the anus a papular eruption, with considerable œdema and tenderness of the surrounding parts. I conclude that this *backbiting* insect must be unknown in our forests. I do not remember any mention of this particular bombyx in Mr White's account of the Selborne zoological productions. I may as well state that salt-and-water ablutions, and poultices of crushed parsley, are considered by M. Champouillon as being the best applications for removing the irritation produced by the noxious emanations of this *noli me tangere* of the insect world.—'Lancet.'

BIRTHS.

CRONIN.—September 25, at York terrace, Queen's Town, the wife of James D. Cronin, M.D., Surgeon, H.M.S. 'Bulldog,' of a son.

DEATHS.

ALEXANDER.—August 7, at Calcutta, of cholera, after only seven hours' illness, William Alexander, Staff Assistant-Surgeon, Army, aged 24.

BANKS.—September 14, at 69 Navy row, Stoke, Devonport, after a few hours' illness, Anthony Collins Banks, late of Saltash, Surgeon (in practice prior to 1815), formerly Surgeon R.N., aged 75.

BEALE.—July 21, at M'Carthy's Island, Gambia, of African fever, Thomas Chaytor Beale, M.D., M.R.C.S. Eng., Staff Assistant-Surgeon, Army, aged 30.

CROFT.—September 20, Charles Ilderton Croft, of Laurence Pountney hill, Cannon street, F. and M.R.C.S. Eng., L.S.A. Lond., aged 48.

DONOVAN.—July 23, at Buenos Ayres, Cornelius Donovan, M.D., aged 42.

GODDARD.—June 26, at Brisbane, Queensland, Australia, Leonard Goddard, Student and Prizeman of St Thomas's Hospital, aged 22.

LAROE.—September 24, at 23 Russell place, New North road, Islington, Charles William Sadler Large, M.R.C.S. Eng.

M'RAE.—September 21, at Kirkliston House, N.B., John M'Rae, M.D., Surgeon R.N.

MAGRATH.—September 10, Nicholas Magrath, of Le Manoir, Lefebvre street, Guernsey, M.D. Erlangen, L.R.C.P. Edin., F. and M.R.C.S. Eng., Surgeon R.N., Admiralty Surgeon and Agent, &c., aged 57.

OSBORNE.—September 9, Thomas Osborne, of Northampton, Surgeon (in practice prior to 1815), aged 71.

PARKES.—August 28, of consumption, after a lingering illness, Thos. Parkes, jun., M.R.C.S. Lond., aged 22.

PRICE.—September 19, at Tyne Hall, Ilford, Essex, Rees Price, M.D. Heidelberg, M.R.C.S. Eng., formerly Surgeon R.N., aged 80.

RAMSAY.—June 10, at Dobroyde, New South Wales, David Ramsay, M.D., aged 66.

WESTON.—September 14, at Camberwell, Edward Joseph Weston, late of St Mark's crescent, Regent's park, L.S.A. Lond., formerly Surgeon to the Royal Humane Society, &c., aged 51.

WHITFIELD.—September 9, at Biggar, Lanarkshire, Peter Prenderleith Whitfield, A.M., M.D., aged 24.

WOODMAN.—September 22, at East Leigh, Havant, Hants, Jas. Woodman, M.D., aged 76.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen, having finished the course of examinations, were admitted Licentiates of the above College during the recent sittings of the Examiners:—William Goldie, Lanarkshire; Robinson Hudson, Sunderland; James Mackie, Aberdeenshire; *Alexander Milne, Forfarshire; John Rayner, Warwickshire; Robert Bird Selby, Portobello; *Robert Wallace, Cape of Good Hope; James Watt, Aberdeen; John Ullathorne, Darlington; *David M'Cheyne Young, Kelso. [Those gentlemen to whose names an asterisk is prefixed, also obtained the diploma of the Royal College of Physicians.]

APPOINTMENT.—Mr C. F. Maunder has been elected fourth Assistant-Surgeon to the London Hospital.

MEDICAL BENEVOLENCE.—We hear that the Council of the Medical Benevolent Fund—as the result of their direct appeal to the Profession for aid in place of the biennial dinner—have obtained in answer to their call, after paying all the expenses, the handsome sum of 350*l*.

South Staffordshire Hospital. — On the 12th ult. a general board of governors of this charity was held at the hospital. The Secretary (Mr Smith) read a letter from Dr Topham, resigning his office as physician.—Mr Fowler moved the following resolution: "That this Board, in accepting the resignation of Dr Topham as one of the Physicians of this hospital, desire to express their sympathy with him under the circumstances which have deprived the institution of his valuable services, and at the same time to record their high sense of the distinguished ability with which he has discharged the onerous duties of his office, and to offer him their most grateful thanks for his long and faithful services. That Dr Topham be appointed Consulting Physician to the South Staffordshire General Hospital." In a brief but excellent speech, Mr Fowler hoped that the resolution would not be considered as a mere formal proposition, and said that the Board would feel that he was not going beyond what was proper in urging the vote of thanks in rather strong terms, when they recollected that Dr Topham had served the institution from its foundation in 1849, and served it well, and that the cause of his leaving it was not from any difference of opinion between himself and the other officers of the institution, nor from any circumstance that the Board might regret as affecting the harmony which subsisted in the institution, but that it was owing to a cause which they must all deeply lament — namely, Dr Topham's personal ill-health. It was a remarkable feature of modern civilisation that the poor in time of sickness were able to get the best medical skill, and the debt that was owing to the medical gentlemen on this account should never be forgotten. It was an easy thing for a gentleman to subscribe towards a charitable institution, or to devote himself to its regulation; but it seemed to him to be the noblest charity that could be conceived for gentlemen whose professional ability was really their living, and whose time was almost more valuable than money, to devote their time and professional knowledge without reward to the service of the poor. As to Dr Topham's retirement from his office, it was not only a misfortune for the hospital, but also a town's loss. The Board deeply regretted it; but if they carried the resolution there would still exist a tie of friendship between Dr Topham and the hospital, and at times it would receive the benefit of his valuable aid.—Mr W. H. Rogers, in seconding the resolution, said he had been connected with the hospital a little longer than Mr Fowler had, and he could truly say that he did not think any man had ever been connected with an institution of the kind who had done his duty more faithfully to the patients, or worked more cordially with the board of directors, than Dr Topham. He would not allude to bygone days, lest he should remind them of some unpleasantness that once took place; but he might say, there was a time in particular when Dr Topham, by the great cordiality with which he supported the Board, rendered very essential service. He could assure the meeting that he never seconded a resolution with more cordiality than the one now before them.—Mr Cartwright also bore testimony to the great value of the services which Dr Topham had rendered to the hospital. — The resolution was then put and carried.

A Trade Nuisance.—On the 14th of August last I received complaint of a trade nuisance, perhaps more offensive in its character than any other that is carried on in the district. It is concerning a gut-cleaning establishment in Round court, Cow Cross street. The complainants, Messrs Chubb and Sons, the locksmiths, of St Paul's Churchyard, who employ about eighty men in their workshops on the opposite side of the court, state that "the stench from the manufactory in question is generally offensive, and at times most overpowering, causing sickness among their workmen." Their foreman also informed me that the men frequently had to retire from the workshop for half an hour at a time. I should premise that Round court is a small one, containing only nine houses, which are defective in a sanitary point of view, in consequence of having no thorough ventilation or back yards; the waterbutts and closets being placed in the cellars. They are thickly inhabited by working men, who all complain of the trade in question. It is carried on by Mrs Norman and her sons, and consists in receiving the intestines and bladders of oxen and sheep, in separating the fat which the butchers have left adhering. This fat serves to make soap or very inferior tallow. The guts are then emptied by running water through them; afterwards, in order to cleanse and detach the slimy mucus from them, they are steeped in a weak solution of alum and soda. The workman then inflates them with his mouth, and hangs them up in the sun and wind to dry. It is this part of the process, I believe, that gives the neighbours so much annoyance, as it saturates (I might say, poisons) the very air that they breathe with moisture not of the most wholesome or savoury character. They are then sold for the purpose of covering preserves and pickles. When a finer tissue is required, as an envelope for sausages, or to be spun into cat-gut, violin and other musical strings (as is done at two manufactories in Sharp's alley), a much more offensive process of preparation has to be gone through, the guts requiring to be kept until they are in an advanced stage of putrefaction. It is difficult for any one who has not visited these establishments to form any idea of the horrible stench that pervades and emanates from them. It was with reference to these two manufactories, that in making a return to the House of Commons, in 1858, I reported that the nuisance necessarily arising from them could not be satisfactorily remedied. One of the great sanitary advantages—and there are many to arise from the formation of a spacious central meat-market in West Smithfield—is, that we shall get rid of these analogous noxious and offensive trades. —Dr Gibbon's 'Report to the Holborn Board of Works.'

A New Coroner's Court, provided by the Corporation, has been recently opened in Liverpool.

The first medical charity of South Africa supported by voluntary contributions is about to be established in the shape of a dispensary at Cape Town for the relief of the sick poor.

Amongst the Staff of the Papal Irish Brigade are returned the names of Nicholas G. Whyte, M.D., Surgeon, and Philip O'Flynn, M.D., Assistant-Surgeon.

A Seat at St George's.—In front of St George's Hospital, Hyde-park corner, a seat for tired pedestrians, within a railed space, has been conveniently placed, and is much used.

Hospital Rags.—Thrift has reached such perfection at Calcutta, that, as stated by the 'Friend of India,' "even hospital rags are now washed, and sold by tenders to the paper-manufacturers.

Death of Dr Roscher.—Dr Roscher, one of the most enterprising of African explorers, has been attacked in the night by two natives, at one of the large inland lakes in the western part of Zanzibar, and killed in his bed by a poisoned arrow. The murderers have been brought to justice.

Recently, Daniel de la Cherois Gourlay, physician, was indicted for a breach of trust, as executor, in misusing money belonging to the widow of a testator. He was convicted, and sentenced to six months' imprisonment. "A most unjust sentence, my Lord and Jury," said the convict.

Essex and Colchester Hospital. — A most suitable gift has been made to this institution, through the forethought and exertion of Mr Caldell, of St Peter's Vicarage. It consists of 200 volumes of books, which will be issued to the patients under the direction of the Committee of Management.

A Public Gymnasium, with all the necessary hygienic apparatus, has been presented to the city of Glasgow by Mr David Fleming, of Manchester, and was last week formally handed over to the Lord Provost and the magistrates of the city, and thrown open to the public.

Lewis's Medical Library.—Mr Lewis has undoubtedly conferred a great boon on the members of our Profession by the establishment of his valuable Medical Library. Here, without trouble or delay, every new medical work may be obtained, as soon as published, at a merely nominal subscription annually. This library, while it makes no pretensions to a complete medico-bibliographical history, such as we pride ourselves in possessing in the library of the College of Surgeons or the Medico-Chirurgical Society, offers to the Profession unusual facilities for the consultation of all our modern and new works. Having perused Mr Lewis's catalogue, we are satisfied of its value, and cordially recommend it to the notice and support of our medical brethren. Such a library was much wanted.

The Sanitary State of the West India Islands.—The accounts lately received by the 'Shannon' represent these islands to be generally healthy. There has been some fever at St Vincent's, and also at Belsize, but not resulting in many deaths. St Thomas' is very healthy for the season of the year.

The Health of the Army in China.—The 67th Regiment has but one per cent. on the sick list. The sanitary arrangements are excellent. There is no foul smell about the camps, which vie with each other in cleanly neatness. The natural consequences have ensued. There are but 13 officers and 648 men on the sick list out of the 12,000 composing the force. With the exception of 116 cases on board the hospital-ships, the diseases are of a very trivial character. This speaks volumes in favour of Dr Muir and the Medical Staff, and particularly of Dr Rutherford, who is charged with all local sanitary arrangements.

The Cholera continues to make numerous victims in Spain. This mysterious scourge observes no order in its progress, attacking one province and sparing another, without anybody being able to assign a cause for its presence in one place rather than in another. It is at present at Toledo, where fifty persons have been attacked within a few days. It is to be remarked, however, that the disease is decreasing in intensity. Thus, the deaths are diminishing by nearly one-half. Of one-hundred persons attacked, not more than five or six die.

The Cholera at Gibraltar.—The cholera, which has long hovered over Spain, and from which Malaga has been free but a fortnight, has passed the frontier and reached Gibraltar. The same despatch which brings this ominous intelligence adds the cheering statement that "every precaution that sanitary science can suggest to prevent the further spread of the epidemic has been adopted by Sir William Codrington, on the advice of the principal medical officer, Dr. Paynter." No doubt that able medical officer will suggest precautions as to the feeding, clothing, and exercise of the healthy, and the segregation of the sick, which will be attended with useful results. The statement would, however, convey a far more solid sense of security to the mind of the well-informed medical reader if he were not obliged to reflect that in respect to the origin and mode of extension of those terrible epidemic diseases, Asiatic cholera and yellow fever, the medical world is still at issue, and have not yet been able even to agree upon so important a question as the communicability of these two diseases. Dr. Bryson, Inspector-General of Hospitals, R.N., in a preface to a recent 'Report on the Health of the Royal Navy,' forcibly illustrates the evils resulting from the want of consistency and uniformity in the opinions held respecting the means to be adopted when either malady makes its appearance in a ship of war. While one class of medical officers, assuming that the disease, like small-pox and measles, spreads by infection, recommends the segregation of the sick from the healthy, and a change of locality with improved ventilation; the other, believing that it is the offspring of some unknown cause of an atmospheric nature, or of offensive matters contained in the holds, recommends the latter to be cleared out on the spot, and the sick to be removed on shore, whether the disease may or may not be prevalent amongst the inhabitants. Dr. Bryson remarks that it is clearly evident that one of these modes of procedure must be wrong, or at all events superfluous; for if the disease does not spread by infection, the separation of the sick from the healthy can do no good, but, by creating unnecessary alarm and confusion, may cause considerable evil. But if it does spread, like small-pox and measles, by infection, then a heavy responsibility rests with those who recommend measures which can only tend to its extension, and the destruction of probably a third of the ship's company, and possibly hundreds of the population on shore. This kind of commentary is far from reassuring to the civil population, or complimentary to medical science; but it is necessary to face our deficiencies if we would supply them. In no matter do we require more definite facts on which to build a system of treatment than in relation to Asiatic cholera—that terrible epidemic which now sets at nought our science in much that pertains to its origin, its progress, and its cure.—'Lancet.'

Death from Chloroform.—A patient named Carrell died at the Northampton Infirmary on Wednesday week, from the administration of chloroform. Deceased had been lodging in Commercial street, and went to the Infirmary on Saturday week, with the determination of having a tumour taken out of his back, which had caused him some little annoyance for several years, and which he had been informed would some day prove fatal if allowed to take its own course. This had been repeatedly pressed upon deceased by his fellow-workmen at Mr Mulliner's, coachbuilder. Under these impressions the poor man went to the Infirmary on Saturday week, where he was dieted until the Wednesday morning, and then taken to the operating-room for the

purpose of having the tumour extracted. Mr Gray and Mr Mash were present, to whom deceased expressed a wish that chloroform might be administered before the operation commenced. Mr Mash did not think it necessary to use chloroform, and therefore explained to Carrell the nature of the operation, telling him that it would not be very painful or very dangerous; but deceased still persisted in his wish. Mr Mash therefore consulted Mr Ashdown (as is usual), and requested that gentleman to examine the deceased, to ascertain if he was able to bear the effects of chloroform. Mr Ashdown said there was no danger, and accordingly the House-Surgeon, Mr Gray, was instructed to administer the anæsthetic, which he did, the chloroform being given on a handkerchief. Its effects were soon visible upon deceased, who duly became insensible without anything unusual being observed, although he was closely watched. On removing him into a proper position for performing the operation, it was observed that his countenance was very much changed. The suspicions of the operators were at once roused, and immediate steps were adopted for bringing the man to his senses again, instead of commencing their surgical operation. Water and other restoratives were resorted to, but all to no purpose. Artificial breathing was then tried; but this too was unavailing, and after an hour's futile endeavours at restoration, the deceased was reluctantly given up as lost. An inquest was held at the Infirmary on Thursday, before Mr E. P. Hicks, county coroner (acting for Mr J. Becke), and a respectable jury, on the body. Mary Carrell was the first to be examined, and said the deceased was her husband. He was 42 years of age. He first perceived the tumour about nine years ago, and often talked of having it taken out. It originated through a blow inflicted by a policeman in Liverpool, when deceased was under the influence of drink. He had only been in Northampton since March last. Messrs Gray, Mash, and Ashdown were also examined, all of whom stated that they had known patients to inhale double the quantity of chloroform that had been administered to deceased without any dangerous effects resulting from its use. Every precaution had been used by them in this as in former cases, and it had been administered to hundreds with perfect success. They could not account for this unusual occurrence, but had no hesitation in saying that deceased had died through the effects of chloroform. A post-mortem examination had been made by Messrs Mash and Gray, in presence of the Medical Staff, and it appeared that deceased had been a man given to drinking habits. His brain, heart, and lungs were very much congested. The jury, without any consultation, returned a verdict "That deceased's death was caused by chloroform duly administered. They also begged to state that, in their opinion, the Surgeons were entirely free from blame in the matter, as it appeared to them that the proper caution had been taken when administering the chloroform."

APPOINTMENTS FOR THE WEEK.

Wednesday, October 3.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

OBSTETRICAL SOCIETY OF LONDON.—Dr Tilbury Fox, "On the Pathological Lesion of Phlegmasia Dolens;" Short Papers by Drs R. N. West, Battye, &c. 8 p.m.

Thursday, October 4.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Home.—2 p.m.

Friday, October 5.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 6.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, October 8.

Operations at the Royal Free Hospital, 2 p.m. Metropolitan Free Hospital, 2 p.m.

Tuesday, October 9.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** The publication of the MEDICAL CIRCULAR has been delayed one day to enable us to give our readers a Report of the Introductory Addresses.

IOTA.—No gentleman is justified in taking a case under the circumstances stated. It was undoubtedly contrary to the etiquette of the Profession.

H. L.—A Medical College and Licensing Board exist in Australia; but there is no prohibition upon practice.

CHIRURGUS (Hornsey).—Yes.

Dr J. S.—The copies shall be forwarded.

Dr E. BROWN is thanked for his kind words.

A SUBSCRIBER.—The newspaper has not been received; otherwise the subject would have been noticed.

AN ALIENIST'S letter on the Colney Hatch case, received.

Mr BLAKE.—We are unable to give the information required.

H. E. W.—1st. No.—2nd. No.—3rd. No.

A SUBSCRIBER FROM THE FIRST.—Either King's College or St Bartholomew's.

VIGIL'S letter has been received.

Mr NICOLSON.—Received and inserted.

Dr EBEN WATSON has written to us a letter complaining of a foot-note to a report on Hæmatocele, which appeared in this Journal on August 15th. The remark of which he complains is, that he was charged with not having sufficiently studied Mr Baker Brown's cases of vesico-vaginal fistula; and he refers to his article in the 'Medical Times and Gazette' of June 23rd, in proof that he is, and was, fully acquainted with Mr Brown's cases. We regret that an apparent injustice should be done to Dr E. Watson. That gentleman, however, is mistaken in supposing that the article was written by Dr Jones: it was contributed by our late Reporter.

W. P.—There is no feeding-bottle we have seen that will bear comparison with Mr Cooper's, of Oxford street. See and judge for yourself.

ENQUIRER.—Waters' quinine wine appears to be an elegant mode of administering this valuable tonic. We believe it to be carefully and purely prepared, much approved of, and well deserving notice.

Mr STREATFIELD.—Note received.

A MEDICAL STUDENT (Newcastle.)—1st. We presume that you would be eligible for examination, but you should communicate with Mr Belfour, Secretary to the College of Surgeons.—2nd. Yes.

Mr ROBT. STEVENSON is thanked for his note.

Mr FREDERICK AUGUSTUS HARDY (Junior United Service Club) has written to us to complain of the unprofessional conduct of a London Surgeon (named by him) who, he says, performed an operation upon him for some rectal disease whilst he was suffering from concussion of the brain; but his letter is so brief and inexplicit, and the circumstances so peculiar, that we cannot satisfactorily comprehend the grounds of so serious a charge.

PULVIS JACOBI *VER.*, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D.*, Physician to the Hardwicke Fever Hospital, Dublin, *in his paper on 'the virtues of James' Powder in the Apoplectic Diathesis*:"

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* 1. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver., Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.

Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.

Liquor Castanea Equina.—Messrs. REW and Co. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chesnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per pound.

The Oil of Horse-Chesnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chesnut are prepared only by REW and CO.

LITHIA WATER, LITHIA POTASH, and LITHIA AMMONIA WATER. These Waters are prepared according to the Instructions of Dr Garrod, and each bottle is guaranteed to contain the proper proportion of Lithia. 5s. per doz.

R. M. REW and CO., Operative Chemists, 282 Regent street, London.

NEW REMEDIES
BY SAVORY AND MOORE.

HYPOPHOSPHITE OF QUININE,
SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory results in debility and low vitality.

CARBONATE of LITHIA; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD-LIVER OILS (introduced by Messrs Savory and Moore) are also prepared in the Laboratory, 143 New Bond street, London.

THE NEW EYE DOUCHE,

invented by SAVORY and MOORE, has elicited the approbation of the most eminent Oculists. Vide 'The Lancet' of March 31st.

Gentlemen's Inverness CLOAKS and OVERCOATS in great choice, made of the Highland Hand-loom Tweeds. Also BLACK and OXFORD MIXED TWEEDS for Clergyman's wear. Patterns sent to the country free.
SCOTTADIE, 115 Regent street, corner of VIGO STREET, London.

Flour—(Essex)—Warranted free from adulteration, to any part of London (not less than 14lbs.) carriage free. Whites, for pastry, per bushel (56lbs), 11s. 8d.; Households (recommended for bread-making), 11s.; Seconds, 10s. 4d.; Wheat Meal for brown bread, 10s. 4d. Best fine and coarse Scotch Oatmeal. Address HORSNAILL and CATCHPOOL, Bulford Mill, Witham, Essex, or 97 Goswell road, City road, E.C. Directions for bread-making gratis. Terms Cash. A half-sack delivered free to any rail station 200 miles. German Yeast.

DINNEFORD'S
Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—'Pharmaceutical Journal,' May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in the stone jars (half-gallon, 5s. 6d.; gallon, 9s. 6d.), specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers,

DINNEFORD and CO., Chemists, 172 Bond street, London; all Wholesale Druggists and Patent Medicine Houses.

The Pulvis Jacobi Verus, prepared by WILLAM HOOPER, 24 Russell street, Covent garden, from its identity with the more costly preparations and its acknowledged efficacy as an Antimonial, merits the patronage of those Gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand, for Public Institutions, has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

WATER BEDS AND CUSHIONS.
A Preventive against Bed Sores, &c. Bed Sheets, Air Cushions, and all necessary Utensils for Invalids.

BENHAM and Co.,
Practical India-rubber Workers, 118 Oxford Street, W.

Board.—A Medical Man, residing in the NEW TOWN, EDINBURGH, can receive into his Family Two young Gentlemen as Boarders. Terms, from £50 to £70 (per Session of Nine Months).—Apply to "M. M.," Medical Circular Office, 20 King William street, Strand, W.C.

CLINICAL LECTURES.

ON INJURIES OF THE EYE-BALL BY BURNS, SCALDS, &c.

By HAYNES WALTON, F.R.C.S.,
Surgeon to St Mary's and to the Central London Ophthalmic Hospitals.

The surface of the eye is liable to be injured by heated liquids, by explosions of gas, gunpowder and other inflammable compounds, and by glowing or molten metal, all of which are generally projected with violence. Yet it enjoys wonderful immunity from ordinary burns and scalds which more or less overspread or involve the face and head, by virtue of the involuntary closing of the eyelids, and the instinctive tendency to maintain them shut. It would be a work of time to attempt to describe the several conditions that are met with, varying, as they do, from simple redness to charring or calcination. It is enough to point out that the most general effect is manifested in the conjunctiva, which may be much swollen and inflamed. There can be no mistake about the nature of the injury, and the treatment is comprehended in a few simple rules.

Tepid bathing with the eye douche or syringe is the first general measure, not only to soothe and comfort, but to remove any extraneous material. After this, diligent search should be made to ascertain if anything has intruded. When the cornea or the conjunctiva has been abraded, more comfort is imparted by the application of glycerine than anything else I know of.

Not the least important of all, and it is important in proportion to the extent of the damage, especially when the cornea is hurt, is to keep the eyelids closed. By this we exclude the air, ensure moisture and warmth, and maintain the parts in quietude. Anodyne, soothing applications, and a strict daily attention to cleanliness, are among the necessaries. The eyelids should not be allowed to get gummed together, that there may be free exit to any discharges; and this is best accomplished by cutting off the cilia and keeping their edges greased. I do not think that surgical skill is available topically, beyond this. I suspect that the introduction of stimulating and astringent ointments and lotions, of all kinds, is injurious by increasing irritation. If the vitality of a part has been destroyed or a wound inflicted, a definite process of repair must be passed through, which, I think, cannot in general be better assisted or directed than by the means mentioned.

Bodily rest and attention to constitutional symptoms are too often overlooked, and neglect of them may bring the penalty of prolonged suppuration or inflammatory action of the entire eyeball. What is to be most feared when the accident is severe, next to the loss of sight, is from contraction and adhesion of the eyelids to each other, or to the eyeball; inevitable conditions accordingly as the conjunctiva is lost, or the angles of the eyelids injured. Cicatrisation cannot be effected without it; and the quicker this is brought about, the less will be the defect.

The prudent course is to endeavour to reduce the healing process to the shortest limit, and afterwards to attend to the adhesions.

The slight injury that particles of melted metal generally inflict is a matter of marvel. I might fill pages with the wonderful escapes that are recorded, the greater number of which relate to the entrance of lead that had moulded itself to the surfaces of the eyeball and the eyelids, thereby showing that it had entered in a fluid state. A theory has been suggested to account for this, but I do not think it sufficiently satisfactory to be related.

In the last occurrence of the kind that I saw, many of the cilia of both the eyelids were soldered together with a lump of solder, and the eye could not be opened till they were cut off. The edges of the eyelids were severely singed.

The following remarkable accident from molten iron is recorded in the 'Ophthalmic Hospital Reports,' page 217. A very healthy man was employed in an iron-foundry. While at work, some of the molten metal at a white heat had been spirted into his left eye. It struck the eyeball over the lower edge of the cornea and the adjacent part of the sclerotic coat. One of his fellow-labourers removed the metal with some difficulty after it had solidified, on account of its adhering firmly to the charred tissues. It had in cooling been accurately moulded to the surface of the eyeball and to the edge of the lower eyelid. The affected parts of the cornea and sclerotic, which included the greater part of the thickness of each, sloughed off, as also did some of the palpebral mucous membrane. The eyeball itself, however, did not inflame. In the healing of the scar, the pupil was drawn downwards by puckering of the iris at its attached margin, but union was retained. Some adhesions between the eyeball and the lower eyelid resulted, but they did not constitute any material deformity nor occasion much inconvenience.

Burns and scalds of the eyelids are generally followed by very distressing contraction, from the thinness and looseness of the skin, and the mobility of the tarsi. Paramount attention is therefore required to prevent or to lessen the suppurative stage. Of all applications that I have myself tried and seen used, none are equal to nicely-dressed cotton-wool; it is soft, light, and cleanly. It should not be applied in a lump, but put on in minute bits and pressed with a probe so as to make it smooth and uniform. Where there is merely an abraded surface from loss of cuticle, it excludes the air and soaks up any superfluous secretion. If suppuration should exist, it absorbs the superabundant fluid, while enough is left for the purpose of sufficient moisture. With it the sore does not grow flabby and indolent, requiring stimulants, as so frequently happens with water-dressing, and the granulations are kept in a condition that precludes the necessity for escharotics. I have frequently seen ordinary ulcers that had resisted other applications heal under this, the simplest of all means. The changing of the material is readily effected. Any portion adhering to the sound skin must be wetted, and that over the raw surface will always readily separate when surcharged with moisture. Should a mild astringent ointment seem requisite, the Pharmacopœia supplies many to choose from. No method of treatment that is known will prevent subsequent contraction, if the true skin, the *cutis vera*, be much damaged or destroyed; and all that can then be done towards lessening the deformity is to shorten the period of suppuration. When the injury is superficial and small, it may be well to endeavour to obtain incrustation and healing of the raw surface by the modelling process of Macartney, which may be effected by unirritating powdered substances, or brushing it over with nitrate of silver, and covering all with goldbeaters' skin or gum, in preference to collodion, which is too painful an application. Professor Miller of Edinburgh has used successfully a thick, semi-fluid, aqueous solution of gum tragacanth: he lays it gently and uniformly on the raw surface, and reapplies it, should any portion become imperfect. Being transparent, complete surveillance of the part is permitted. Should these means not prove successful, the parts are not in a less favourable condition for other treatment. It is better not to cut blisters, for the cure goes on more readily when the fluid is absorbed and the cuticle not broken. A greasy application of any sort is useful, for the cuticle will remain longer unbroken under it.

The special indication arises, if the edges of the lids be involved, to prevent their edges from uniting; and this may be with certainty fulfilled, if the corners have escaped injury.

What is to be done when grains of powder, or the residue of powder, enter the skin of the eyelids? I have never seen a person sufficiently early after the accident to warrant any attempt at removal. A great authority, Dr Mackenzie, advises the particles to be carefully picked out, one by one, with a cataract needle; an operation, as he remarks, that may take hours to accomplish. He adds that we should not trust to the application of a poultice, which is recommended with the view of dissolving and bringing away the grains of powder.

I think that any determination of "picking" or not interfering should be decided by the amount of powder that had entered: if much, I should leave it alone; if slight, I should probably do my best to remove it, and especially if there were grains sticking superficially in the cornea or the conjunctiva. I doubt whether but a small portion of any individual particle can actually be removed from the latter structure without excision of a part of it: this would be unjustifiable.

I have lately seen a recommendation, in a French journal, to apply violently-stimulating lotions to the surface directly after the burn: strong solutions of corrosive sublimate, for instance, for days together. This produces a violent eczema, by which epidermic scabs are raised, and the gunpowder also more or less with them.

Which of the two, the remedy or the disease, is the worse, must occur to the mind of the reader!

ECCHYMOSIS.

The ready production of ecchymosis about the eye is, of course, due to the superficial position of the bones of the orbit, and the contusion that the skin receives from a slight blow; while the considerable tumefaction which is so common after any blow is due to another peculiarity of the orbital region—the looseness of the skin.

I question whether any means, except gentle friction, can hasten the natural process of absorption. The employment by pugilists of briony root and Solomon's seal, scraped and made with bread into a poultice, or of rosemary and arnica infusions, has induced medical men to recommend these applications. The tincture of arnica and water is the present popular remedy for all bruises.

But it is not, I suspect, a fact that the prize-fighters can disperse these results of their savage encounters; and I believe they last in them as long as in other people: but as their accustomed personal exhibitions after fights are at night and by gas-light, most of the colour, especially the lighter hues, are invisible, and hence the popular assumption of the potency of their remedies. If it be true that in them the extravasation is quickly dispelled, it is more probably owing to their youth, and to the perfection of the nutrient and absorbent processes which exist in their high bodily condition.

There does not appear to be satisfactory evidence that depressing the temperature of the surface by frigorific mixtures hastens absorption; and, theoretically speaking, I should rather expect it to retard Nature in her operation.

There are, however, degrees of ecchymosis, some of which demand treatment, and neglect of which may be followed by injury to the eyelid. The extravasation may be increasing; the infra or supra-orbital vessels, or other arterial twigs, may continue to ooze, and recourse must be had to pressure, or cold, or the heart's reduced action by the loss of blood,

or by a smart purge, and, above all, perfect rest.

When the extravasation is considerable, the probability of suppuration is to be borne in mind, and the state of the system must be looked after, and all febrile threatenings attended to. Neither incisions nor punctures should be made with the intention of turning out coagula; for suppuration would be almost certain to follow. The knife should be withheld, unless there is suppuration or erysipelatous inflammation, or sloughing is impending or has commenced. Leeches on the injured part are worse than useless; they do not imbibe coagulated blood, while they add to the local injury. The feelings of the patient must sometimes guide us in the choice of local applications: when the extravasation is considerable, there may be pain which possibly will be relieved only by warm opiate lotions. Ecchymosis of the conjunctiva, as every one knows, is produced by very slight causes, such as the most trivial blow, a cough, or a sneeze. Indeed, it is not uncommon without the slightest trace of its origin. It is very persistent, but need not excite the smallest anxiety.

Even with tumefaction from extravasated blood beneath, it is not to be dreaded. I fancy that I have seen every variety of this from accidents, and after operations, especially after that for squinting; and I never have deemed it prudent in the worst examples of mere swelling to make incisions, nor have I ever regretted non-interference. I have seen the disadvantages of incision. I have known operators expect to give exit to blood, when of course they discovered it was coagulum they had exposed, and all that could escape was a small amount of serum.

My rule is to trust to Nature, and do nothing except there be pain, or heat, or any discomfort, or other conditions, when I treat the existing symptoms according to the general rules of surgery, or therapeutically, using cold, or warmth, or opiates, as may seem necessary; but I deprecate any routine of stimulants or astringents. I am often told "that patients will have something;" and my answer is, "Well, if they must be so amused, pray let them have a lotion weak enough to be harmless; but let us not lose sight of the distinction between usefulness and amusement."

ON THORACENTESIS:

ITS INDICATIONS AND COUNTER-INDICATIONS IN PLEURISY.

DELIVERED AT THE HÔTEL-DIEU,

By M. ARAN.

(Continued from page 172.)

Is it necessary that the nature of the fluid should be known before practising thoracentesis? Doubtless this is desirable in every case; but, unfortunately, it is not always easy to determine this question with precision. Only, as a general rule, remember, that in all the circumstances I have mentioned to you, the evacuation of the fluid, be it what it may, is never to be neglected.

It may happen that, while there is such pleuritic effusion as to render thoracentesis necessary, some other complication may be present, either on the part of the lungs or of some other organ. Do not lose sight of the fact, that even then the pleuritic effusion is a serious complication, and begin by first ridding your patient of that evil.

From what has been said, you must perceive that I do not make much account of any counter-indication of thoracentesis. There is one, however, which I would mention, and that is gangrene of the pleura or lungs. In cases of this kind, the fluid has properties so irritating, that, as it oozes from the wound left by the canula, it may give rise to diffused phlegmonous inflammation, which soon attains a formidable extent, and is not long in occasioning the death of the patient. Never have I seen such a state occur, not even in purulent effusions, when the fluid continued to exude by the opening in the side where the canula had been withdrawn. But serious symptoms seem inevitable when the fluid has a gangrenous odour. It was but lately, in a case of this kind, that diffused phlegmonous inflammation invaded not only the back, loins, and nates, but, at the autopsy, we could follow the purulent collections, with sphacelus of the cellular tissue, as far as the muscular interstices of the thigh and leg.

I shall next say a few words on the method of operating. That which I practise does not materially differ from the process recommended by M. Trousseau. What point of the thorax is to be preferred? It is usually said that the most dependent part should be selected; an indication I do not think sufficient, and I would say that the point where the fluid is collected in greatest quantity; and the lung the farthest from the thoracic parietes, should be chosen. Auscultation and percussion will furnish you with the knowledge necessary for settling this point of the diagnosis.

You must not look upon the cavity of the pleura as you would on that of a shut vessel, nor believe that it would suffice to make a puncture at the most dependent part in order to evacuate all the contained fluid. In the expulsion of the fluid two circumstances concur—the expansion of the lungs produced by atmospheric pressure exerted on the bronchial mucous surfaces, and the recession of the diaphragm and thoracic parietes. From the moment the lung becomes fettered with the false membranes, the thoracic parietes and diaphragm are no longer free to sink down, and the liquid ceases to flow. You perceive, therefore, how visionary would be the attempt to free the chest of all the fluid, which necessarily flows in an irregular and intermittent manner, but especially during deep inspiration and efforts to cough.

I do not pretend to describe to you all the ways in which thoracentesis may be performed: all I shall say is, that I always employ a large-sized trocar of the kind used for hydrocele. As an indispensable precaution, the outer extremity of the canula should be covered with moistened gold-beater's skin, as proposed by M. Reybord, firmly attached, and so disposed that it may allow of the easy introduction and removal of the trocar, as well as of the free expulsion of the fluid, and the non-introduction of atmospheric air into the cavity of the pleura. The patient being seated upright in bed, and the point where you would operate having been selected, an assistant, who stands on the opposite side, raises upwards the integuments, so as to obviate the parallelism that would otherwise occur between the wound in the pleura and that in the skin. While the integuments are held thus, a small wound, on a level with the upper border of the rib lying below the intercostal space to be penetrated, is made with a common lancet, through the cutis—an excellent way for saving the patient the pain he would suffer were the integuments perforated directly by the trocar, which is now to be passed over the upper border of the rib and directly into the thoracic cavity. When you feel that the instrument meets with no resistance, you know that it has penetrated the pleura. In this operation there is a point to which I must direct your attention; and it is this: take care to raise the handle of the trocar sufficiently, so as to form a right angle with the body of your patient. Without this precaution, the instrument might pass between the parietes of the chest in such a way that, though plunged in to its utmost extent, the point might not penetrate the pleural cavity. Again, do not lose sight of the fact that in certain subjects the ribs may overlap so much as scarcely to allow the introduction of the trocar, when deviation from the line to be followed might bring the point of the instrument in contact with the rib alone. When the instrument has penetrated the cavity of the pleura—the skin being still stretched upward by the assistant—the operator, holding the canula with his left hand, with his right gently withdraws the trocar, when the effused fluid begins to flow. But there are cases when no fluid makes its appearance. How is its absence, under these circumscances, to be accounted for? Either the trocar has slipped between the thoracic parietes, or, as M. Trousseau still thinks, has really pushed the pleura before it, so as to detach it from the thoracic parietes—a fact, however, which has never yet, so far as I know, been ascertained anatomically. Should the former be the case, the fact may be ascertained by the resistance which a blunt style, made of ordinary wadding, would encounter when introduced into the canula. Yet it may still happen that the instrument has entered the pleura, though no liquid make its appearance. In this case, the effused fluid, having undergone partial absorption, now forms a semi-solid jelly; or false membrane may obstruct the internal opening of the canula, preventing entirely the escape of fluid.

The fluid seldom flows in a continuous jet, but is intermittent and unequal, and most abundant when the patient coughs, which he seldom fails to do towards the end of the operation, when the cough becomes very painful. This shows that the lungs begin to expand, and that air penetrates to the remotest bronchial ramifications, previously so compressed by the effused fluid as to become impermeable to atmospheric air. The liquid must be allowed to flow as long as possible; but when it ceases, no means should be tried to favour its farther escape. All your attempts would be useless; and were you to employ suction, you might occasion tearing of the lung. When the evacuation is accomplished, what remains to be done? I once thought that iodized injections might be highly useful; but experience has, as regards their use, modified in some measure my opinion. Injections of this kind are never dangerous, nor have I ever seen them followed by any untoward symptom. We need not be frightened, more particularly, with the phenomena of iodic poisoning which sometimes follow their use; which, on the contrary, I consider as a good omen, since they show that the pleura has not undergone too great a change, nor is lined with false membranes, and we may hope that under the influence of this substitutive inflammation, adhesion between the two serous membranes may take place. But are iodized injections really so useful as some persons seem to think? I own that I have great doubts on this subject, excepting perhaps as regards purulent pleurisies.

As to the dressing, that is very simple. Some physicians, especially M. Trousseau, are satisfied with applying over the wound a bit of adhesive plaster cut in the form of a Malteso cross, which I do not think sufficient. In fact, there is reason to fear lest the fluid should continue to drain away, and the wound be converted into a fistulous opening. On the other hand, should we have hydro-pneumothorax, there would be the fear of emphysema, which might soon become general. For this reason I add to the simple dressing of which I have spoken a series of graduated compresses, so disposed as to maintain the sides of the wound in perfect contact, and secure the whole by a body-bandage firmly tightened.

One word more in regard to two accidents, one of which is more frequently mentioned in books than met with in practice—wounding the intercostal artery. For myself, I have not

met with a single example of it; and it seems to me that if you follow correctly the superior margin of the rib, there can be nothing to fear. But may you not wound an internal organ, and penetrate, for example, the liver or spleen? Strictly speaking, this is possible; but what I can say is, that these wounds have generally nothing of a serious character: the possibility, therefore, of an accident of this sort need not beforehand occasion you any uneasiness.

EXTRAORDINARY CASE OF ASCITES AND ANASARCA,

COMPLICATED WITH TUBERCULAR PHTHISIS, CURED BY NATURE.

By JOHN GASON, M.D., A.B., &c.,
Practising Physician at Rome.

In reading an article, in vol. xxx of the 'Half-yearly Abstract of the Medical Sciences,' entitled "Ascites terminating semi-favourably by the formation of Peritoneal Fistula," I was struck with the similarity which it bears to a case which I had under my care in Ireland, nearly twenty years since, of which I now subjoin a statement.

Mrs Mary Ann Farr, æt. twenty-eight years, of the parish of Powerscourt, Co. Wicklow, of a nervo-sanguineous temperament, wife of a carpenter, had, for a considerable time, cough, attended with occasional spitting of blood, expectoration, night perspirations, difficulty of breathing in walking up hills,—and, in fact, the usual class of symptoms and physical signs of pulmonary phthisis, with, however, this rare exception—a large appetite. In addition to the disease of the chest, she had swelling of the extremities and dropsy of the abdomen. She complained also of pain on pressure over the region of the liver. As her disease was advancing rapidly, and her strength diminishing, notwithstanding that she took a large quantity of food—(consuming daily from one to three pounds of meat, in addition to other food) —and as her husband and parents were poor, I proposed that she should go to Dr Steevens's Hospital, in Dublin, where she was put under the care of Dr John Crampton.

There were points of great interest in her case, and she was visited several times by Sir H. Marsh, who was at that time one of the physicians to the hospital, and who coincided in opinion with Dr Crampton, that she was labouring under tubercular phthisis with hydrothorax. Dr Crampton thought that she had also disease of the liver, which, he believed, was the cause of the dropsy, and which had then decidedly declared itself. She appeared to be rapidly declining in strength; her cough was more frequent, her expectoration more copious, the night perspirations more abundant, complete suppression of the menstrual evacuations, and she was daily losing flesh. Her breathing was becoming more oppressed and hurried, the swelling of the abdomen and legs increasing very much; and, in fact, no hope was held out to her parents and husband that she could survive beyond a few weeks at the furthest; and as she expressed a desire to return home, they were permitted to remove her to the country, which they did with much difficulty. A female quack doctor was then sent for, who gave her a decoction of some herbs to drink, and a stimulating liniment to rub three times a day into the legs, the skin of which was now very much distended, shining, and stretched almost to bursting. On being sent for to see her, and finding all her symptoms much aggravated, I punctured the legs in various parts with a fine needle, which gave vent to a considerable quantity of water, and this continued to ooze for several days. The friction of the legs was continued at the same time without my knowledge; which being done carelessly, a portion of the liniment got into the holes made in the legs by the needle. This caused them to inflame, and a portion of the skin equal in size to the palm of the hand sloughed away from the calf of the right leg, and rather a smaller portion from that of the left. This allowed a great quantity of water to flow from the legs,—amounting, I was told, to at least one quart in the day, which was collected by the feet being placed in a vessel. At this time she was unable to lie down, and either sat upright in bed, or was moved to a chair near to the fire.

The breathing was much relieved by this drain from the legs; but the abdominal dropsy rapidly increased, and the umbilicus became very much protruded and distended, giving the appearance of a ring uterine pessary, depressed in the centre, with the circumference very much distended and shining. In about a fortnight after the separation of the sloughs from the legs, I was sent for at an early hour in the morning to go immediately and see this patient, the messenger stating to me that she had burst about five o'clock a.m. On reaching the house, I found the account to be quite true—that the umbilicus had given way, and the whole bed was completely saturated by the fluid which had escaped; and that, in addition, an ordinary-sized stable-bucket had been filled with what had been collected, and the floor beneath the bed was quite wet. The stable-bucket, which had been quite empty, contained at least five gallons and a half of the discharge which had poured through the umbilicus; so that, calculating what was collected, and making due allowance for what escaped, there could not have been less than sixty pints discharged.

She was very faint; but having bandaged her tightly round the abdomen and administered a stimulant, she rallied and expressed herself as much relieved. From this time a considerable amendment took place in her state of health, the cough subsiding, as well as the expectoration diminishing. The night perspirations ceased, and with the exception of another collection forming in the peritoneum, she appeared to be getting well. In three months after this the abdomen was very tense and distended, but not to the same extent as on the former occasion. The umbilicus again gave way, and about half the quantity of water as on the former time escaped from the peritoneum. After this, she mended rapidly: the kidneys took on increased action; the legs, which were still unhealed, began to close, and all her chest symptoms disappeared. In ten years after this, Mrs F. was quite well, strong, and able to go through any amount of physical exertion. She lost all cough and expectoration, regained health and strength, and appeared in every respect perfectly healthy.

(To be continued.)

THE SPIRIT OF THE PERIODICALS.

We extract from the 'Journal of Practical Medicine and Surgery' the following article on *Growing Pains*:

"M. Gendrin agrees with those attentive observers who, at all times, have held that the development of disease is favoured by certain critical periods of human life, such as the first dentition, weaning, the passage from first to second infancy, and the transition from maturity to old age (from 50 to 60). He is of opinion that the integrity of the plastic functions is more or less compromised and impaired at these various epochs of life. In the early stages of existence, this deterioration is the result of the exhaustion induced by the growth of organs hitherto lying in a dormant or incomplete condition; in the later stages, by the natural and progressive diminution of plastic power under the influence of advancing years. M. Gendrin further admits that to each period corresponds a peculiar order of morbid manifestations.

"As an illustration of the foregoing remarks, the Professor adduced the case of a girl, aged sixteen, who had been received into hospital a few days previously, and whose state he considered well worthy of attention. The patient is a delicate, pale, small-sized girl, presenting all the signs of an exhausted constitution. Her mental condition bears the impress of the same debility; she is timid, and, without any adequate motive, suddenly changes from tears to immoderate laughter, and *vice versâ*. This is a phenomenon not unusual during the transition from childhood to puberty, and invariably indicates physical and moral weakness. The frequent outbreak of chorea at this age, in both sexes, and more especially in girls, is also referred by M. Gendrin to the same influence. In M. Gendrin's patient, menstruation is very imperfect; this function was established late, and subsequently was irregular both as to period and quantity: but the symptom which chiefly induced her to apply for admission into hospital was a pain which had settled in the knee without any known cause.

"This arthralgia, said M. Gendrin, is evidently one of those pains so commonly observed during growth, which appear without any tangible cause, and are remarkable for the facility with which they fly for several weeks from one joint to another; they are liable to spontaneous exacerbation, are sometimes attended with swelling, heat, tenderness and some degree of feverishness, and increase on pressure or motion, so as to resemble a rheumatic or scorbutic affection. Walking or standing, however, are in general distressing only, and the patient is not usually confined to his bed. In some few instances, as I have once observed, several joints are simultaneously affected, and fever appears with signs of gastric disturbance or of mild typhus, symptoms which subside in the course of four or five days. The suffering, which at first had been so intense as to elicit screams, decreases, and the disease assumes the form we have described, which it preserves for two or three weeks. This rapid change in the progress of the disease of course precludes the idea of continuous or rheumatic fever; but all doubt on the subject is further removed by the progress of growth, which in some cases has been very rapid, the bones of the limbs having become remarkably elongated.

"This state of things may recur, at variable intervals, during several months, with equal violence, and coincide with considerable growth of the patient. This is due to the simple fact that the morbid condition is but the exaggeration of the efforts of nature to consolidate the union of the extremities of the bones with their shafts, and thus complete their ossification. The turgidity and congestion of the vascular osseous net-work at this stage of their development are such that a very narrow difference here separates the morbid from the physiological condition of these structures. The consequence is occasionally hydarthrosis, and less frequently something more serious, viz., the tumefaction of a condyle, whence may arise deviation of the limb inwards or outwards, inducing a lasting deformity and permanent lameness. Should, moreover, in any particular case a diathesis of any kind be imminent, the circumstances are most favourable to its manifestation; and if a lymphatic predisposition exists, a white swelling may follow, or in another state of the system, mollities ossium and rickets, an obvious indication of insufficient plastic power.

"The treatment of the morbid symptoms induced by growth will therefore consist in allaying or soothing the pains by sedative and gently narcotic applications, in repose in bed, and an appropriate position of the diseased extremities. An emeto-cathartic should be prescribed, with a view to remedy the gastric derangement which occasionally coincides with the feverishness; and as soon after as practicable, the appetite may be solicited by the exhibition of bitter beverages, and the system invigorated by generous diet, combined with the salutary influence of intelligent hygienic directions."

The 'Lancet' opens with reports of the Introductories, in which it has been preceded by the MEDICAL CIRCULAR. Mr. HANCOCK communicates to the 'Lancet' an article *On the Division of the Ciliary Muscle in the Treatment of Glaucoma, as compared with Iridectomy.* In this paper, Mr Hancock reproaches Mr Hulke for his opposition "to my operation of dividing the ciliary muscle," and his favourable opinion of Graefe's operation of iridectomy. We quote the following:

"My first operation for the division of the ciliary muscle was performed on the 9th of September, 1859; and on the 11th of February, 1860, I published an account of the operation, with cases; at the same time stating that I was led to adopt this mode of treatment from the belief 'that the pathological and ophthalmoscopic appearances of the bloodvessels in glaucoma were due mainly to the constriction exercised by the

ciliary muscle;' and that to remove this constriction I operated as follows—'I introduce a Beer's cataract knife at the outer and lower margin of the cornea, where it joins the sclerotica. The point of the knife is pushed obliquely backwards and downwards until the fibres of the sclerotica are divided obliquely for rather more than one-eighth of an inch; by this incision the ciliary muscle is divided.' This is the description of my operation which I published: it does not contain one word about 'striking a knife through the ciliary region towards the axis of the globe,' which is the incorrect version given by Mr Hulke—a proceeding which would be carefully avoided by any one conversant with the anatomy of the eyeball, from the risk of wounding the lens which would inevitably attend it.

"As my operation has now been before the Profession above twelve months, and still continues to be attended with the best results in the hands of my colleagues and myself, I cannot admit that iridectomy *is* the only known remedy for glaucoma. I propose, therefore, to consider, in the first place, the validity of Mr Hulke's objections to my operation, as set forth in the paper already alluded to, and read before the Royal Medical and Chirurgical Society; next, to inquire into the results of the operation of iridectomy, as furnished by Dr Bader's papers in the 'Ophthalmic Hospital Reports' (Nos. 9 and 10); and lastly, to give the results of my own operation up to the present time, with my reasons for submitting it the Profession, not as the '*only* known,' but as the *best* operation for the treatment of glaucoma.

"1. 'The principal points upon which Mr Hulke insists are, 'That the leading features of glaucoma are due to excessive tension of the eyeball, from a superabundance of fluid within it, which distends the vitreous humour; that this fluid (serum) is derived mainly from the choroid; that it might be considered a serous choroiditis.'

"2. 'That the excessive tension of the globe is suggestive of the evacuation of some of the superabundant fluid by tapping.'

"3. That he has 'demonstrated, by microscopical examination, advanced atrophy of this muscle (ciliary) in many glaucomatous eyeballs; whence it follows that the ciliary muscle is not actively concerned in maintaining the glaucomatous process.'

"4. 'To avoid certain alleged disadvantages, paracentesis scleroticæ has been advocated by Middlemore, Desmarres, and Hancock.'

"5. 'That in all probability the success of Mr Hancock's operation is solely due to the drawing away of some of the superabundant fluid. According to this view, it is simply a peculiar mode of paracentesis, and cannot rank as a substitute for 'iridectomy,' until it has been thoroughly established that it permanently relieves excessive intra-ocular pressure,' which, in common with most surgeons, Mr Hulke has found that tapping the vitreous humour fails to do.

"The assertion, 'that the leading features of glaucoma are due to excessive tension of the eyeball from a superabundance of fluid within it,' and that 'excessive tension of the globe is suggestive of the evacuation of some of the superabundant fluid by tapping,' are contradicted and rendered untenable by other portions of Mr Hulke's paper; whilst the results he gives of the operation of iridectomy directly prove that the operation is only of value when the fluid, for the evacuation of which it is performed, is actually not in existence to be evacuated.

"We are told that the reason why iridectomy has failed in the hands of some surgeons 'has proceeded, in many instances, from its having been performed at far too late a period.....that the propriety of operating in the premonitory period cannot be doubted.....that in acute glaucoma, where the operation is done during the first inflammatory attack, or soon afterwards, vision is very completely restored; whilst, in chronic glaucoma, the results are less uniform and less decided.'

"We may hence infer, that three stages of this disease are recognised—the premonitory, the acute, and the chronic—and that the success of the operation is greater the earlier it is performed. It is this great practical fact which seems to me to be fatal to Mr Hulke's theory of glaucoma being due to a superabundance of serum distending the 'vitreous humour,' more especially as that gentleman, in the same paper, describes the vitreous humour as being 'unnaturally firm in this disease;' and that it is only at a late period, when all the component structures are undergoing atrophy, that the vitreous humour becomes fluid, at which time the results of the operation are admitted to be 'less uniform' and 'less decided.' And I am still further supported in the opinion I have expressed here and elsewhere, that fluid is not the cause, but the result, of the disease termed glaucoma, by the following very corroborative paragraph, extracted from Mr Hulke's paper on the 'Pathology and Morbid Anatomy of Glaucoma,' read before the Medico-Chirurgical Society, Dec. 12th, 1857:—'With a view to relieve the tension of the globe, I have seen the sclerotic freely punctured with an extraction knife, after which firm counter-pressure with the finger upon the opposite side of the globe only caused the protrusion of a very small bead of yellowish vitreous humour, such great firmness had it.' Whether the tension of the globe was relieved by the puncture is not stated.

"Nor is it by any means so conclusive as Mr Hulke appears to imagine, that, because he has 'demonstrated advanced atrophy of the ciliary muscle in many glaucomatous eyeballs, this muscle is not concerned in maintaining the glaucomatous condition.' The word 'many' is very indefinite and inconclusive. Mr Hulke does not state in how many instances he has found this muscle atrophied, or what proportion these instances bore to the number of glaucomatous eyeballs which he examined microscopically. He does not inform us whether these glaucomatous eyeballs were obtained after the death of the patient or before, or, if from the former, the time which had elapsed between the death and the examination; for the changes which take place, especially in diseased eyes, are so rapid, that very little reliance can be placed upon such examinations when they have been deferred for any length of time. Neither, where the glaucomatous eyes which he examined had been obtained from living patients, does he tell us the stage of the disease at which they were extirpated, or the circumstances which necessitated their extirpation. It had been but justice that these particulars should have been mentioned before a sweeping pathological statement was unhesitatingly advanced.

"I have already alluded to the three stages of glaucoma mentioned in Mr Hulke's paper—the promonitory, the acute, and the chronic; to his admission that it is only late in the disease that the component structures of the eyeball undergo atrophy; and that whilst iridectomy is most successful during the first two stages, its results are less uniform and decided in the last; whilst Dr Bader states, in his report, 'that the prognosis of chronic glaucoma depends upon the stage in which the eye affected is operated upon: when blind for some time, it is not expected to regain sight; a chronic glaucomatous eye, with mere perception of light, is rarely improved by operation.'

"Mr Hulke's microscopical examinations, therefore, cannot be admitted as at all conclusive or of much value against my proposition, 'that the ciliary muscle exercises considerable influence in maintaining and aggravating the glaucomatous condition,' and still less against my operation for the division of this muscle. They only prove that in certain cases of advanced glaucoma, in which an operation is admitted to be rarely successful, the ciliary muscle may have undergone atrophy with the rest of the tissues; but they by no means prove that this is the case in all or even in average instances, as we cannot for one moment imagine that any surgeon would extirpate a glaucomatous eye capable of relief by operation, unless under very peculiar circumstances. I presume it is only recently that Mr Hulke has discovered this condition of advanced atrophy of the ciliary muscle in glaucomatous eyeballs; otherwise he would scarcely have omitted all mention of a fact of so much importance in his paper upon the 'Pathology and Morbid Anatomy of Glaucoma,' read before the Royal Medico-Chirurgical Society in December, 1857.

"On the other hand, my friend and colleague, Mr Hogg, has kindly furnished me with the particulars of two glaucomatous eyeballs, extirpated at an advanced period of the disease, in which his microscopical examination demonstrated the ciliary muscle as highly developed, and anything but in a state of atrophy. I do not, however, advance these cases as of themselves sufficient to controvert Mr Hulke's assertion—their number is too small; but, at the same time, they afford pretty conclusive proof that the ciliary muscle is not atrophied in all cases even of advanced chronic glaucoma. Neither can I admit that the success of my operation in any way depends upon, much less is solely due to, the drawing away of some of the superabundant fluid; or that it is a peculiar mode of paracentesis, to be classed with the operations of 'paracentesis scleroticæ' of Middlemore and Desmarres.

"I think I have succeeded in showing that, according to Mr Hulke's own statements, there is no superabundance of fluid in those cases most likely to be benefited by the operation; therefore the drawing-away theory falls to the ground, and is still further negatived by cases Nos. 15 and 16, appended to this paper.

"The object of applying the term paracentesis scleroticæ to my operation, and classing it with the procedures of Middlemore and Desmarres, is transparent enough. Paracentesis of the cornea and sclerotica, as practised by these two surgeons, has not met with any great amount of success. If, therefore, the Profession could be impressed with the notion that my operation was nothing more than one or the other of these proceedings, and that any transient good which it might be the means of effecting was due to the mere evacuation and draining away of fluid, it would be looked upon as deficient both in value and originality, and would, as a matter of course, fall into disrepute, and proportionately give greater prominence to the operation—iridectomy. It is true that the word paracentesis means, literally, a 'piercing through;' but its application in surgery has hitherto been restricted to the operation of tapping. If we were to attempt to describe the operation of tenotomy in club-foot as 'a peculiar mode of paracentesis' of the leg, or of the foot, or if we were to designate the operation for the extraction of hard cataract as 'a peculiar mode of paracentesis' of the cornea, we should expose ourselves to the charge of pedantry; yet the name may with equal propriety be applied to these operations, or even to iridectomy itself, as to my operation for the division of the ciliary muscle. Hence the term as applied to this operation by Mr Hulke is a misnomer.

"The operations of Middlemore and Desmarres were introduced for the avowed purpose of relieving intra-ocular tension by the evacuation of fluid. My operation, on the contrary, is introduced for the avowed purpose of relieving the constriction of the several coats of the eye by division of the ciliary muscle.

"An increased quantity of fluid may or may not be present, and, when present, some may flow by the side of the knife; but this is merely a coincidence, not by any means the primary object of the operation; for mere evacuation of fluid without division of this muscle is quite incapable of affording permanent benefit.

"In my former paper I pointed out the variety of opinions entertained by the supporters of iridectomy in this country as to the *modus operandi* of the operation. I would here venture to suggest another. I believe it will be found in the course of time, that the element of success is the same in iridectomy as in my operation—viz., 'the division of the ciliary muscle;' that, from the situation in which Von Graefe makes his first incision, he at the same time cuts it through, and I have very little doubt it will ultimately be found that the extent of this incision may be advantageously curtailed, and the tearing away of the iris altogether dispensed with."

The 'Medical Times and Gazette' contains a continuation of M. CLAUDE BERNARD'S Lectures on *Experimental Pathology*, the special subject being the pancreatic secretion. He says:

"We have informed you that in most animals the pancreas is double in the embryonic state, and that the two separate portions of the glands coalesce after birth, the existence of a double pancreatic duct in man and the higher animals being a vestige of the former state. We have, in fact, ascertained the existence of a double pancreas in the canine fœtus, and in the embryos of several other animals. In birds, the pancreas is usually double: the pigeon possesses two pancreatic glands, one on each side of the mesentery, within

the arch of the duodenum; a similar disposition exists in the buzzard and other birds of prey, and in several domestic birds. In reptiles there also exist two glands, each of them provided with its own excretory duct. In man and the higher animals, the two divisions of the pancreas being united into one, the two ducts are usually anastomosed, except in a few particular cases.

"It now remains for us to examine whether (as various authors have supposed) there exist, beside the principal glands, certain accessory organs intended to fulfil the same purpose. In other words, does a secondary pancreas exist? Aselli answers the question in the affirmative; but the organ which he mistook for a gland is in reality a mere agglomeration of abdominal lymphatic ganglia, which constantly exists in the dog and a few other animals, but it is not found in man. The microscope amply demonstrates that this little body is not endowed with a glandular structure.

"It has been supposed that the small glandular bodies disseminated in the mucous coat of the duodenum enjoyed the same properties as the pancreatic apparatus; such was the opinion of Brunner, who gave his name to this little gland. In this case, as we previously observed with respect to the salivary apparatus, the analogy of structure which exists between them created a false notion among anatomists, for the secretion of these minute organs is essentially different from pancreatic juice. In order to prove his assertion, Brunner had recourse to the following experiment:—He endeavoured to destroy the pancreas, in the hope of producing a consecutive enlargement of the duodenal gland; for it is a well-known fact, that in all cases where double glands exist, the extirpation of one of them gives rise to a corresponding hypertrophy of the other; one kidney being removed, the other grows larger; the same is the case with the testicles. Brunner therefore supposed that, after destroying the pancreas, the accessory glands would increase in size; but he was never able, in his experiments, to extirpate the whole of this apparatus: nothing, in fact, is more difficult than to remove in a living animal that portion of the pancreas which lies behind the stomach, in the immediate vicinity of the cæliac arteries, the slightest injury to which would instantly provoke a mortal hæmorrhage; and Brunner himself, in making the autopsy of the animals on which the operation had been performed, was enabled to ascertain that he had only destroyed a small portion of the gland, that which lies immediately behind the intestinal tube. The problem has not, therefore, been solved by this observer, who was never able to realise the proper conditions of the experiment; but a different method has enabled modern physiology to ascertain that these glands are essentially different. Let a portion of the mucous lining of the duodenum be removed, and allowed to macerate during a certain space of time in tepid water; a ropy, viscid, and semi-opaque fluid is obtained, which highly resembles water impregnated with saliva. Now the tissue of the pancreatic gland, after macerating in water for a certain time, produces a totally different liquid; it may therefore be confidently asserted, that far from resembling the pancreatic apparatus, these little glands play an entirely distinct part in the digestive process.

"Let us now examine the physical and chemical properties of the pancreatic secretion. The rabbit now placed before you has lately undergone the operation described in the preceding lecture; the tube which has been inserted into the fistulous aperture provides us with an abundant supply of this fluid, for the rabbit being (as I have already observed) one of those animals the stomach of which is never empty, the interruptions which take place in the digestive act scarcely diminish the flow of this secretion, as in the case of other species; besides, in herbivorous animals the amount of pancreatic juice which we are enabled to collect is much larger than in the carnivora; the latter usually make a single meal in the twenty-four hours, while the former are constantly occupied in feeding during the whole day. In dogs, for example, it is only at intervals that we can secure this fluid, immediately after the animal's daily repast.

"The pancreatic juice which I have just drawn from the duct of this rabbit is limpid, viscous, colourless, flowing, as you observe, in large drops; it has no particular odour, and its taste is slightly saline; on being tested in the usual manner it gives a strong alkaline reaction. The application of heat and the addition of acids quickly produce coagulation; on holding the tube which contains it over the flame of a spirit-lamp for a few seconds, it coalesces into a solid mass; and on pouring a few drops of nitric acid into another portion of the same fluid, a similar result will equally be obtained. The pancreatic secretion, therefore, presents, as you perceive, all the characteristics of an albuminous fluid, and the presence of albumen is probably the cause of its peculiar viscosity.

"(M. Bernard repeats these various experiments before the class): he then proceeds to say:—

"In making experiments on the pancreatic body, it is necessary to keep in mind a remark which equally applies to similar operations on other glands. While the organ is in a period of rest, the ducts remain filled with the produce of its secretion, and viscous liquids, flowing as they do with greater difficulty, are more liable than others to remain stationary, when the *vis a tergo* has ceased to act, the functions of the gland being momentarily suspended. If, therefore, you compress the duct, you will cause the fluid therein contained to escape by the tube attached to it, without any secretory act having taken place. In this manner the physiologist may be frequently led into egregious errors, if proper care has not been taken to empty the ducts before commencing an experiment. Suppose, for instance, that it is desired to know whether the section of certain nerves leading to the gland brings about the immediate cessation of its activity, or whether galvanic excitation applied to a given branch renews the physiological act; the mere fact of the ducts being full might entirely mislead the observer; the galvanisation of the nerve, or an accidental pressure exerted on the gland, may cause a small quantity of liquid to escape from the tube, which would probably be attributed to fresh secretion, although it would in this case be simply that which remained in the duct before the commencement of the operation.

"In his experiments on the pancreatic juice, De Graaf usually found its action acid; but the method employed by this observer being, as I stated before, very imperfect, the liquid which he obtained probably did not enjoy its normal properties. It is strange, however, that Tiedemann and Gmelin, who obtained it by the same experimental process as myself, should also have found it acid in the majority of cases; you see that we have had a decided alkaline reaction in testing the fluid taken from the animal now placed before you, nor have I ever found it acid in any of my experiments. It is difficult to account for the error committed by these eminent physiologists, which, in my opinion, must have been the result of accident.

"It is interesting to ascertain, with respect to the pancreatic secretion, what are the substances which make their appearance in this fluid after being injected into the veins, and what, on the contrary, the bodies which do not appear capable of passing into the secretion. As a general rule, all the substances which pass off by the pancreas are likewise eliminated by the salivary glands, while those which are not accepted by the former apparatus are equally rejected by the latter; thus, chlorate of potash, iodine, and its various compounds, pass off equally by both of them, while the prussiate of iron, which, when injected into the torrent of the circulation, escapes from the system by the kidneys, does not make its appearance either in the saliva or in the pancreatic juice. But although in this respect the salivary and pancreatic secretions resemble each other, they differ widely in many important points. The production of saliva takes place by intermissions, so to speak; it flows when the jaws are set in motion, and ceases as soon as the act of mastication is ended: the pancreatic secretion, on the contrary, flows without interruption during the continuance of the digestive process. Another peculiarity connected with this secretion, which does not occur in the case of the salivary gland, is the alteration which takes place in its properties while it is being produced. During the first stage of digestion it is a distinctly viscous and adhesive fluid, but as the process advances its character changes; it becomes watery, and at the same time more abundant, while its coagulability becomes proportionately diminished. This singular phenomenon is invariably observed, and the same fact has been noticed with reference to various other secretions; such, for example, is the case with the mammary glands; the first drops of milk drawn by the child contain a much larger proportion of solid constituents than the succeeding portions of the lacteal secretion, though the abundance of the fluid produced sensibly increases.

"The pancreas being endowed with very great sensibility, the selection of animals for the purpose of collecting the produce of this gland is not a matter of indifference: the subjects of such experiments should be taken from that class which exhibits the greatest endurance under pain, and supports operations of this nature with the least inconvenience. A shepherd's dog, in other words, is preferable to a pointer, setter, greyhound, or any of those which belong to the more delicate breeds; the operation in the case of these latter animals disturbs the system to such an extent, that the digestive process is suddenly arrested, and, as a consequence, the secretion of pancreatic juice stops also; or, if it should continue, it is no longer the normal fluid, the properties of which have just been described. When, on the contrary, the operation has been performed on a more vigorous animal, we find that as long as the stomach remains empty, no secretion whatever takes place; the pancreas is in a state of absolute rest; but no sooner does digestion commence, than the liquid begins to flow in drops from the extremity of the tube inserted into the pancreatic duct: in the first instance it is thick and viscid, but as the process continues, it increases in quantity, and becomes of an aqueous description.

"We shall now repeat the experiment before you, gentlemen, and you will be enabled to ascertain for yourselves all the various facts to which we have just drawn your attention. The animal which is about to undergo the operation has just partaken of food.

"(A large shepherd's dog being now brought into the amphitheatre, M. Bernard performed the operation according to the method previously described. The duodenum and pancreas being simultaneously drawn out through the wound, the latter organ was found to be unusually red and vascular; a proof that the activity of the gland coincides with the digestive process. The duct having been singled out with great precaution, it was opened with a pair of fine scissors; a large silver tube was inserted at once, and fixed by means of a ligature; the abdominal walls were then carefully brought together by means of a suture, and, in order to collect the fluid secreted, a small reservoir of india-rubber was fastened to the extremity of the tube: at this moment several drops of pancreatic juice escaped from its orifice.)

"We shall examine, gentlemen, the liquid obtained from this animal at our next meeting; and a large amount of pancreatic juice being thus placed at our disposal, it will be easy for us to demonstrate its principal properties."

We find in the 'Medical Times and Gazette' a continuation of Dr CONOLLY'S *Recollections of the Varieties of Insanity*. We extract certain portions of the paper, both for the excellent advice it offers, and its singular recitals of disturbed states of mind among lunatics:

"The officers residing in Asylums for the Insane soon learn that they live surrounded by a very observant crowd; and that their manner, their appearance, their attentive or their indifferent habits when they visit the wards, and even their dress, are all critically noticed by the patients. It is important not to forget this, which even the Medical officers may sometimes do. Other visitors often give great offence without intending to do so, exhibiting mere curiosity, or the same kind of surprise and fear that they would feel among wild animals, and passing by the patients without regard to the words addressed to them. Even members of committees sometimes greatly err; opening and shutting the doors noisily, and regarding everybody and everything with the air of masters; unconscious of the unfavourable feelings they excite. Deriving a peculiar pleasure from conversing with the patients at Hanwell, whose real feelings it was so much my interest to understand on assuming the task of regulating the lives of so many of them, I became so fully acquainted with these among other peculiarities in such communities as to be impressed with the

necessity of being as precisely attentive to the demeanour expected by them as if I resided in a court. The subject is significant enough to merit the attention of all who live among the insane, and who wish to possess habitual influence over them. To all in such a position the duty of the wards is the most serious duty of the day, and should be preceded by no ordinary business, nor by any business productive of excitement, or anxiety, or irritation, or, if possible, of sorrow. The impress of these affairs will be detected in the physiognomy of the watchful men and women in the galleries, waiting for the morning salutation, and for daily directions, various and minute, but all of importance to the inhabitants of an asylum, and influencing their lives from day to day.

"Experience will teach an intelligent officer all this, and much more, if he is duly impressed with the real object as well as the probable effects of his intercourse with the patients. A kind of military inspection, and too precise an attention to minutiæ which merely please the eye of visitors, and do not enlarge the comfort of the troubled inmates, is in such a situation quite out of place. Whatever concerns the bodily and mental health should solely occupy the attention. The cleanliness, the clothing, the ventilation, the food, and all direct and indirect means of tranquillising the feelings, and composing and regulating the mind, are all subservient to both indications. While ever mindful of these things, an even and unexciting manner is so valuable, that, if not naturally possessed, it is highly worth cultivating. Sternness, severity, and the old boasted method of governing lunatics by the eye, do not belong to the system of modern days. They were the characteristics of ignorant superintendents and vain physicians in a more careless age; yet calmness of deportment should be at all times maintained, as remote from mirth, and joking, and ridicule, as from coldness and unkindness. It is among the peculiarities of the insane to construe eccentricities in sane persons into proofs of a malady akin to their own; and care should be taken that neither the dress nor the behaviour of those passing through the wards give support to this reading. All my observations in this part of these papers refer chiefly to large asylums; and the minute attentions to dress and appearance are at least as important among pauper lunatics as among those of higher rank. It may even be said that they are more important, the commoner class of people, sane or insane, being most apt to draw unfavourable conclusions from the eccentric costume of those in a higher rank of life than themselves. The Medical officers are often exceedingly embarrassed by the thoughtlessness of holiday visitors, who come down to see one of the wonderful things of the day, with no more serious thought than that the details of their morning may amuse those who take no deeper interest in such a spectacle than they do. Many visitors simply regard it as merely a disagreeable exhibition which they think ought to be seen once in a man's life. Very amiable ladies often accompany visitors of this sort, and regard the patients with blank astonishment, until alarmed by some appearance of indignation in those they gaze upon with eye-glasses as they would on the details of a flower-show. There are also learned visitors, from various countries, who come to teach rather than to learn; and who direct a long metaphysical discourse to the Medical officer, not employing the observation which should precede all such speculations, and could alone give them value. Nothing of this kind escapes the observation of the patients; they resent mere curiosity, deride affectation, and simply look upon philosophical declaimers as strange people, whom their friendly doctor is quietly conducting to appropriate wards. But all these things counteract the good effect of the morning visit. It is even more important to remember that patients are singularly skilful in discriminating between true and feigned sympathy; between the tone and manner which expresses sincere interest respecting them, and that which only reveals to them a simulated benevolence, provocative of their disdain.

"In all intercourse with insane persons, fidelity, sincerity, and truth are indispensable. In this department of Medicine, consequently, the range of mere quackery is happily limited; the course of the malady is too powerful for the display of deceptious promises. The physical causes may be obscure enough to give scope to audacious assertions; but the events of the malady follow too quickly, and are too intelligible, to give countenance to long-continued attempts to deceive the relatives of patients with fallacious hopes. It is in the daily intercourse with the insane themselves that truth is especially to be recommended. Friends and relations are too much disposed to think that in such intercourse a large extent of deception is unavoidable, and that every species of falsehood is allowable. They deceive themselves alone. False explanations are given to the patients, false names of persons and places invented, and the cleverness with which this is supposed to be done is very complacently reflected upon; but the patient, the object of this dissimulation, usually suspects from the first that he is played upon and mocked, and generally discovers it after a little while; from which time all hold upon his confidence is lost. It is quite practicable to treat the patient with candour, and yet to evade imprudent communications. Hope may be kept alive without the aid of deception; and the patient may be made to comprehend the desirableness of temporary retreat from social excitements without being humiliated with any stronger definition of his existing mental incapacity. If a patient is assured that what is said to him is true, he will seldom take offence on being told that there are subjects on which it is thought best, for a time, to say nothing at all. In general, the best rule to be observed in discoursing with the insane is to accost them, listen to them, and reply to them, as if they were perfectly in their senses, so as not to excite in their minds any suspicion that they are degraded, or even to confirm their own suspicions, generally existing, although often concealed, that they are not quite in their reasonable mind. This rule, also, is applicable not only to patients of education and station, but to the poorest. The malady which has confused their thoughts has very often quickened their perceptions, and made them uncommonly sensitive as to the manner in which they are addressed.

"In the course of the physician's daily walk through his wards, he is appealed to by those who are discontented, and whom often a few words will soothe; by those who are angry, and who should be calmed, if possible, before he leaves them; and by many who have petitions of various kinds to prefer to him. Some of their demands cannot possibly be granted, but this may be so stated as not to give offence; the greater part are of things trifling in themselves, yet very important in the monotonous wards, and these should generally be granted, and complied with immediately, or with as little delay as possible. These requests are, indeed, usually, for an interview with their relatives; for some change of diet or in dress; for books, for newspapers, for writing materials; all of which are really so many little aids to amendment, and, judiciously granted, strengthen the bonds of confidence betwixt the patients and the doctor. Demands for immediate liberation are more common among patients of a higher rank; and even these may be evaded without great difficulty.

"A great number of insane persons have an almost insatiable desire to write letters. They begin at the top of large sheets of paper, and cross and recross the lines, as if never satisfied that they have sufficiently explained themselves. The outside of their letters generally corresponds with the oddity of the interior, so that a lunatic's letter is usually recognised at once. Some patients write the same letter again and again, alike in expression and in subject, and this perhaps every week. Others write a short note, commonly some peremptory order, every day, and present it to the physician in silence, but with an air of importance; these decrees are often addressed to the matron, or the steward, or the cook, to be transmitted to them with his authority. Letters to the Lord Chancellor are very frequent; other great personages, except the highest in the land, being comparatively little regarded. These productions of insane minds, although the expression of deranged thoughts, are not to be disregarded by the physician who wishes to know the feelings and desires of those severed by their mental state from the busy world. The secret impulses of patients may often be learned from them; the remains of reason are in many instances best estimated by a consideration of their contents; and the surviving affections, the tender recollections, the anxiety about children, and the attachment to wives or husbands, will many times be found written with such simple eloquence, that the perusal of a poor patient's letter will much increase the interest felt in his welfare, and even reanimate in the mind of the physician himself the hope, which so often falters, that the patient is not beyond recovery, and that his restoration to those he still remembers and loves may yet be possible."

Again:—

"There were letter-writers among the patients at Hanwell, of superior attainments, and whose opportunities of mental cultivation had been more extensive; skilful mechanics, whose thoughts had received training in Mechanics' Institutes, and whose improvement had been aided by the publications of the Society for the Diffusion of Useful Knowledge. When the active minds of such men became deranged, the confusion was even more complete. One patient of this description was long an object of my observation. On his admission, he lamented that he had not been able to obtain an interview with Lord Brougham, and complained of the infringement of his liberty as a subject, by being followed in the streets by the police-officers, with a thought-taking instrument, of which the basest advantages were taken. This patient passed no considerable portion of his time in inscribing his ideas in pencil on the stone stairs, whole flights of which became covered with writings that nobody took the pains to decipher. But his moods were variable, and his compositions on paper were sometimes sententious and even pompous, sometimes curiously incoherent, and sometimes excessively irate. One morning he deposited with me the following document, as if by doing so every difficult social problem was settled:—

"'The most powerful of all our decrees is to know all we can with respect to our rights and liberties as men. And all the most profound desire of our most nocturnal decree, is the most powerful of all the rights of our ancestors. And the way to obtain all the most powerful of our aid, and all the most profound aid of those that are most able, and capable to do those things. The most Powerful of all our wants are the all wise decree'ers of our most important decision: of all the lost importance of our most decided importunate Proprietor, to refund all that's proper. Amen.'

"Without attempting to unravel the shreds and fragments of thoughts in this writing, I proceed to give another composition of the same author, prompted by an imaginary event calling for more definite expression; it was addressed to His Royal Highness the Duke of Cambridge, per Lord Brougham and Vaux:—

"'I write to acquaint your Royal Highness of the murder of the Duke of S—— by an instrument of the fourth division of the Government Electrical Telegraphs described in part in 'Chambers's Edinburgh Journal' of September last. I am prepared to attend a Coroner's Inquest when the Royal Family may desire. I am a person stolen, November, 1841, by the agents of the St Pancras Poor-law Directors, formerly a Lecturer on Chemistry and Machinery, and Hon. Secretary to the —— Literary and Scientific Institution and Practical Knowledge Society. I have been confined twelve months of the time in St Luke's Hospital, Old street, by a conspiracy of Sir ———— and the Directors of the above Asylum. 'B. L. J.'

"This patient's general behaviour was so composed that but for the help afforded by his letters, the variable states of his mind, and even his peculiar mental malady, would almost have escaped observation; but his written compositions afforded proof that even in a state of chronic incoherence there are accessions and intermissions of mental disturbance not uninteresting to the student of mental peculiarities. The following portions of one of his letters curiously illustrate incoherence in its highest degree:—

"'Hanwell Middlesex Natural History Company Machine Station of Galvanic Magnetic Electro Magnetic Electric V.P. of Herald's College, City of London, Great Britain. To the Right Honourable Miss —— President Lady of the Evidence of the Precedents of the Queen Regnant Rufus the ancestry of the female line of the House of Guelph. Agreeable to the wish of Lord Brougham and friends of Staffordshire I

have allowed my body and property to resolve under Mesmerism into the desired positions the wisdom of the late Duke of Sussex and Privy Council friends Freemasons and Odd Fellows. The establishing of a House of Lords and Queen Regnant Rufus and Consort, Duke Stuart precedents will be due under the Duke of Richmond Prime Minister. I have the honour to hand the title of Arch Bishop of Surrey as your lordship's duty Deputy Chancellor of Exchequer of ancestries Ministries of the Patrol with Erard and friends respects.'

"Such a singular mixture of ideas, political, scientific, and archæological, with the closing infusion of some musical recollections, would scarcely be worth referring to, but for the opportunity afforded in this case of impressing on the minds of young Medical Officers of Asylums the useful truth, that even patients thus occupied and bewildered are observant of the manner of those who address them; and that as they are conciliated by kindness, they may be exasperated by any appearance of slight or neglect: for this tranquil dreamer, who was fond of music, fancying he was mocked by the humane and excellent Steward of the Asylum, who had unfortunately forgotten some promises of procuring certain musical publications, was roused for a time from mere chronic incoherence into mania, under which the character of his epistolary correspondence underwent a remarkable change; his ideas becoming very distinct, and his anger very extreme. A portion of one letter written in this temporary frenzy is not unworthy of perusal. The letter was addressed to myself, as the general referee at that time in cases of dissatisfaction.

"'Dear Sir,—Mr —— is an eminent rascal. He is a compound of regue, fool, and coward, instinct with malignity. Some time since, I wrote a letter to you respecting some music which this scoundrel had received orders from the Committee to procure for us, which, out of spite to me, he had neglected to do, ever protesting that he would get it to-morrow, and ever violating his promise, which he never intended to keep. I wish to confront this knave before the Committee, for the purpose of denouncing his small rogueries, exhibiting him to them in all his glory of malignity and petty larceny. He is a Methodist, a rogue, a fool, and a coward. Stupid dastard villainy is as essential a part of Wesleyan Methodism, as is murder of Thuggee. May he be d——d above the earth, may he be d——d beneath the earth,' &c., &c.

"Two things are, at least, worthy of note in this letter. The excitement of anger seems to have corrected the writer's ordinary incoherence; and the anger, occasioned by the apparent neglect of a promise made to him, is so excessive that he almost exhausts the language of vituperation under its influence. The first is a fact that may be studied with some advantage; and the second is one that an officer of an asylum cannot forget without detriment to the tranquillity of those under his charge, and a considerable loss of his power to do good to them."

Dr Robert Lee contributes to the same journal his Reports on *Clinical Midwifery*. We extract some cases:

"*Case* 644.—At six p.m. on January 10, 1853, I was requested to see Mrs M——, who was in the eighth month of her fourth or fifth pregnancy. She had recently been suffering severely from catarrh, caught by exposure to cold during a long railway journey. The pulse was rapid and feeble; she looked pale and exhausted, and complained of great faintness. The upper part of the abdomen had suddenly become large, hard, and tender; her situation, she said, was different from what it had been in any former pregnancy, and expressed her conviction that she was dying. The pains of labour had not commenced, and there was no discharge of blood from the uterus, and the orifice was not open. Some warm wine-and-water was given, but this was soon rejected by vomiting. In a little while she felt better, and fell asleep. I remained in the house and saw her from time to time, fearing that internal uterine hæmorrhage had taken place. At half-past nine p.m., on making an internal examination, the os uteri was felt high up and closed, and I did not see how any interference could be beneficial. In half an hour she complained of pain, and said the liquor amnii was escaping. I examined, and the finger was tinged with blood. The membranes were immediately ruptured with the finger, and a great quantity of water escaped. Labour pains soon followed, and at eleven o'clock a dead child was expelled. The binder had been firmly applied as soon as the pains commenced. The placenta immediately followed the child, and a great coagulum of dark-coloured blood, and a large quantity in a fluid state. Pressure, stimulants, and cold were employed vigorously; the uterus contracted, and the flooding ceased. But symptoms of fatal sinking were soon observed, and she died at two o'clock in the morning.

"*Case* 645.—On January 12, 1853, at two a.m., the late Mr James Hunter, of Islington, requested me to see Mrs B——, who had been upwards of thirty hours in labour. She was the mother of a large family, and all her previous labours had been natural. The vagina and posterior lip of the os uteri were very greatly swollen, and in a peculiar œdematous manner. The head had not descended into the cavity of the pelvis. We waited six hours, but there was no progress, and there being much sickness and vomiting, with exhaustion, and no hope of the head passing, we resolved to have recourse to the perforator and crotchet. Great and long-continued efforts were required to draw the head into the cavity of the pelvis. The cause of the obstruction was not ascertained until four years after. The patient recovered in the most favourable manner.

"*Case* 646.—Mrs B——, December, 1857: Since her confinement, on January 12, 1853, in the manner now related, she has been regular at the monthly periods until three or four months ago. Since then nothing has appeared. There is now a great enlargement of the abdomen, which does not arise from the gravid uterus. The os uteri is felt close to the symphysis pubis, and a large hard mass behind the uterus. The abdomen is much larger than it ought to be at the end of the fourth month of pregnancy. She is not certain if she felt any enlargement of the abdomen before the disappearance of the catamenia. The enlargement has increased rapidly during the last three months. There is frequent desire to pass the urine, and the bowels do not retain their contents in the usual way. No swelling of the feet. On January 10 the movements of the child were felt, and she complained that there was something unnatural about the abdomen. On Monday, March 22, 1858, when about six months pregnant, labour came on spontaneously, the membranes having burst on the Friday before. Dr Allen examined and could feel no part of the child. I was desired to go and see the patient. I felt the whole hollow of the sacrum filled up with a large soft irregular mass, apparently connected with the posterior part of the body and neck of the uterus. The os was high up. With difficulty I reached the os, and felt the funis without pulsation. My whole hand was then introduced into the vagina, and my fingers came in contact with a foot, which I seized with great difficulty, and drew down, and had secured with a tape. By slow firm traction, the breech and other lower extremity were brought down. Great difficulty was experienced in extracting the head after the trunk. I got my finger into the mouth, but it would not come down. Dr Allen then passed up his right hand, and got his fingers round the back part of the neck, and by pressing up the tumour with the left index-finger, and at the same time drawing down the trunk, the os was brought into the axis of the brim, and the head gradually escaped.

"*Case* 647.—Mrs B——, being again in the fifth or sixth month of pregnancy, with Dr Allen I perforated the membranes in the afternoon, with the stiletted catheter, (about three o'clock,) and the liquor amnii immediately began to escape, but pain did not follow, 'notwithstanding she had taken a large quantity of ergot of rye previous to the operation; but during the evening,' says Dr Allen, who had the care of the patient, 'this gradually crept on, and the fœtus was expelled at 5.15 on the morning of the 14th, after several hours of severe suffering. On this occasion the head presented, and having the same condition of parts to contend with, I got the right index-finger into the os, at the same time using pressure on the tumour, as in the former case.' She is now in the enjoyment of good health."

"*Case* 649.—Mrs S——, aged 44, February 16, 1853. Has had sixteen children. In the last confinement was attended by Mr ——, and the forceps was applied when the labour had not continued more than seven hours, and the pains continued regular. The eye of the child was injured. The perineum has been torn down to the rectum, but the rectum is not injured. Its contents are, however, sometimes involuntarily expelled, which causes great inconvenience and distress. This patient reported that the Practitioner, by whom she had been attended on this occasion in the country always carried the forceps with him. All her previous confinements had been natural.

"*Case* 650.—On April 4, 1853, Mr Phillips requested me to see a case of profuse uterine hæmorrhage from complete placental presentation. The os uteri was so rigid that he could not succeed in passing the hand into the uterus to turn the child, though he employed caution, and for a considerable period all the force that he considered justifiable. The hæmorrhage continuing profusely, and there being great faintness, he requested me to attempt to deliver. I passed the whole hand readily into the vagina, and then the fore and middle fingers through the os uteri between the placenta and uterus, pushed aside the head, came in contact with an upper extremity, pushed this aside also, and then got hold of a lower extremity, and in a very short time extracted the child alive. Mr Phillips expressed great astonishment on the occasion, not having heard before, or remembered, that the operation had often, under similar circumstances, been performed by the same means. The result of the case was most satisfactory in all respects. What would the result have been had the placenta been torn away, and the child left to take care of itself?"

"*Case* 652.—Some time after this, I was called to see a poor woman, who lived several miles from London, who had distortion of the pelvis, and in whom, during labour, the head had been separated from the trunk, and left within the uterus. The midwifery forceps had been employed, and all other means that could be thought of, to extract the head, but without success. When I saw the patient, the greater part of the day had been spent by different practitioners in fruitless attempts to deliver the head, and the patient was greatly exhausted. I introduced my left hand with difficulty, completely within the uterus, which was contracted, and got my fingers round the head, so as to fix it in some degree. I then introduced the crotchet, and getting the point over the fore part of the cranium, exerted all the force that was in my power to tear up the bones freely, and allow the brain to escape. With the hand and the crotchet, the head—after great efforts, continued until my strength was almost completely exhausted—was brought out of the uterus and pelvis. The patient recovered, and about twelve months afterwards I saw her, with the vagina completely closed up, in consequence of sloughing, and I have never since heard anything of the case.

"*Case* 653.—On July 19, 1853, the late Dr Yell called me to see a case of inverted uterus, in Orange street, Leicester square. I was informed that it was the first child, that the labour was protracted, and that the cord had surrounded the neck, and was very short. The placenta immediately followed the child, and soon after a great flooding took place. Whether the midwife who had attended the patient had made strong traction on the cord was not ascertained. The attempts to reinvert the uterus which were made were unsuccessful. This patient was alive some years after the accident."

"*Case* 655.—On July 22, 1853, I was called to Mrs B——, who had been delivered two hours before of a living child by a midwife who had long been in practice. Immediately after the birth of the child, an immense rush of blood took place. The placenta was soon removed. I found the patient in a state of insensibility, the jaws clenched, and the power of swallowing entirely lost. A tablespoonful of brandy only had been given. There was a binder, but loosely applied. The patient had been suffering from distressing symptoms about the chest, especially difficulty of breathing, and sense of fulness amounting to suffocation some time before her confinement, but the pulse was so feeble that it was not considered proper to take blood from the arm or to apply leeches.

(Continued at page 244)

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 10, 1860.

THE INTRODUCTORIES.

Our Medical firmament has been particularly resplendent during the past week. Astronomers tell us that in the month of November there is a periodical shower of falling stars, which give a peculiar interest to that period of the year: so, in the month of October, we Doctors are delighted with a similar phenomenon, and eagerly watch the display of an unusual number of rising meteors that shoot and coruscate in our scientific empyrean. Let us see if we cannot bring a Rosse's telescope to bear upon these shining lights, with the purpose of estimating their altitude,—or perhaps their density. Each of them revolves around a common centre—Truth; some of them describing a tremendous parabola, and travelling, comet-like, with an eccentric gyration far away into the regions of undistinguishable darkness; others observing, with becoming gravity, a respectable conformity to well-understood laws,—some near to the sun, others far on the outer verge of his orbital attraction—a few very brilliant, but obviously barren: and, on the other hand, there be some that shine with a temperate, modest light, but exhibit, nevertheless, ample evidence of fertility and culture. Let us not run our simile to death, but come at once to the subject of our article.

Our readers have, no doubt, perused the Introductories, and formed their own opinion upon their several merits. As opinions differ, however, there can be no harm in our adverting to a few of their salient points. We may remark that three or four of these addresses are characterised by great ability, as displayed either in the thought or the composition: we may instance particularly those by Mr Grainger, Mr Savory, Dr Wilks, and Dr Barnes. On the whole, perhaps, Mr Grainger's is most remarkable for its boldness of view, aptness of statement and illustration, and philosophic tone. This gentleman has spoken his last word on topics that have had the consideration of his entire thinking life, and the solemnity with which he announced his doctrines evinces the strength of his convictions. The substance of Mr Grainger's address might be summed up in these three words: What is life? How does Mr Grainger answer this question? He says:

"I must beg you plainly to understand that what I am about to submit to your judgment has reference solely to the phenomena of the mere organic and animal life, to the actions of the body alone—to that life which man shares in common with a cabbage and a worm; that it has no relation whatever to the conscious existence, and still less to the spiritual—to the soul—which, as we are taught by the word of God, and only in a less degree by the researches of all science rightly interpreted, is an entity perfect in itself, and distinct from that earthly tabernacle in which it is now imprisoned; that, in fine, the body is formed out of the ground, into which the Lord God breathed the breath of life, when man became a living soul. With this all-essential restriction, I conceive it may be assumed, in strict keeping with inductive philosophy, that as the living body is admittedly composed of the common elements of matter; that as those elements are in most organic substances known to be combined in strict accordance with the laws of chemical affinity; that as, in a multitude of instances, to which the exact science of the present day is continually adding, it is recognised by all that the actions of the living body are either chemical or physical in their character, so in reality is proved the operation of physical forces, and that all the so-called vital actions are as essentially dependent upon these same forces."

We cannot discover from this statement, if the Lecturer's words be accepted literally, that he has started any novelty in doctrine. It is true that he is not very precise in his terms: he appears to make a distinction between a conscious and a spiritual existence, as if the soul or spiritual existence were something different from the entity which ministers to consciousness—a distinction which, though expressed in a form of words, we do not believe he intended in idea; but he admits that life is not a property of primitive matter, by accepting and enunciating the doctrine that God breathed the breath of life into the body of man when He formed him out of the ground. Now, if the forces producing life were inherent in matter, there would have been no necessity for such an inspiration of a new force by the Divine Creator. Then, up to this point, we say again that Mr Grainger merely re-affirms old doctrines.

But, as he continues, he seems to us to get entangled in an illogical maze, owing, apparently, to a desire to connect the affirmations of revealed religion with the modern doctrine of the correlation of forces. His last sentence, as quoted in the MEDICAL CIRCULAR, crystallises his thought. He says: "From these and similar considerations, he was satisfied they might rightly conclude, that save and except the sentient and truly living soul, every part and organ of the human body was formed of the common elements of matter, combined by *pure* physical and chemical forces, and acting *exclusively* in obedience to these forces." He denies, in another place, that there is anything "special" in these forces. Then, if there be not, how comes it that it was necessary for the Divine Maker to breathe the breath of life—or, in other words, to infuse a new principle—into the body of man, which he formed out of the "common elements of matter?" It would seem from the context, however, that Mr Grainger does not believe that God breathed the breath of organic life, but simply the spirit, into the body of man, which spirit has no connection whatever with the organic life. This confusion has arisen from Mr Grainger having used the word "life" in two senses—the one its understood scriptural sense, and the other its physiological sense, as taught by himself and the school of thinkers to which he belongs.

Mr Grainger's doctrine, then, is that all the actions and functions of the living body are consequences of certain properties of matter, developed into activity by the relations and conditions of organisation. He repudiates, in short, any vital principle, as independent of the inherent properties of matter. He recognises two existences alone—matter and spirit. These views are not new, and the first has in recent times been stated in a variety of turns of language by several theorists. It is obvious that the spirit has nothing to do with vitality according to Mr Grainger's theory; for although he rounds off a series of fine sentences in acknowledgment of the existence of an immaterial essence, yet it seems to us to look very much like a superfluity in his philosophical scheme. If matter organised in a specific way develops certain properties which bestow upon it all the characters of vitality, it is obvious that the spirit of man is unessential to life. We should like to know how Mr Grainger would explain the phenomena of sensation and thought?

Mr Grainger disposes of John Hunter's vital-principle doctrine with easy sufficiency; yet, after all, his own teachings are not satisfying. We might be prepared to admit that matter has other properties than those exhibited in its inorganic state, and that it is possible that there may be other combinations of matter than those with which we are familiar, evincing qualities of which we can have no conception; and yet we might not be willing to admit the non-necessity of an ever-present and acting sustaining power, without the aid of which the peculiar phenomena called life could not be manifested. The point is this: Is ordinary matter endowed with latent qualities which, under certain conditions of organisation, become developed into activity and produce the phenomena of life; or was there superadded to matter, at the first creation of its organised types, certain forces which enabled it to manifest certain activities? In either case the phenomena of life would be due to the properties of matter; but the first position pre-supposes that oxygen, hydrogen, nitrogen, and carbon possess essentially certain latent and inseparable properties which, by a fortuitous combination of their atoms, are brought into operation, and enable them to constitute a man; by the other, that certain

new forces are impressed upon matter adequate to the development of life in its various types, which forces have been erroneously, perhaps, called "vital forces," the real meaning being that they are forces with which matter is endowed, but peculiar to it in certain conditions. It is not, therefore, admitted that oxygen or any other gas possesses this desiderated force simply as an essential property of matter; and it is consequently denied that it could ever endow itself with such a force, or that any combination of gases could create a force which neither of them originally enjoyed. The affirmative of this doctrine was once called materialism; but philosophy has now become liberal and euphemistic. We do not, therefore, stigmatise this notion as materialism, but we say that it is only theory—a theory as old as philosophy itself, and in support of which Mr Grainger has not added any argument of intrinsic importance. In some respects his arguments are fallacious: for instance, when he says that "Dr Richardson has shown that the coagulation of the liquid fibrin was owing to the loss of its ammonia," he obviously commits an error of reasoning. Liquid fibrin would no more coagulate than water would on the liberation of ammonia, unless there was some force operating to cause the coagulation. The extrication of ammonia is not the efficient cause of the coagulation; and we do not remember that Dr Richardson has ever asserted that it is so.

Again, an ultra-spiritualist may allow that the phenomenon of cell-growth is a property of matter—a property independent of and in addition to its ordinary properties, as exhibited in a block of marble—and yet affirm that this admission does not settle the question, nor would a hundred more of a like nature. All we can say is, that it is a property of living organised matter to form cells; but it must be living to do so—therefore there is a precedent cause of action, which is the *primum mobile*. It might be easier to show that an antecedent principle of vitality—call it by what name we may—is necessary to the manifestation of these properties of matter than that these properties came to be developed by some fortuitous combination of its atoms.

Dr Wilks's address dealt with subjects of a more special clinical nature. He stated doctrines apparently paradoxical about the existence of acute disease. He wished to show that nearly all acute diseases were originally chronic—that is to say, that there was a pre-existent disturbance of the functions or lesion of the structure of an organ in most instances of acute outbreak. It is well that the position should be boldly stated, as it will tend to direct attention more closely to the insidious approaches of disease, as well as to its more lasting but less urgent conditions. It is, however, a doctrine that must be limited in its application by the use we make of the word "acute." Like many other similar statements, it is brilliant at the first glance, but loses much of its importance as we penetrate the exterior circle of phosphorence. It is a doctrine, however, that would have been promulged only by so proficient a pathologist as Dr Wilks.

Mr Savory expatiated eloquently on the importance of industry to the student, and cited numerous illustrations to show that what is called "genius" among men meant, generally, an extraordinary capacity for labour. Mr Savory is right: no fool, indeed, can become a genius by mere plodding, but no mere clever man ever become a genius without it. Nine parts in ten of genius, as exhibited in its works, is industry.

The only other address on which we shall comment is that of Dr Barnes. This was composed in a style of sustained eloquence, exhibiting the dignity of the Profession of Medicine, and presenting many useful suggestions for the guidance of the student. On the whole, the orations are this year creditable to the Professors, and will reward the reader who has devoted an evening to their careful perusal. These annual orations must be productive of good, by maintaining an elevation of tone both among teachers and pupils, and offering questions both in philosophy and morals which are apt to be lost sight of in the routine of elementary study, and the exigencies of the dissecting-room.

SUMMARY OF THE WEEK.

THE ARMY MEDICAL SCHOOL.

At length the grand desideratum of Military Hygiene has been accomplished in the institution of the Army Medical School. Last week Mr Sidney Herbert visited the Hospital at Fort Pitt, and opened the School. He perambulated the wards of the Hospital, and inspected all the subsidiary arrangements, with which he declared himself satisfied. In the course of some sensible observations, he stated the gratifying fact, that owing to the improvements that had been introduced in the management and sanitary discipline of the Army, the health of the troops was higher than that of any other Army in Europe. Major-General Eyre also congratulated the Medical Officers on their improved position; so that a fresh *couleur de rose* was thrown over the proceedings. Professor Longmore delivered the Inaugural Address, and auspicated a bright and useful career for the new Institution. Everybody was pleased; and, looking at the importance of the occasion, they had every right to be. The more Medicine is held in consideration in the Army, the greater will be the advantages both to officers and men. The blunders and sufferings of the Crimea were caused by a culpable and supercilious neglect of the laws of Hygiene, and of the expostulations of the Medical Staff. That war taught the country a lesson, the fruits of which we are now beginning to realise.

ARSENIC-EATING.

It appears that this figment of arsenic-eating is received with ready credence even by some Professional men who are well acquainted with the action of arsenic on the human system. In the course of the examination before the magistrates into the charge of poisoning Miss Adamson of Wakefield by means of arsenic, Dr Waddington expressed his belief that "it is a well-known fact that in Basle, and all through the mountainous parts of Switzerland, arsenic is taken by the mountaineers to sustain their health." This may be "a well-known fact," but it is the first time we have heard that arsenic-eating is customary among the Switz mountaineers. It is surprising to us that throughout the numerous letters that have recently appeared in the public journals on Alpine travel and training, not a word should have been said about this alleged practice. A few months ago, we found it necessary to comment upon a similar statement made by M. Heisch with reference to the Styrian peasants; and we implored M. Heisch to produce, in the interests of science, a single confirmed arsenic-eater—one of those men who, he said, could swallow twenty-three grains of arsenic with impunity. We offered a handsome reward; but the man has not been forthcoming. Now, as Dr Waddington has announced in a Court of Law his belief in a similar phenomenon, we hope that he will feel it to be his duty to sustain his evidence by the production of a Mount St Bernard Guide who has been in the habit of eating arsenic, or who will not object to swallow half-a-scruple in the presence of the Judge of the Midland Circuit or the President of the Medico-Chirurgical Society. As arsenic-eating is said to invigorate the system, we venture to predict that such a daring act performed in the face of an admiring world will confer upon the man the privilege of immortality—at least, in the records of toxicological science. Should Dr Waddington not be able to afford the time to go to Switzerland, he may perhaps meet with a suitable case for evidence among the inhabitants of the little village of Whitbeck in Cumberland, who are reported to grow fat and rubicund upon an arsenical water that flows from the Blackcombe mountains. We refer him to a paragraph in our column of news, where he will find a full and particular account of these wonderful villagers. It is fortunate for science that a colony of arsenic-eaters has been discovered in this country; so that the *savans* of England will have an opportunity, without going abroad, of expounding this great mystery. Is there no physician at Whitbeck to write about the virtues of this

stream, and elevate the village to the dignity of a Spa?

THE 'AKBARE TUBABUT.'

We have lately received a circular covered with a multitude of double dots, and zig-zag and semicircular scratches, which, we are told, represents the Oordoo, and announces the publication of a Medical Gazette in that language. This is one of the most important signs of the times, and proves to our mind that India is undergoing a rapid and momentous change. Whilst Editors of newspapers are discussing in the interest of their rival parties the Condition of India question, and deploring the ignorance of the people, and the hopelessness of our efforts to introduce among them the elements of modern science, here comes a fly-leaf which gives better testimony as to the state of India than all their elaborate disquisitions. The Hindoo Native Doctors and Hakims are about to be instructed in the science of Medicine as taught in our European Schools; and as the Editor of the 'Indian Lancet,' who seems to be the adventurous genius that has started this journal, has probably an eye to profit in the undertaking, it may be justly assumed that there is already a reading public in Hindostan sufficiently imbued with the truths of European science to make the speculation a feasible one. We cordially wish that this adventure may be successful, and that the Editor of the 'Akbare Tubabut' will be rewarded for his public spirit by a large circulation.

ADULTERATION IN THE CITY.

The City of London has done itself honour in authorising its Medical Officer of Health to carry out the provisions of the Act, passed during the last Session of Parliament, for the prevention of the adulteration of food. How this measure will work will now be proved. Whatever good can be obtained from it will no doubt be secured under the ablo superintendence of Dr Letheby. There will be one practical difficulty in the carrying out the measure which will probably prevent its adoption in many boroughs—viz., the expense. It appears that the fees are placed so low—varying from two shillings and sixpence to ten shillings and sixpence—that they will not cover the disbursements incurred by the necessary analyses. The excess must therefore be borne by the Borough. In all Vestries and Town-Councils there is a considerable number of persons whose presumed interest it is to hinder the operation of the Act, and who will therefore be glad of the excuse which the expense offers for opposing its application. Nevertheless, the passing of this Act is an important step in the right direction; and if its adoption should be proved useful in the City of London, that example must be followed in all the provincial boroughs. In process of time this enactment will be considered to be one of the most important that ever received the sanction of the Legislature. The abominable and pernicious practice of adulteration will be effectually suppressed, and the poor man, as well as the rich, will be provided with the first condition of health—genuine and wholesome aliment.

THE MELBOURNE HOSPITAL.

The movement for the extension of our Hospital Staffs which we have been, for some years, pressing forward in this country, has been commenced in Melbourne, by Dr Mackenna. The Melbourne Hospital had, in the year 1858, 200 beds, and two physicians and two surgeons on the Staff. Dr Mackenna considered that this number was not sufficient; and he found, moreover, that the patients were badly attended,—the mortality among them being so high as fifteen per cent.: he therefore urged for an increase of the Medical Staff. During the year 1858, a new wing was opened, thereby increasing the accommodation of the Hospital to 350 beds; and, at the same time, the number of the Staff was doubled. Dr Mackenna was still dissatisfied, and demanded that the Medical Staff should be increased to twelve. Hence arose an angry controversy: jealousies sprung up; Dr Mackenna was vituperated, and, at length, this gentleman—in self defence, as he says—brought forward three distinct charges of mal-treatment. These were submitted to the investigation of the Committee, who, in their Report, exonerated the Staff, whilst they condemned the system, thus taking a pattern out of the Blue Books of the mother-country. The following passages of the Report deserve attention:

"With a view to increased efficiency in the Medical department, we have had under our consideration the expediency of increasing the regular Staff of the Hospital, but upon the whole we are of opinion that at present no such increase is required. In order to relieve the great pressure of business arising from the out-patients, it appears to us that it would be desirable rather to adopt a suggestion thrown out by Dr Youl of establishing Branch Dispensaries in different populous localities, to which one or more Surgeons or Physicians might be appointed by the Hospital Committee. By such an arrangement, the business of the central establishment would be effectually relieved; the great bulk of those who now frequent the Hospital as out-patients would, with much more convenience to themselves and their families, attend the local institutions; whilst, at the same time, a system of domiciliary visitation might be instituted which would be of immense advantage to the poorer classes, and tend, it is to be hoped, to lessen materially the enormous mortality which at present prevails among the infantile branch of our population: the opportunities, too, of accumulating experience would be more generally enjoyed by the Medical Profession.

"We do not imagine there would be any difficulty in settling the conditions on which these auxiliary establishments might be made dependent on the parent institution, or any indisposition on the part of the Government to extend the annual Hospital Grant, so as to bring it in relation to the enlarged sphere of its operations.

"Another mode by which the efficiency of the Hospital might be promoted, would be by the establishment of a Convalescent Asylum. On this question, however, we do not at present propose to enter at large; only we desire to express our belief that the time is not distant when a distinct and tangible mode of carrying out this object will be presented to the Governors."

THE SOCIAL SCIENCE MEETING AT GLASGOW.

The Annual Meeting of the Members of the Association for the Promotion of Social Science has been recently held at Glasgow. With the exception of a grand oration *de omnibus rebus* by Lord Brougham, there was little said or done at this meeting to fix public attention. There is a risk that the efforts of the Society will be dissipated among a countless variety of topics, without benefiting in any important degree any single department of social exertion. If the Society have not failed, it certainly has not succeeded. The business done in the Sanitary Committee was very trivial. Dr Lankester made his usual speech, with his usual ability, about foul wells, and the Glasgow people promised to attend to his suggestions; and this was about all that was done in this department. This was a very lame embodiment of the state of modern sanitary science.

THE SPIRIT OF THE PERIODICALS.

(Continued from page 241.)

"*Case* 656.—On August 24, 1853, I was called to an alarming case of uterine hæmorrhage in the Edgware road. An immense quantity of blood had been rapidly lost, and the strength of the patient was extremely depressed. The entire os uteri was covered with the placenta. I experienced little difficulty in passing the hand into the uterus, turning the child, and removing the placenta; but the hæmorrhage continued undiminished after the placenta had been removed, and she soon died. In this case, perhaps, the result would have been different if the delivery had been sooner completed; yet there was little time lost."

"*Case* 658.—On October 15, 1853, at 12.30, I was requested to see a lady residing at West row North, who was in the 7½ month of her first pregnancy, and who had been seized with convulsions without any premonitory symptoms. She was insensible. The os uteri a little dilated; face presenting; membranes not ruptured. Ten ounces of blood had been drawn from the arm, leeches to the temples, and a turpentine enema given. At 3 p.m. she had had one attack; labour progressing. At 6 p.m. went and found the child born dead by the natural efforts. Placenta retained half an hour; came away after pressure and gentle traction. About two hours before, Mr —— had given two drachms of chloroform. Three or four fits followed delivery, but her consciousness gradually returned.

"*Case* 659.—Mrs B——, aged 36, November 29, 1853. Has had seven children. At the last confinement, three years ago, Mr Jay found a small tumour in the pelvis, behind the uterus, which rendered the labour very protracted. She recovered favourably. Her eighth labour commenced yesterday. The membranes ruptured two days ago; Mr Jay has been in attendance since nine last night; no progress during the last eight hours; violent pain and constant straining; the progress of the head is impeded by a soft irregular mass behind the uterus, which is pressed down during each pain by the head; the head is squeezed between this and the front of the pelvis; ears not felt; impossible to apply the short forceps; there appeared to be danger of rupture of the uterus, and mischief from pressure; we resolved to open and extract the head, which I immediately did, and the recovery was favourable.

"*Case* 660.—Mrs B——, March 15, 1855. Labour at the full period commenced yesterday, and has continued all night; the head cannot pass the tumour in the back part of the pelvis; I opened and extracted the head without much difficulty. At the 7½ month Mr Jay and I met in consultation, to consider whether or not premature labour

should be induced; we thought the tumour had not increased since 1853, and that, if the child were small, it might pass alive at the full period. This opinion proved to be incorrect; the recovery was favourable.

"*Case* 661.—Mrs B——. On Tuesday, November 24, 1858, with Mr Jay, I perforated the membranes about the 7½ month. My impression was that the tumour had not increased. On Friday night, between seven and eight, of the 28th, the pains came on, and the child was readily expelled, but dead, about a quarter to twelve, and had been dead some time. The patient stated that she felt the movements at the time the membranes were punctured. The patient again recovered favourably, and is, I believe, at this time in good general health."

Mr JONES contributes the following article on the *Treatment of Delirium Tremens by large Doses of Digitalis* to the 'Medical Times and Gazette' of the 29th ult.:

"Having just had an opportunity of showing to some Medical friends from London—Mr Spencer Wells, Dr Ballard, and Mr McCrea—the effects of large doses of digitalis in the treatment of a very severe case of delirium tremens, and having been strongly advised by them to make my experience of this mode of treatment known to the Profession, I gladly do so by means of the 'Medical Times and Gazette.'

"About twelve years ago I was called to see a patient with delirium tremens, residing about a mile from my house, who was almost *in articulo*. I prescribed a dose of chloric ether with tincture of opium; but the wife, who came for the medicine, took, by mistake, a phial containing *one ounce* of tincture of digitalis. I discovered the error, and was horrified when I heard that the patient had taken this dose; but no less surprised than pleased when I also heard that, instead of being poisoned, he was very much better. Under ordinary treatment, I fully believed he would have died; but after this single dose he rapidly recovered. Profiting by this hint, I began to give digitalis in all the cases of delirium tremens which came under my care in hospital and private practice; and during the last twelve years I have adopted it in at least seventy cases—this effect of drunkenness being very common in Jersey.

"As to the dose, experience has taught me that the best dose is *half an ounce* of the tincture given in a little water. In some few cases, this one dose is enough; but generally a second dose is required four hours after the first. In some cases, but very seldom, a third dose is called for; but this hardly ever exceeds two drachms. The largest quantity I have ever given was *half an ounce* at first, *half an ounce* four hours afterwards, and another *half-ounce* six hours after that—making an ounce and a half in ten hours.

"As to the effects of these doses, my impression is that the action is on the brain, not on the heart. The pulse, so far from being lowered in force, becomes fuller and stronger, and more regular, soon after the first dose. The cold, clammy perspirations pass off, and the skin becomes warmer. As soon as the remedy produces its full effect, sleep for five, six, or seven hours commonly follows; sleep is the guide as to the repetition of the dose. No action on the kidneys is evinced by any unusual secretion of urine. Sometimes the bowels are slightly acted on, but not commonly. I have never once seen any alarming symptom follow the use of these large doses of digitalis. The only case I have lost since adopting this treatment had a tumour in the brain. In three only was other treatment adopted after digitalis had failed to procure sleep; in other words, in sixty-seven out of seventy cases digitalis was the only medicine used, and sixty-six of these patients recovered. I do not mean that these are the exact numbers of those treated; I am certain as to the death, but I may have had more recoveries. I am well within bounds in saying seventy cases in twelve years, and that all of them were well-marked cases of delirium tremens. Slight cases of nervous derangement after drinking I have seen in great numbers; but I speak here only of such cases as required active treatment. My previous experience of the results of the treatment by opium or some of its preparations, by anti-spasmodics, &c., had certainly been much less successful; the proportion of deaths was larger, and the recovery much less rapid. Again; I have treated more than one patient successfully by digitalis, who, in subsequent attacks elsewhere, has been treated by opium and died; and in many of the cases in which I have used digitalis successfully, opium had been previously given without any good effect.

"I will only allude to one case in illustration:—On September 9, 1860, I was called to see a gentleman, 48 years of age, who was in a very alarming state, having been without sleep four days and nights, having been 'muddled' for two months before, and having previously had 'fits of the horrors.' He had been treated by another Practitioner by opium in moderate doses, but had become worse, and when I was sent for it was the opinion of Mr Spencer Wells and Mr McCrea—who accompanied me in my first visit—that the case was as bad a one as *they* had ever seen; certainly *I* never saw a worse. The pulse was almost imperceptible; the skin covered with cold, clammy perspiration; the face deadly pale; the lips blue; the hands tremulously grasping the air; the eye expressive of great fear; the mind gone; he was muttering incoherently. With some difficulty I passed half an ounce of tincture of digitalis down his throat in the presence of my friends. In a few minutes he became more tranquil, the pulse was felt more easily, and we left him. After four hours I found that he had not slept; but he was rather more sensible, less tremulous, and warmer. I accordingly repeated the dose. Three hours after that, as he had been still without sleep, though in other respects improving, I gave two drachms more, making ten drachms in seven hours. After this he had some sleep, and had slept at intervals during the night. The next morning Dr Ballard saw him, with my other friends, and all of them were much pleased with the great improvement manifested. He was sensible, his fears had disappeared, he was very slightly tremulous; the skin was warm, the tongue moist, and the pulse full and regular at 90. The heart's sound and impulse were normal; the bowels had acted once, and urine had been passed in natural quantity. After this he took some broth, drank freely of imperial and lemonade, but took no stimuli of any kind, or any other medicine. He slept uninterruptedly for three hours and a half in the afternoon, and at intervals in addition. The next night was a good one; and when he was seen by my friends again the next morning he was almost well, and calling out for a mutton-chop.

"I trust that this narrative of the result of my experience may induce others to follow what I believe to be a very valuable practical lesson; but I must warn those who do so not to try, as I have done, any smaller doses than those I have recommended. They would not only lose valuable time by so doing, but, I believe, would do harm. Doses of half-a-drachm or a drachm do no good whatever; and the pulse, in some cases where I tried them, became intermitting. I have never seen this effect from the larger doses; on the contrary, a feeble intermitting pulse has generally soon become fuller and more regular, proving, I think, as I said before, and as I again wish to impress on the Profession, that the curative action is on the nervous system primarily, and not on the organs of circulation."

We extract from the 'Dublin Medical Press' the following report of three cases of *Dislocation of the Hip-joint*, by Dr J. MORRISON, of Newry:

"*Case* 1.—In December last, a strong, healthy-looking farmer, aged sixty-six, whilst in the act of getting into a market-cart, was thrown over one of its wheels, in consequence of the horse moving suddenly and unexpectedly forwards. Some friends who were present immediately lifted him into the cart, and he was at once driven home to the country—a distance of four miles. Being unable to move his limb, on the following day he sent a messenger to request I would visit him. On examination, the usual symptoms of dislocation on the ilium were very well marked—the knee and toes turned inwards, and the limb at least two inches shorter than its fellow, &c. &c. Having had no information as to the nature of the injury till I saw the case, I was quite unprovided with any sort of appliance, but determined to attempt the reduction by the aid of such means as the house afforded. The man was placed on his uninjured side, the leg of the dislocated limb was well bent on the thigh, and the thigh on the pelvis; the limb was then drawn from the other, and being made to act as a lever, was rotated and jerked strongly outwards for some time; but this procedure gave so much pain as to make him say he would not submit to it any longer. As he had an insuperable objection to bleeding, as anything like a proper warm-bath could not be procured, and as I learned that he had never used tobacco in any form, I determined to subject him to the effects of a well-charged pipe. After smoking eight or ten minutes, he became very sick; cold perspiration flowed freely; he was thoroughly relaxed. Extension with counter-extension well applied, by the assistance of sheets and powerful men, was now resorted to, and kept up a considerable time, the limb during this period having been strongly and frequently rotated; but notwithstanding all these efforts, there was no indication of a successful result. All the bandages were then taken off, the leg was bent on the thigh and the thigh on the pelvis, the limb drawn from its fellow, made a lever of, and jerked and rotated suddenly outwards, *as at the first attempt*, when the head of the bone jumped almost immediately into its socket.

"*Case* 2.—A sailor, aged thirty, was imprisoned for drunkenness in the Ballybot Bridewell here in April last. During the night, and before he became sober, whilst attempting to climb up to a window, with the view, as is supposed, of effecting his escape, he fell backwards over a table and dislocated his hip-joint. He was visited by a medical gentleman early next morning, and was sent to the Newry Hospital, where I saw him about ten o'clock. The dislocated limb was about an inch and a half longer than the other; the hip was quite flat, contrasted with its fellow; there could be no doubt but that the head of the bone rested in the thyroid foramen. The man looked jaded as after a debauch. I placed him on the uninjured side, relaxed as much as possible all the muscles of the affected limb, seized it firmly as a lever, drew it across its fellow, rotated and jerked it forcibly inwards, when, in less than two minutes, the reduction was effected.

"*Case* 3.—A man, aged about forty, who works in a foundry here, was sent to the Newry Hospital about three weeks since, and gave me the following account:—On the 16th July last, while engaged at work on a ladder about ten feet from the ground, he fell on a boiler, which broke his lower jaw, knocked out two or three teeth, and wounded his head in several places. He was greatly stunned, was unable to rise, and felt severe pain in the right hip. Two medical gentlemen were quickly in attendance, and had him removed to his house, where they did all they could to alleviate his sufferings. The hip was examined, but, whether from swelling or other causes, no special injury was detected.

"The right limb, when I saw him, was fully two inches longer than the left, was moderately bent on the pelvis, and slightly inverted. The flatness of the hip compared with the other was very apparent, and the head of the bone could be distinctly felt at the upper and inner part of the thigh. The displacement was plainly into the thyroid foramen. Knowing that the reduction in this case would be very difficult, if not impossible—the dislocation having occurred six weeks and three days previous to his being sent to hospital—I had everything provided which I thought would be conducive to its accomplishment. He was placed on a mattrass on his sound side, and put fully under the influence of chloroform, when the dislocated limb was extensively moved in all directions for the purpose of breaking the new adhesions. By way of thoroughly tiring the muscles, pulleys were now applied, and the limb kept well stretched for about fifteen minutes, strong transverse force being at the same time used at the groin for the purpose of drawing the head of the bone outwards; but still the latter held firmly to its seat. The pulleys and bandages were now all removed, when the limb was treated exactly as in Case No. 2. In less than five minutes I had the satisfaction of seeing it completely restored to its former position.

"In making a few remarks on these cases, I may mention that in the first one, as no means were adopted to produce sickness or anæsthesia previous to the primary attempt at reduction, and as the hip was painful and considerably contused from the fall, the movements necessary in using the limb as a lever were very badly borne, and consequently this first trial did not get fair play; and although extension was then well applied, and much favoured by the relaxed state of the muscular system induced by the tobacco, yet it failed to produce the desired effect. In all probability, however, it may have been of benefit in so weakening the muscles as to render them

more amenable to further trial. Accordingly, when they were immediately afterwards relaxed, and the lever power brought into use, the reduction was easily effected. But I am strongly of opinion that this would have been accomplished by the hands alone, had the sickness been produced prior to the making the first attempt. And I may here observe that it may be well to hold the tobacco in view where no chloroform nor tartar emetic is within reach; also, that dislocation of this joint is a rare accident at the age of sixty-six.

"In the second case the reduction was at once accomplished by merely relaxing the muscles, and using the limb as a lever.

"The third case seems interesting in several points of view, but chiefly from the dislocation having been reduced without any great trouble after the lapse of six weeks and three days. Mr Fergusson, in his very useful volume on Practical Surgery, says:—'I have myself seen attempts made in various instances of old standing, but have not witnessed a successful effort beyond the period of three weeks. Sir Astley Cooper has described instances of a more fortunate kind, after the lapse of four, five, six, and seven weeks.' The extension which was resorted to, by fatiguing the muscles as in the first case, may have been conducive to the desired object; but as no effectual change was made in the position of the bone until the muscles were well relaxed and forcibly acted on by using the limb as a lever, I should be inclined to attribute the success of the operation chiefly to the latter proceeding. The effects of the chloroform were excellent. Complete anæsthesia was kept up during the entire time of the operation, and of course the muscles were quite passive."

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS OF THE LAST CENTURY.

By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.

(Continued from page 214.)

This trial of Sir Theodosius Boughton brought the character and temper of John Hunter conspicuously into public criticism. Nor was it at all sparing; he incurred all kinds of censure, and even his friends contemned and apologised for him. Some of the latter went so far as to say, he was so confused that his mind was not consistent, and had become inextricably lost in a maze of hesitation and doubt. We, who have gone through all the incidents of this eminent man's career and life, are free to say that none of them redounded more to establish the clear-sighted, discreet, and judicious attributes which constitute the man of philosophy and science, than did the evidence he gave on this trial of Captain Donellan for the murder of Sir Theodosius Boughton. To every question asked of him by the Court and Counsel, he gave a clear, calm, and conclusive reply. If the evidence came short, the fault, as John Hunter justly inferred in reply on his examination, was, that the *post-mortem* was made when putrefraction had taken place, and that no autopsy having been made of the head and intestines, the only chances of its throwing any light upon the case was missed. Others, carried away by a provincial sensation, were contented with guessing, and boldly affirmed with no other support than surmise and supposition. The Judge, who, no doubt, was anxious to act conscientiously, wondered at the doubt of one who was only to be moved by the evidence of atern natural facts. The learned Judge, in a sort of desperation, speaking of John Hunter's evidence said, "He does not appear to have formed any opinion at all in the matter," and he "conceived it might be ascribed to other causes, since the evidence, independent of other circumstances, was so very slight." The Judge was evidently floundering, and by accident made a correct admission; for truly John Hunter had not, and stated that he had not, formed any opinion "in the matter."

The paper he communicated to the Royal Society in 1787, describing the 'Functions of the Ovarium,' obtained for him the gold medal, as already stated. As it is our office to endeavour to depict this wonderful man as we find him, we cannot refrain from relating another highly characteristic, although not very flattering, anecdote. Being consulted in a curious and interesting case, which terminated fatally, he begged to be permitted to make a *post-mortem* examination. Having been firmly denied, "I saw," continued the narrator, "by his countenance, that a storm was brewing." He, however, "gravely and calmly addressed the master of the house in the following manner:—'Then, sir, you will not permit the examination to be made?' 'It is impossible.' 'Then, sir,' said Mr Hunter, 'I heartily hope that yourself, and all your family—nay, all your friends—may die of the same disease, and that no one may be able to afford any assistance.'" Notwithstanding this temerity—we may, perhaps, better say, unrelenting devotion to inquiry after facts and evidences of disease—he was a very timid practitioner. Sydenham was equally dubious and hesitating, and could with difficulty decide upon his prescriptions. His custom was to tell his patients to call again, when he would prescribe for them; by which means, as they did not return, he lost his fees. John Hunter often was known to say—"I cannot tell at present what to recommend—I must think of it." He thus made every case a study. His habit, as Abernethy relates, was "to distrust opinions, and examine every subject for himself." He used to say, "We are beginning to learn our profession."

As our narrative approaches the last stage of John Hunter's life, and as its chequered incidents afford ample elements to give an analysis of the finer and more subtle shades of character, a slight summary will not be out of place for that object. We must premise that he was not imbued with idealism. Although sensitive in an uncommon degree, no great refinement of feeling existed to exaggerate that irritable state of mind. Bacon says—"He that is only real, had need have great parts of virtue, as the stone had need to be rich which is set without foil." The realness of John Hunter's character constituted its distinctive quality. It discovered him by its singularity, and came home to the heart and feelings as much by its rarity as its originality and simplicity. It was manifested in little as well as in great things—in his virtues and failings, in his moments of leisure and in his moments of labour. This quality, no doubt, rendered it a difficult task to accommodate himself to the ways which win in life; yet he calculated to win by other ways, and without their aid. Hence resulted indomitable perseverance and intense labour. He was too real not to quarrel with neglect, and too honest to disguise his feelings. He had other impediments of character, against the injurious influence of which he would have appeared to have struggled but little. With no refined, gentlemanly feelings, nor yet conciliating manners, he was apt to be rude and overbearing from conscious superiority. He carried somewhat of the "pride of port," derived probably from his military associations. John Hunter despised the minor tactics used for "rising in the world." These qualities prevented him from becoming a favourite in the Profession, and made him enemies. Notwithstanding this apparent want of amiability, those who best knew him spoke of him in affectionate terms. The common expression, when speaking of him, was, "the dear man." Hunter was greatly addicted to swearing, which, at that time, was a common mode of speech, even amongst the exalted classes. Mr Lynn, who often called him in consultation, and who had himself been an especial object of his disinterested regard, bears free testimony to his generosity. On such occasions Mr Lynn found him in the dissecting-room: he would lay down his dissecting-knife, and say, "Well, Lynn, I must go and earn this damned fee, or I shall be sure to want it to-morrow." Mrs Hunter was a woman of refined manners, and fond of society. Her husband, on the contrary, preferred scientific conversation, when he could glean something. On one occasion, "on returning home late, after a hard day's fag, he unexpectedly found his drawing-room filled with musical professors, connoisseurs, and other idlers," assembled by Mrs Hunter. "Greatly irritated, walking straight into the room, he addressed these astonished guests pretty much in the following strain: 'I know nothing of this kick-up, and I ought to have been informed of it beforehand; but as I am now returned home to study, I hope the present company will retire.' Followed by *exeunt omnes*." This difference of tastes was not attended with further unpleasantness. They were much attached, and the connection was a source of great consolation. They had four children; two died young, and two survived—a son and daughter. In short, John Hunter was especially blest with the gifts of this world—a wife who was a suitable companion in every way, and children who contributed the delights of existence to the last. He manifested and expressed a real relish of life and its enjoyments.

He placed great confidence in the extensive reading and scholarship of Mr Cruickshank, F.R.S., who was one of the medical attendants of Samuel Johnson in his last illness. This gentleman, educated for the Church, was a man of great ability, of classical tastes and popular manners. He, with Dr Baillie, carried on the School in Great Windmill street after Dr Hunter's death. He published upon the Nerves and Absorbents, which was translated into several languages. On Hewson separating from Dr Hunter, Cruickshank succeeded him. He and Dr Hunter agreed very well, identifying himself as he did with the Doctor's views and tastes. He also lectured; which was a bold undertaking—to place himself in comparison with William Hunter, who was unequalled as a lecturer. He nevertheless sustained the comparison, and passed this ordeal with great *éclat*. But even with Cruickshank, "whom Dr Hunter first took as librarian and assistant, it often required the mediation of mutual friends to preserve an intercourse extremely useful to the one, and almost necessary to the other." When John Hunter made a discovery, it was his custom to relate it to Mr Cruickshank, who frequently, to his no small mortification, informed him that Haller had described the same thing before." *a*() In 1783 he read a paper of his brother's, at the Medical Society of London, 'On the Uncertainty of the Signs of Murder in the Case of Bastard Children;' a very eloquent and argumentative paper. His 'Treatise on the Blood, Inflammation, &c. &c.,' in which he broached his favourite opinions of the seat of life in the blood, were very crude. They no doubt were influenced by the metaphysical disputes of the day, and show a strong tendency to establish physiological facts in opposition to materialism. He says, "I shall endeavour to show that organisation and life do not depend in the least on each other; that organisation may arrive out of living parts and produce action, but that life can never rise out of or depend on organisation." He became completely mystified. It would be useless and unprofitable to state his reasoning or to analyse his arguments upon this subject. It is said that "he did not adopt this opinion from the Bible, Alkoran, or Harvey; but it arose spontaneously from his own investigations and experiments." John Hunter most unphilosophically considered life to be an abstraction. Thus we find in him no faculty of comprehending subjects upon a large scale. He never travelled beyond the details of anatomy or natural history, connected with anatomy and elementary physiology. The nervous system never came within the scope of his investigations. John Hunter had no creative or imaginative faculties, and no high moral attributes. His claims as a naturalist and physiologist consist in having been the type of industry, patience, and perseverance. He had strong prejudices, and was not very tolerant. He had more faith than his brother. Physiological inquiry was a novelty in his day; for accuracy he was unrivalled, and for audacity and ambition he excelled contemporaries. But for that exalted science and genius which are associated with the names of Bacon, of Harvey, and of Newton, John Hunter prefers no claim. This work on the 'Blood,' &c., and his work on 'Gunshot Wounds,' he dedicated to the King in 1790, in acknowledgment of "your Majesty's appointment to one of the most important appointments in the Medical Department of the Army." The numerous preparations he contributed to his brother Dr William's collection laid the foundation of the magnificent museum he bequeathed to the University of Glasgow. Mr Gulliver, in his edition of Hewson's Works, says, "The Windmill-street School no longer exists, but it will be preserved from oblivion by the names of the eminent men who lectured there. Among them the future historian of anatomy

(*a*) 'Adams' Memoirs,' p. 235.

and physiology in England will have to commemorate William Hunter, Hewson, Cruickshank, Sheldon, Baillie, Brodie, and Charles Bell."(b) John Hunter did not obtain so wide a European fame as his brother William. Whether this is to be explained by the more practical nature of Dr William Hunter's inquiries, his superior scholarship and style of writing, or from the unacknowledged aids he received from John, it is certain that Dr William enjoyed a more extensive reputation on the Continent.

GENERAL CORRESPONDENCE.

PENAL LEGISLATION FOR THE MEDICAL SUPERINTENDENT OF THE CRIMINAL LUNATIC ASYLUM.

To the Editor of the Medical Circular.

SIR,—On a recent occasion you were, with your usual courtesy, kindly pleased to insert in your independent publication a letter from me, calling attention to an Act passed, at the close of the last Parliamentary Session, for the erection of an Asylum for the Criminal Insane of England and Wales; a measure long and much required, but unfortunately having contained in its enactments penal provisions for the due punishment of the Medical Superintendent with the keepers and nurses of that institution *in embryo*, which can be looked upon in no other light than a great scandal to and most unmerited insult upon the whole Medical Profession. And again, I must express my astonishment that that long-established and influential "Association of Medical Officers of Asylums and Hospitals for the Insane" was so entirely neglectful of its solemn duties as not, at least, to have made the appearance of a stand against this gross indignity to its important specialty; but nothing of the kind would seem to have been attempted on its part, which speaks badly for its protective sympathy and capabilities. To yourself, Mr Editor, and to the 'Dublin Quarterly Medical Journal,' are eminently due the best thanks of the Medical men engaged in the onerous and unceasingly responsible position of Asylum Superintendents, for your invaluable aid, as independent professional journalists, in sustaining them, for years past, so ably and perseveringly in the discharge of their high behests, and taking the deep interest you both have done in all matters affecting the best interests of the insane.

Now, Sir, for a few words on the "non-restraint system." In many of its phases that system may be set down as "a mockery, a delusion, and a snare;" but the *ignobile vulgus* was taken by it, and it became the popular cry and cant of the day, so that to say anything but in favour of it in all its impossibilities you necessarily became a marked man, and subject to abuse without measure. But even so, some few there were who did not flinch from exposing the cruelty and shortcomings of *the system* as it deserved. Your observations also in regard to "a Special Board of Examiners," for those seeking to be placed in medical charge of the insane generally, I conceive to be excellent and deserving of the best attention. Certainly this would be a more fitting and suitable line of procedure in order to procure the services of the most highly-qualified men, than by legislating for them, as if nothing but the sword of Damocles over their head in the grim vista of a cell in a county gaol, with or without "hard labour"—the very words of the new Act—would suffice to prevent them from "striking, wounding, ill-treating, or wilfully neglecting" their patients! In Ireland, as I stated in my former communication, no such legislation was deemed necessary to prevent the Medical Superintendent of its Asylum for Criminal Lunatics from acting after so impossible and insane a fashion; nor to the present time have we ever heard of any act of cruelty being perpetrated in it or any of its public Asylums, and I am yet to learn that the worthy and humane gentlemen who preside over the Asylums in England have ever so conducted themselves as to require this most degrading and most dishonouring penal legislation to have been enacted for their special behoof.

But, in conclusion, let me ask again, what excuse has "the Association of Medical Officers of Asylums and Hospitals for the Insane" to afford to their *confrères*, and the Profession at large, for this insulting and uncalled-for legislation having been accomplished without a single objection on its part?

I pause for a reply, from either its distinguished President, Dr Bucknill, or its able and energetic General Secretary, Dr Lockhart Robertson, or both. I am, &c. VIGIL.

September 27, 1860.

THE COMPOSITION OF CHLORODYNE.

To the Editor of the Medical Circular.

SIR,—My attention was called by Mr Davenport, the other day, to a reply in the Correspondents' column of the MEDICAL CIRCULAR, in which it is made to appear that there is only a slight difference, if any, between his Chlorodyne and that produced by Dr Ogden's receipt as given in a previous number of the CIRCULAR.

Mr Davenport showed me the difference, and gave me a bottle of each. I have since purchased a bottle of Ogden's, and compared it with Davenport's; and the difference is as strikingly manifest as in the sample he gave me, and which I showed to you, Davenport's being perfectly soluble, while the other falls to the bottom of the glass like quicksilver, and mixes about as readily. A difference is also clearly perceptible both in smell and taste.

The truth of this simple statement may be seen at my Office, 21 King William street, W.C., any day between two and five o'clock.

I am, &c.,

Oct. 2, 1860. C. J. HARRIS.

[Having seen specimens of the two preparations of Chlorodyne referred to in the foregoing note, it is but just to say that they materially differ in appearance, and also in their miscibility with water. Dr Ogden's Chlorodyne appears to contain a larger proportion of Chloroform than that prepared by Mr Davenport.—ED. MED. CIRCULAR.]

OUR NOTE BOOK.

THE SUN OPHTHALMOSCOPE.

Dr Macdonald, ophthalmic surgeon to the Demilt Dispensary of New York, says: "The use of sunlight instead of artificial light in ophthalmoscopy first suggested itself to me about a year ago, as a means of examining the patients attending the institution to which I am attached, and in which I had no facilities for examining by the ordinary method. The advantages which I have found it to possess are such that I now prefer to use it in my private practice. Of course, the plane or concave mirrors hitherto used could not be employed with sunlight, as its intensity would be too great; *convex* mirrors, however, by diverging the rays of light reflected from them, diminish its intensity, and the sun's rays reflected by such mirrors can be easily borne. Those that I employ are of glass, about 1 inch in diameter; have curves, one of 4, and one of 8 inches radius; and from their centres a disk of the silvering, about $\frac{1}{12}$ of an inch in diameter, is removed. With photophobic cases, the weakest mirror, *i.e.*, the one having the greatest curve, is used; in ordinary cases I use the other. The patient is seated in, and with his back to, the sun, and the surgeon proceeds as with the ordinary ophthalmoscope.

"Sunlight is much superior to other means of illumination; its intensity may be increased to any extent, and with it the fundus of the eyeball is seen of a more natural colour and appearance. By the use of convex mirrors, the field of the retina illuminated is much greater than when concave instruments are employed: for this reason, this instrument is much less difficult to use than others, and a tyro will distinguish all the points of interest in the retina at his first attempt. Dr W. Zehender, in the first volume of the 'Archiv für Ophthalmologie,' first proposed the use of convex mirrors, but only with artificial light."

In this country, especially perhaps in London, sunlight is too uncertain for us to think of its being commonly used; but I recollect that some years ago, in the case of a foreign body to be removed from the vitreous space, I availed myself of the sunlight for a final examination in the operating room: the sun was shining dimly through a fog, so that I could use the concave mirror we have for an ordinary lamplight examination without distressing the patient, and with very effective illumination for my inquiry. It may be worth consideration for sunlight ophthalmoscopists who prefer, or who happen to have the ordinary concave mirrors adapted for lamplight examinations, that the same should be used with sunlight, as it could be easily and well qualified, I suppose, by diminution of the too great illuminating power it had at any time. For this purpose, the patient might be seated with an upright screen attached to the high back of his chair, and thus would be protected from the heat of the sun; and on either side of the screen might be a shutter, to adjust, by sliding up and down to the height of the patient's head, with an aperture at which the sunlight would be admitted, and its extra power of illumination there reduced and regulated by one or more white curtains of crape or muslin.—J. F. S., in 'Ophthalmic Hospital Reports.'

VERATRUM VIRIDE IN PNEUMONIA.

In the 'Nashville Journal of Medicine and Surgery' for June, Dr A. A. Davidson has an article upon the use of veratrum viride in pneumonia. This is not new treatment, but his experience and confidence are such as to justify their repetition. He says, "I have followed no other particular treatment for the last two years in pneumonia and pleurisy than the medicine in question, and I am happy to say I have never seen a case terminate unfavourably under the treatment." In conclusion, he says, "I look upon the veratrum as being worth all the other treatments combined for pleurisy, pneumonia, and all the other diseases of an inflammatory nature, when carefully and judiciously administered. I speak this candidly, because it is my own experience that prompts me to do so."—'American Medical Monthly.'

ERECTILE TUMOURS.

In the 'Chicago Medical Journal' for June, Prof. Brainard has a lengthy and able article upon erectile tumours and their treatment. Some such tumours he has been treating successfully with the injection of a solution of the *lactate of iron*. We have not space for a synopsis of his paper, and will simply give his conclusions. He says, "The relative merits of the different methods of treating erectile tumours may be summed up as follows:—

"I. Excision should be performed in every case where the size and situation of the tumour will admit of its being performed. This is almost as much a rule in these cases as in cancer. The exceptions are the slight cases which may be trusted without treatment until they increase in size.

"II. When excision would cause too great a loss of substance, danger from hæmorrhage, or when, from any cause, excision is objected to, strangulation is to be preferred next in order; and whether affected with ligature alone, or with needles, or other means, it should always, if possible, embrace the whole diseased structure.

"III. In limited superficial nævi and erectile tumours, particularly if placed over bony surfaces, compression will often diminish, if not cure, the disease.

"IV. In deep-seated tumours, particularly aneurisms by anastomosis, cauterisation with the hot

(b) We have received the following letter from Miss M'Gowan, which is so interesting in an historical point of view, that we make no apology for its publication:

"16 Great Windmill street, March 22.

"SIR,—I hope you will excuse the liberty I take in troubling you; but seeing that you are publishing a sketch of Dr William Hunter, I think it may be interesting to yourself and readers to learn that the office at which the Journal in which you write is printed, is the house that was built and inhabited by the great man whose life you are illustrating; and that the room in which your article is being *composed* and *set up*, is the theatre in which he used to lecture and demonstrate to his pupils. My father purchased the house, nearly fifty years since, from Mr Wilson, a surgeon, whose wife was a Miss Cruickshank. At that time there was in the so-called garden a fig-tree planted by Dr Hunter. I have often heard my father regret that it was destroyed by some careless workmen: figs still formed on it when he bought the house. My father for a long time let the theatre for dissecting-rooms to medical lecturers, till the London University and other institutions superseded private schools.

"In 1848 we converted the theatre and that wing of the house into printing-offices: and, oddly enough, the printing has since then, if I may so express it, assumed a medical type.

"I am, Sir, yours respectfully,

"A. McGOWAN."

needles is an extremely efficient remedy, either by itself or in connection with other means.

"V. Setons or metallic needles may be used in the venous forms of the disease. They are more effectual when placed to some extent in sound tissue.

"VI. Ligature of the principal artery leading to the part is adapted to the variety called aneurism by anastomosis, the accidental thrilling variety, and particularly to that variety situated in the orbit of the eye. I believe, however, that it is more dangerous and less necessary than is generally supposed.

"VII. Vesicants, escharotics, and caustics are adapted to complete a cure, when a small portion of tissue remains after excision, strangulation, or seton. They are uncertain, and little to be relied on.

"VIII. A combination of several of these methods of treatment will often be found advisable."—'American Medical Monthly.'

PARISIAN MEDICAL INTELLIGENCE.

The Medical Profession will hear with regret of the definite retirement of M. Ricord from the post of Surgeon to the Hôpital du Midi. Philip Ricord is a native of America, and was born at Baltimore, on the 10th of December, 1800. Owing to the regulation now in force which excludes fron the exercise of hospital functions those surgeons who shall have attained the age of sixty, the term of service of the talented surgeon would naturally have expired at the end of the present year. M. Ricord has, therefore, probably deemed it a more dignified course to resign prior to the completion of the full period. For nearly thirty years this celebrated Professor has occupied the Clinical Chair of the special branch of Surgery to which the Hôpital du Midi is exclusively devoted. The materials with which M. Ricord has built up his colossal reputation have, for the most part, been gleaned from the wards of this establishment. The admiration he has won, the friendships he has secured, the fortune he has accumulated, are all more or less consequences of his connection with this hospital. It was not likely, therefore, with such associations crowding on the memories of the speaker and of his audience, that M. Ricord should be able to take leave of the field in which he had toiled so cheerfully and so indefatigably for the space of an entire generation without a lively feeling of emotion and regret, touchingly expressed by himself, and as warmly sympathized in by his hearers. The scene of last Thursday, M. Ricord's farewell to his hospital career, was a complete ovation. For more than two hours a numerous audience of friends, pupils, and admirers listened with deep interest and veneration to a most pathetic parting address. The speech of the talented surgeon embraced a masterly sketch of the many and valuable contributions—the fruits of a long life of well-directed industry—with which his labours have enriched the treasury of medical science. If any man at any moment of his life might be pardoned the indulgence of a little self-glorification, surely M. Ricord, on Thursday afternoon, was entitled to such a privilege. On this occasion, however, the modest and unassuming manner in which he alluded to his immense services charmed and delighted his hearers by its delicacy of feeling; and the deafening acclamations which succeeded his valedictory discourse bore ample testimony to the warm sympathy he enjoye amongst his professional brethren. The following are some of M. Ricord's more celebrated works:—'Mémoire sur l'Emploi du Spéculum dans les Maladies Vénériennes;' 'Memoire sur l'Inoculation Artificielle de la Vérole chez l'Homme.' (*vide* the 'Lancet,' 1838); 'Mémoire sur la Blennorrhagie chez la Femme;' 'Mémoire sur l'Emploi de l'Onguent Mercuriel dans le Traitement des Erysipèles;' 'Réfutation de l'Opinion de Hufeland sur la Blennorhagie;' 'Mémoire sur le Chancre;' 'Mémoire sur l'Epididymité;' 'Traité Pratique des Maladies Vénériennes, et Recherches sur l'Inoculation appliquée à l'Etude de ces Maladies' (this, perhaps, is M. Ricord's principal work); 'Du Sarcocéle Syphilitique, de l'Induration des Corps Caverneux, et d'une Altération semblable de la Coque Fibreuse de l'Œil;' 'Différence entre la Blennorrhagie et le Chancre;' 'Clinique Iconographique de l'Hôpital des Vénériens;' and the 'Lettres sur la Syphilis,' originally published in the 'Union Médicale,' and now embodied in a volnme. The vacancy at the Hôpital du Midi is likely to be filled by a gentleman who has already distinguished himself in the syphilitic specialty, as well as in general surgery—M. Alphonse Guérin.

I read to-day, in 'The Times,' a letter from Naples, in which the brave Garibaldians are spoken of as "already suffering much from fever." I trust that your appeal to the medical public for quinine may have been responded to, for the whole of the country now occupied by the heroic champions of Italian freedom, and more especially that district which lies seawards of Capua, and near the mouth of the Volturno, from the middle of September till the middle of November, plentifully exhales the most deadly malaria. Let us not forget the ill-fated expedition of Walcheren, and let us use strenuous efforts to avert a similar fate from the army of patriots now investing Capua.

At the late meeting of the Society of Practical Medicine, a subject in which the English medical public must naturally be interested formed the theme of discussion. M. Coursserant, after reminding the Society of the difficulties and ill-success attending the treatment of most of the organic changes in the structure of the eye, introduced to their notice the particulars of a case of hydrophthalmia, in which the plan of treatment originated by Mr Hancock had been adopted and followed by excellent results. M. Coursserant said that he agreed with Mr Hancock in believing that the excessive outpouring of fluid in the eye, and its over-distension, might be in some way connected with a too energetic and too permanent contraction of the tensor of the choroid, and, therefore, decided upon effecting the complete division of this muscle in the way recommended by the talented London surgeon. As hydrophthalmia existed in both eyes, and was furthermore congenital, the operation was undertaken as a sort of forlorn hope, and with no very sanguine expectation of success. The globe of the eye had attained on either side a volume double that of the normal state, and the amount of vision was nominal only, and utterly insufficient for the purposes of locomotion. The disease completely resisted all attempts at treatment, *one of the means resorted to being paracentesis of the anterior chamber*, performed every fortnight during the space of five months. A fortnight after the performance of Mr Hancock's operation, the patient, a child eight years of age, was able to run about and play with his schoolfellows, the eyesight being inconceivably improved, and the volume of the globe considerably diminished. The testimony of M. Coursserant, added to the already-expressed approbation of M. Desmarres, who has tried the operation in glaucoma, will, I trust, prove a sufficient answer to those gentlemen who have hitherto chosen to shut their eyes to the value of Mr Hancock's method, and who, in their *blind* attachment to iridectomy, have thought fit to condemn, and apparently without trial, a surgical novelty which, in other hands, has yielded, and still does yield, most excellent results.

Whilst on the subject of eyes, I may mention that M. Desmarres possesses at present, at his clinique, a patient with a cysticercus imbedded in the vitreous humour. As the body of the parasite is lodged exactly in the axis of vision, sight is almost lost. Nevertheless, M. Desmarres, warned by M. de Graefe's ill success, declines to interfere; and he is right.

I must not omit to inform you of the purport of a note read at the last sitting of the Academy of Sciences by M. Baillarger, one of our celebrated "alienists" (as the mad doctors stylo themselves), and also one of the physicians of the Salpêtrière. The subject of the communication was, Hypochondriacal Melancholy being one of the most certain and reliable Symptoms precursory of General Paralysis. The Author, in addition to his position at the Salpêtrière, possesses, in an extensive private practice, a large field for the study of mental derangements, and this particular class has specially claimed his attention. All medical men who have given the matter any consideration are agreed in considering this fearful malady (general paralysis) as most insidious in its outset, as being slow and gradual in its development, and as possessing few appreciable preliminary indications, and none, generally speaking, of a character sufficiently distinct and unequivocal to be considered as premonitory of its approach. This distinctive character M. Baillarger claims for the symptom of hypochondriacal melancholy. "The distorted conceptions," says this physician, "of those labouring under hypochondriacal melancholy are, it is true, most varied and capricious; there are, however, certain elements of similitude which act as guides in the recognition of the symptom. One of these is the systematic obstinacy evinced by the patient in himself producing the disturbance of function of which he complains. One man, for example, imagines himself dumb, and resolutely keeps his mouth closed; another, that he is blind, and in the same way refuses to open his eyes; and so on. In all the cases thus primarily affected with these distorted conceptions, and which M. Baillarger has been able to follow up, general paralysis has sooner or later been found to occur with unvarying regularity. The same physician furnishes some facts based on statistics which are not without interest. He has ascertained that general paralysis is met with in the males of all classes of society with an equal frequency; whereas the females of the higher walks of life enjoy a comparative immunity from this form of insanity—an immunity not experienced by females of humbler status.

M. Chatin, one of the participators in the debates at the Academy of Medicine on iodism at the beginning of the year, criticized some of the experiments by which Signor de Luca, Professor of Chemistry at Pisa, has endeavoured to show that the rain-water which falls in that city does not contain iodine. He informed the Academy of Sciences that he (M. Chatin) had not only found that element in the rain-water of Pisa, but also in that of Florence and Lucca, although certainly in smaller proportions than at Paris. He further stated, in reply to the objections made to his tests, that he had found iodine both in distilled water and in potassium taken at the best laboratories, and apparently perfectly pure. He admitted that he was unable to obtain the iodine in its natural state from the water which contained it; but, on the other hand, he announced that he had extracted it from two aquatic plants—namely, the Nasturtium officinale, and the Ceratophyllum demersum; a fact which showed that the water in which they grew must have contained some of this element.—'Lancet.'

UNIVERSITY OF ST ANDREWS.

MEDICAL EXAMINATION PAPERS.

SEPTEMBER, 1860.

FIRST EXAMINATION.—FIRST PART.

TO BE TRANSLATED INTO ENGLISH.

Cognitis indiciis, quæ nos vel spe consolentur, vel metu terreant, ad curationes morborum transeundum est. Ex his quædam communes sunt, quædam propriæ: communes, quæ pluribus morbis opitulantur: propriæ, quæ singulis. Ante de communibus dicam: ex quibus tamen quædam non ægros solum, sed sanos quoque sustinent; quædam in adversa tantum valetudine adhibentur. Omne vero auxilium corporis, aut demit aliquam materiam, aut adjicit, aut evocat, aut reprimit, aut refrigerat, aut calefacit; simulque aut durat, aut mollit. Quædam non uno modo tantum, sed etiam duobus inter se non contrariis adjuvant. Demitur materia, sanguinis detractione, cucurbitula, dejectione, vomitu, frictione, gestatione, omnique exercitatione corporis, abstinentia, sudore. De quibus protinus dicam.

Give the origins or primary meanings of the following words: Astragalus, Blastema, Condyle, Cysticercus, Hemiplegia, Lithotrity, Peroneal, and Scaphoid.

SECOND PART.

Chemistry.—1. Water boils at 212° F. and freezes at 32° F. Is this statement universally true, or only true under certain conditions? What are the corresponding boiling and freezing points in the Centigrade Thermometer? Explain the method of converting degrees from one of these scales to the other. Reduce 100° F. to the Centigrade Scale and 256° C. to the Fahrenheit Scale. In the Arctic Regions would you prefer mercurial or spirit thermometers?

2. What compounds does oxygen form with carbon, hydrogen, sulphur and phosphorus, and what are their respective formulæ?

3. Write down the formulæ expressing the composition of nitre, borax, alum, and corrosive sublimate, and explain the method of obtaining any two of these substances in a state of purity.

THIRD PART.

Materia Medica and Therapeutics.—1. Name the principal medicines which are commonly regarded as diuretics, and describe the modes in which they respectively act. Do these substances increase the aqueous portion or the solid constituents of the urine, or both? What effect upon the solid constituents of the urine is produced by copious water-drinking?

2. Are you acquainted with any substances which have the power of checking the general metamorphosis or disintegration of the tissues? If so, describe them; and explain their mode of action, and the cases in which their administration may be of service.

3. Quinine is sometimes adulterated with one or more of the following substances: gypsum, chalk, boracic acid, sugar, starch, and salicine. How would you detect these impurities?

Supposing that any other acid had been mixed with hydrocyanic acid, how would you detect the adulteration?

How would you determine the strength of any given specimen of hydrocyanic acid?

4. What is the preparation of bismuth that is commonly used in medicine? How is it prepared? What are its uses? Describe the symptoms which would lead you to prescribe it, and write a Latin prescription (without symbols or abbreviations) for a draught containing it.

SECOND EXAMINATION.

Anatomy and Physiology.—1. Describe the muscles which flex the leg upon the thigh.

2. What parts must be removed to expose the pterygoid muscles? Describe these muscles, noticing their relations to adjacent structures, the source from whence they derive their nerves, and their actions.

3. Describe the boundaries and contents of the axilla.

(N.B. Candidates who prefer answering this question fully may neglect the two preceding questions.)

4. What are the respective numbers of the temporary and the permanent teeth? State, as nearly as you can, the period at which you would expect the different teeth to appear. Describe the structures which occur in the composition of a tooth. If you have studied comparative anatomy, you may describe the peculiarities of dentition in the ruminants and in the rodents.

5. Describe the appearance and structure of the villi, and explain the part which they are supposed to take in the process of intestinal absorption.

6. What are the different refracting media of the eye through which the rays of light must pass before they reach the retina? Explain how these different media modify the direction of the rays. What are the conditions giving rise to myopia and presbyopia? Explain the way in which glasses remedy these defects.

THIRD EXAMINATION.

N.B. In answering the practical questions, the examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.

Medicine.—1. State what you know of the general doctrines of the hæmorrhagic affections, especially as to their origin, causes, nature, and varieties; and name the special hæmorrhagic affections.

2. Describe the general principles applicable in the detection of valvular disease of the heart, the diseases to which the valves of that organ are liable, and the means of detecting the particular valves affected, and the nature of the affection.

3. What advantages are gained by a selection of climate for invalids, what affections are likely to be benefited by such selection, and what climates would you select, 1st, for incipient phthisis—2nd, for chronic bronchitis, in this country and abroad?

4. What are the different forms of lithiasis, and what treatment would you adopt in each?

5. A robust young man was seized four days ago with headache and shivering. He went to bed and slept well all night, but on the following morning was seized with pain (severe and stabbing) below right nipple; his pulse then became rapid and skin hot. At the period of observation pulse 108, skin pungently hot, tongue covered with a thick white fur, rubbing sound with fine crepitation below right nipple.

What disease does the patient labour under? What would your prognosis be? How would you treat such a case?

6. A patient æt. 50 is losing flesh and weight rapidly, subject to headache and palpitation; appetite voracious; urine plentiful, sp. grav. 1·040; sample of urine turned claret colour by liquor potassæ.

What is the disease, and how would you treat it?

FOURTH EXAMINATION.

Surgery.—1. What is iritis? What are its symptoms and diagnostic marks, the results if it proceeds unchecked, and the treatment?

2. What is hydrocele? Mention its varieties. With what other tumours of the scrotum might it be confounded, and state how it may be distinguished from them?

3. Describe the various forms of dislocation of the hip-joint.

4. Describe the process of formation of an aneurism. Mention the methods of treatment.

5. A man falls from a height on the top of his head, and is taken up insensible. On examination, no depression or other sign of fracture is found on the surface of the cranium. His breathing is laboured and his eye is insensible to light. He remains unconscious, and his urine and fæces are passed involuntarily. At first blood, then watery fluid flows from the ear. Ultimately he dies comatose.

What injury has been received? Explain how it has been produced, account for some of the most prominent symptoms.

What appearances will probably be found on post-mortem examination?

FIFTH EXAMINATION.

Midwifery.—1. Mention the various circumstances which may make it proper to induce premature labour; and describe the different ways in which this may be effected, stating which you would prefer, and why so.

2. Recount the symptoms and signs of pregnancy, stating the circumstances which may in particular cases obscure the diagnosis.

3. What are the points in the history, the symptoms, and the physical signs of a case, which enable us to distinguish ovarian dropsy from ascites?

4. A woman, on the day after a very severe labour, in which turning had to be performed, had a rigor, which recurred from time to time during the next week, being always followed by perspiration, and accompanied by gradually-increasing asthenic fever. Her pulse was extremely rapid and feeble, her tongue dry and brown, her skin of a dusky yellowish colour; the lochia were fœtid, and the milk suppressed. She became very restless and sleepless, and died before the end of the fortnight, the region of the uterus having been only slightly tender on pressure. What was the nature of her disease, what the morbid appearances to be expected in the dead body, and what treatment ought to have been employed?

PUBLIC HEALTH.—By the Public Health Act of 1858, the Privy Council are empowered to cause inquiry to be made, when they see fit, in relation to the public health in any place; and a Medical officer, Mr Simon, is attached to the Council, and superintends such investigations. His report of the proceedings of 1859, which has recently been issued, deals with several subjects of great interest. Among them is that which has still to be called "the Thames nuisance." In a paper communicated by Mr. Ord, that gentleman describes the symptoms of a poisoning of the nervous system which occurred very generally in the summer of 1858 among persons employed upon the river, and observes that in 1859, when extensive disinfecting operations were carried on at the mouths of sewers, the sulphuretted hydrogen gas was not in proportion sufficient to the production of the symptoms; and he remarks, that if the emanations of a river in so foul a state do not actually originate disease, and, on the other hand, percolations from cesspools into the soil and wells is proved to be highly injurious, then even this stage in the process of purifying London must be accepted as an improvement upon its prevous condition. The putrefactive matter, instead of abiding in a thousand places as a focus of disease, is brought into one large aggregate, where it may be more readily submitted to disinfecting processes, and where it finds in the water of the receiving stream elements which appear to disarm it of much of its destructive influence. Happily this source of disease is destind in a very few years to a much more complete banishment.

Births, Marriages, and Deaths.

BIRTHS.

HOGG.—September 11, at Bedford square, the wife of Jabez Hogg, Esq., M.R.C.S., of a son.

MACKAY.—September 6, at the Royal Naval Hospital, Plymouth, the wife of Staff-Surgeon George Mackay, M.D., of a son.

MOFFATT.—September 25, at Thornhall, Balmout, the wife of Robert Moffatt, M.D., of a son.

O'REILLY.—September 5, at Bishop's Stortford, the wife of Michael O'Reilly, M.D., of a son.

ROWLAND.—September 24, at Bootle, near Liverpool, the wife of Henry M. Rowland, Esq., M.R.C.S., of a daughter.

SYMES.—September 22, at Forston House, Dorchester, the wife of J. Gustavus Symes, Esq., M.R.C.S., Medical Superintendent of the Dorset County Asylum, of a son.

MARRIAGES.

CHAVASSE—COGHILL.—September 19, at Castle Townsend, William Izon, only son of Pye Henry Chavasse, Esq., F.R.C.S., of Priory House, Birmingham, to Anna Georgina, daughter of the late Vice-Admiral Sir Josiah Coghill Coghill, Bart., of Belvedere, Co. Dublin.

EMPSON—RHODES.—September 6, at the Parish Church, Market Rasen, Charles Frederick Empson, Esq., M.R.C.S., of Selby, to Alice, youngest daughter of Thomas Rhodes, Esq., of Market Rasen.

MORGAN—PATERSON.—July 5, at St James's Church, Sydney, C. W. Morgan, Esq., M.R.C.S. Eng., of Newcastle, N.S.W., to Jessie, only daughter of the late J. Paterson, Esq., Captain H.E.I.C.S.

SMITH—HAIGH.—September 26, at Leeds Old Church, William Josiah Smith, Esq., M.R.C.S., to Theresa Haigh, of Newley, near Leeds.

DEATHS.

BEST.—September 23, at Thetford, Marian Eliza, daughter of Henry W. Best, Esq., M.R.C.S., aged 8 years.

BYRNE.—September 6, at Fort Moultrie, Bernard M. Byrne, M.D., Surgeon in the United States Army, of typhoid fever, aged 47. He was a native of Ireland, and emigrated, while quite young, with his parents, to Baltimore, and graduated at the University of Maryland. He was subsequently engaged as Prosecutor to the Professor of Anatomy in Washington College, New York; and afterwards, about 1836, entered the Medical Staff of the Army, serving with great credit through the Florida and Mexican wars. He then served as Medical Director-General on the Pacific coast. He was an accomplished writer, and his Treatise on Cholera was officially approved by the United States Government, and is now used as a text-book in the Medical Department of the British Army. He married the daughter of Colonel Abert, chief of the Topographical Engineers, Washington, and has left a widow and three children.

CRELLIN.—October 1, at Forest hill, Sydenham, Frederick Crellin, F.R.C.S. and M.R.C.S. Eng., L.S.A. Lond., Surgeon R.N., aged 59.

FINNEY.—September 24, at Newburn, Northumberland, Dr Thomas Finney, aged 65.

HOLT.—September 29, at Enfield, Middlesex, William Henry Holt, M.D., M.R.C.S. Eng. 1802, aged 77.

HOWARD.—September 15, at Mornington road, Regent's park, William Lucy Howard, M.D., aged 38.

MACAULAY.—July 15, at Odin Bay, China, on board the hospital ship 'Mauritius,' of dysentery, Robert Welbank Macaulay, Surgeon, Bengal Medical Service, youngest son of Dr Alexander Macaulay, of Edinburgh, aged 37.

TOLDERVY.—September 4, suddenly, the result of an accident, James Bailey Toldervy, M.D., of Fredericton, New Brunswick, aged 52.

LONDON HOSPITALS.—Count Karsakoff having been deputed by the Emperor of Russia, to whom he acts as Aide-de-Camp, to make inquiries as to the management of the finances and establishments of the various hospitals and charities of London, has expressed in the public journals his thanks for the full information courteously accorded to him.

MEDICAL NEWS.

Royal College of Physicians.—At the ordinary quarterly Comitia, held on Tuesday, the 2nd inst., the following gentleman, having undergone the necessary examination, was admitted a Member of the College:—James Price, M.D., Brixton. The following gentleman was also admitted a Member of the College, having been previously elected under the temporary bye-laws, now expired:—Edward Langdon Bryan, M.D., Brighton.

Apothecaries' Hall.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on September 27th, 1860:—George Barker, Totteridge, Herts; William Joseph Callon, Liverpool; Richard Davy, Chulmleigh, North Devon; William Frederick Ryall, Plymouth; Henry William Williamson. The following gentlemen also on the same day passed their first examination:—Robert Cotterill Garner, Stoke, Staffordshire; John Valentine Laverick, Winderwell, Yorkshire. As an Assistant:—Robert Downes, London.

University of St Andrews.—List of Gentlemen on whom the degree of Doctor of Medicine was conferred, 28th September, 1860:—James Veitch Adam, L.R.C.S. Ed., Wooler; John Baxter, L.R.C.S. Ed., New Brunswick; Samuel Dougan Bird, M.R.C.S. and L.A.C., Richmond, Surrey; Charles Henry Bennett, L.A.C., Hammersmith; Charles Corbett Blades, M.R.C.S. and L.A.C., London; Robert Harrison Bowness, L.R.C.P. Ed. (by exam.), Lancashire; William Braithwaite, M.R.C.S. and L.A.C., Leeds; Alfred Frederick S. Clarke, L.A.C., Manchester; James Edmund Dawson, M.R.C.S. and L.A.C., Liverpool; George Downs, F.R.C.S., Stockport; Wm. Louis Dudley, M.R.C.S and L.A.C., Dudley, Worcestershire; William Edger, M.R.C.S. and L.A.C., Nether-Stowey, Somerset; William Galgey, Belfast; William Goldie, L.R.C.S. Ed., Lanarkshire; Octavius Charles Harvey, M.R.C.S., Jamaica; Nathaniel John Haydon, M.R.C.S. and L.A.C., L.R.C.P. Ed. (by exam.), Bovey-Tracey, Devon; Edmund John Hoskins, M.R.C.S. and L.A.C., H.M. Indian Service; John Hughlings Jackson, M.R.C.S., Green-Hamerton, Yorkshire; Harry Pike Major, M.R.C.S. and L.A.C., Hungerford, Berks; Edward Hooper May, F.R.C.S. and L.A.C., Tottenham, Middlesex; Richard Metcalfe, M.R.C.S., Hawes, Wensleydale, Yorkshire; James Part, F.R.C.S. and L.A.C., London; Geoffrey Pearl, M.R.C.S. and L.A.C., Windsor; Robert S. Peart, M.R.C.S. and L.A.C., Tynemouth, Northumberland; Thelwell Pike, M.R.C.S. and L.A.C., Weyhill, Hants; Senjee Pulney Andy, Madras; George Ross, M.R.C.S. and L.A.C., L.R.C.P. Edin. (by exam.), London; Charles Royston, M.R.C.S., L.A.C., L.R.C.P. Ed., London; Edmund Shaw, M.R.C.S. and L.A.C., Trinidad; William Stanfield, M.R.C.S. and L.R.C.P. Ed., Oldham; Henry C. Stevenson, L.R.C.S. Ed., N. Brunswick, B.N.A.; Daniel Robert Thompson, Madras; John H. Tylecote, L.R.C.S. Ed. and L.A.C., Heywood, Staffordshire; Robert George Watts, M.R.C.S. and L.A.C., Clifton, Bristol; John Williams, M.R.C.S. and L.A.C., Doncaster; John Williams, M.R.C.S., Brecon.—The Degree of Bachelor of Medicine was also conferred on John Robinson, B.A. St Andrew's, Runcorn, Cheshire.

Royal College of Surgeons.—The Library and Museum of this institution are re-opened.

Cambridge University.—The examinations for medical degrees in the ensuing term at Cambridge will commence on Monday, the 12th of November, at nine a.m., in the Arts School.

Radcliffe Infirmary, Oxford.—The Governors have received the sum of 164*l.* from the Duke of Marlborough towards the support of the above institution. The money is part of the proceeds arising from the fees paid by visitors to the palace and gardens at Blenheim, the whole of which is generously devoted by his Grace to kindred philanthropic objects.

Melville Hospital.—On a recent visit to this establishment by Miss Nightingale, that lady pronounced the Melville Hospital to be in every respect the best of the Naval or Military Hospitals in this kingdom. Before leaving Melville, the First Lord of the Admiralty intimated to the principal Medical Officer his satisfaction at the result of the inspection.

The Cholera.—By an order of the Board of Health, of Sept. 14th, Tangier is considered as suspected of cholera morbus, and the other ports of Morocco continue to be classed as infected.

Surgeons Not Wanted.—The Manchester guardians have decided upon reducing the number of relief and medical districts from seven to five, in consequence of the decrease of pauperism. Two of the surgeons have resigned, and it is not intended that the vacancies shall be filled up.

The Prisons of Naples.—It is reported (credat Judæus Apella!) that one of the decrees issued by the new Government in Naples appoints a commission of advocates—not one medical man—for the improvement of the sanitary condition of the prisons. Have not long years of Bourbonism left bad laws enough to occupy the reforming energies of the Italian bar?

The Health of the Miner.—Recent deductions from tables, showing the duration of the life of the miner, prove that at the age of 20, miners experience an average of 46 per cent. of sickness more than the general class; at the age of 30, they show 70 per cent.; at 40 years, 78 per cent.; at 50 years, 76 per cent; and at 60 years, 53 per cent. more than the ordinary class of lives. It has been ascertained that in Cornwall 61 per cent. of the miners die of diseases of the chest, and only 31 per cent. of the rest of the population.

Effect of Music on the Sick.—The effect of music upon the sick has been scarcely at all noticed. In fact, its expensiveness, as it is now, makes any general application of it out of the question. I will only remark here, that wind instruments, including the human voice, and stringed instruments, capable of continuous sound, have generally a beneficial effect—while the pianoforte, with such instruments as have no continuity of sound, have just the reverse. The finest pianoforte-playing will damage the sick, while an air like "Home, sweet Home," or "Assisa al pié d'un salice," on the most ordinary grinding-organ, will sensibly soothe them—and this quite independent of association.—*Florence Nightingale.*

Dr Rufz, Director of the Garden of Acclimatization, established at Boulogne, has presented to the Academy numerous parasites found in foreign animals:—a leech found in the throat of a black stork; a tænia in the intestines of an ostrich (an animal which, according to Buffon, was free from parasites, &c.)

Liverpool Infirmary School of Medicine.—This school was opened on Monday by an excellent address from Dr Gee. At the close of the lecture the chairman briefly addressed the students, congratulating them on the choice they had made of a Profession, and urging them by their good conduct to uphold the character of the institution. He then proceeded to distribute the prizes awarded during the past session. The first prize was a gold medal, awarded after an examination in every subject taught in the school, and to the possession of which is attached the privilege of residence for a certain period in the Royal Infirmary. This prize was gained by Mr Jasper Capper, who had obtained a larger number of marks in almost every department than had ever been obtained before. The other prizes were as follows:—Surgery—(Lecturer, Mr Long): Silver Medal, Mr Capper; Certificates, Mr Ricketts and Mr Sheldon. Medicine—(Lecturer, Dr Inman): Book prize (equal), Mr Thoruburn and John K. Kenyon. Anatomy and Physiology (Senior Class)—(Lecturer, Mr Fletcher): Medal, Mr Capper; Certificates, Mr Ricketts and Mr Thornburn. Anatomy and Physiology (Junior Class)—(Lecturer, Dr Waters): Medal, M. G. B. V. Nash; Certificates, George S. Kenyon and Mr Jackson. Chemistry—(Lecturer, Dr Edwards): Medal, Mr Thomas Bird; Certificate, Mr Johnstone. Midwifery—(Lecturers, Mr Batty and Dr Grimsdale): Medal, Mr George S. Kenyon; Certificate, John K. Kenyon. Materia Medica—(Lecturer, Dr Nevins): Medal, Mr George S. Kenyon; Certificate, John K. Kenyon. Botany—(Lecturer, Dr Collingwood): Book Prize, Mr R. Lupton; Book Prize for Collection of Plants, Mr Isaac Thompson; Certificate of Honour for ditto, Mr William Cross. Practical Chemistry—(Lecturer, Dr Edwards): Book Prize, Mr John Eaton.

Scottish Lunatic Asylums.—The District Lunacy Boards of Fife, Perth, and Argyle, after suspending operations in the expectation of an amendment of the law, have, it is understood, again resolved to proceed with the erection of local asylums. Although the Scottish Act was passed three years ago, the Boards have delayed action until the present time, seeking the aid of the Legislature in various matters connected with the size of the districts, mode of assessment, and machinery for the committal of the insane to custody. This delay is to be regretted in the interest of the patients, many of whose disorders have thus had time to become chronic and confirmed. In Fife and Argyle, accommodation will be required for about 200 inmates for each of these districts. Beautiful sites are said to have been secured, and the works to be in progress. The Perthshire Board have also purchased about sixty acres of ground for about 2500*l.* to receive a similar number. Inverness has secured a good site, and will probably be joined by Caithness. It is thought that Orkney and Shetland, from their great steam intercourse with the Lothians, will join some of the establishments near Edinburgh.

Garibaldi's Sick and Wounded.—"I am sure that any information connected with the Military Hospitals of Naples and Sicily will be read with interest by my benevolent countrywomen. From Sicily, then, the news is bad. Pernian fever has made its appearance in Barcelona, and four of the Genoese Carbineers have fallen victims. All the patients are therefore to be removed to Palermo, where Miss Middleton has already given, and may yet give, invaluable services. A Central Hospital is to be formed in Naples. I am requested to announce the receipt of a large number of cotton sheets, bearing the address of 'Campbell, London,' and part of them I have seen. I am also requested to ask who sent fifteen cases of instruments, and what has become of them, as they have not turned up. They would have been invaluable in Sicily."—'Times.'

Sir Benjamin Brodie, Bart.—It affords us much gratification to state that, notwithstanding the failure of the operation of which this distinguished surgeon was lately the subject, the worthy baronet is sufficiently well to walk out without a guide, and that he is now at a watering place on the south coast, with a view to obtain a complete restoration of his health.

The Army Medical Service.—The great improvement which has been made in the pay and position of the Medical Officers of the Army appears to have had the effect of attracting a large number of candidates to that branch of the public service; and we understand the applicants are so numerous as to enable the authorities to give the preference to those gentlemen who possess a diploma in Surgery and a degree in Medicine, over those who hold merely a *licence* to practise Medicine and Surgery. We recommend, therefore, all aspirants for the Army Medical Department so to conduct their studies as to enable them hereafter to obtain from the bodies legally entitled to grant such in this country, diplomas in Surgery and degrees in Medicine, and not content themselves with educating for the pass examinations required by those bodies which grant *licences* only.

A Village of Arsenic-eaters (?)—A stream called Whitbeck, rising in the Blackcombe Mountains, in West Cumberland, contains arsenic in determinable quantity. The arsenic is most probably derived from veins of arsenical cobalt ore, through which it percolates; for a few yards above the source of the stream there is the entrance of a mine, which is very rich in arsenical ore. The arsenical water is habitually used for every purpose by the inhabitants of the little village of Whitbeck, and with beneficial results so apparent that one might be justified in paradoxically characterising it as a very wholesome poison, the deadly elements in dilution being productive of the most sanitary effects! Ducks will not live if confined to the Whitbeck; and while trout abound in all the neighbouring rivulets, no fins are ever found in the arsenicated stream. But its use by the villagers does not give rise to any symptoms of arsenical poisoning, but rather to the effects which are observed in Styria among the arsenic-eaters there. When the railway was being carried past Whitbeck, the first use of the water produced the usual marked effects on the throats both of the men and horses employed on the works. The soreness of mouth from which they at first suffered, soon, however, disappeared, and the horses gave rise to that sleekness of coat assigned as one of the effects produced by the administration of minute but repeated doses of arsenic. It is a question how far the rosy looks of the Whitbeck children, and the old age which a large proportion of the inhabitants of the village attain, are to be attributed to the arsenic present in the water.—'Westmoreland Gazette.'

NATURAL ATTEMPT OF CURE OF TUBERCULAR PHTHISIS.

DISEASE RENEWED BY AN ATTACK OF CONFLUENT SMALL-POX — DEATH FROM HÆMORRHAGE—POST-MORTEM APPEARANCES.

By JOHN GASON, M.D., A.B., &c.,
Practising Physician at Rome.

I now come to a case equally interesting to the physician, though unfortunately terminating unfavourably. However, the result of the post-mortem examination proves the truth of what many unprejudiced physicians of the present day are fully convinced of—that phthisis is curable. I shall make some remarks on both cases in conclusion.

Dr B., æt. twenty-eight years, married, of a nervo-sanguineous temperament, and very irritable, had for several years past frequent attacks of spitting of blood, cough attended with considerable expectoration, night sweats, and all the signs and symptoms of tubercular phthisis. He had been under the care of the late Dr Pritchard, in England, who recommended him to go to Italy, where he improved very much in health. In January 1849, he was attacked with confluent variola. He had been vaccinated when a child. The attack was a very severe one: the eruption completely covered the palate of the mouth, fauces, and conjunctiva; but it proceeded regularly, and he had but slight secondary fever. He had much cough during the attack, but he recovered rapidly. During the summer of 1849 he continued tolerably well, except that he had more cough than usual, which had never quite ceased, but gave him very little annoyance, and was attended with little expectoration. He complained more than usual of difficulty in walking up stairs; he regained his strength, however, and felt better for a change to the neighbourhood of the sea. During the winter of 1850 he began to feel pain in his chest, and had more difficulty of breathing; his cough was more troublesome, and there was more expectoration; but he had no hectic symptoms, and his appetite was good, and he thought himself improving in health, when, in the month of March 1851, he was suddenly seized with spitting of blood to a considerable amount, which, however, stopped soon, but returned at times for the next ten days, when he began to feel his strength rapidly giving way, and his breathing becoming more oppressed, so as not to allow of his lying down in bed. He gradually sank, and died on the 31st March, 1581.

Post-mortem Examination.—The external appearance of the chest was very much distorted; the right side projected very much, forming what is called chicken-breast. The left side was very flat, and smaller than the right side. On opening the chest, by dividing the cartilages of the ribs, and raising the sternum, I found the mediastinum drawn very much to the right side. The left side of the thorax was much smaller than the right, particularly in the superior third, where the ribs were very much flattened. The pericardium and its contents occupied almost exclusively the lower portion. Very strong and old adhesions connected together the pleura of this side, as well as the lobes of the lung. The left lung was much hepatised, except in the inferior third, which was slightly emphysematous, with hard tubercles scattered throughout this portion. The lung was not half the size of the right. Its external surface was of a dirty white colour, and in various spots appeared raised, which, on being cut into, were found to be cavities whose external walls were very thin, and formed of thickened pleura. Into some of these a large bronchial tube opened, while others were formed only of ruptured tubes. These were mostly on the anterior surface. When the cavities were washed, the walls were of a white colour. The superior and external surface of this lung was dark, friable, and contained several small abscesses. There were also eight or ten small shut cavities in different parts of this lung, lined by a thick membrane, and containing a little colourless fluid. Some of these cavities were about the size and shape of a kidney bean, while others were round. The right lung was of a dark red colour, externally mottled with purple spots in size that of a split pea. On opening this lung, from the trachea downwards, I found the mucous membrane much inflamed, and thickened throughout its whole extent. In the superior and external third of this lung, there was a dark portion in size about that of a walnut. In the middle of this was an ulcer, and in the centre of the ulcer an artery, about the size of a small crow-quill, partially divided, and entangled in what appeared to be cellular membrane. This had been evidently the seat of an effusion of blood. There were several small ulcers in different parts of this lung, as well as several cartilaginous tubercles. The right lung was in the most part healthy, except in the upper third, as before mentioned, and in its inferior edge, in which there were five or six hard tubercles. The bronchial tubes were much increased in thickness. Adhering to this lung, and posterior to the bifurcation of the trachea, were five hard glands, the size of kidney beans. On opening the pericardium, I found in it more than six ounces of a clear, amber-coloured fluid. The heart was increased in size, the walls of the right ventricle were thin, the auricles much engorged with a quantity of very dark grumous blood, and in the ventricles were large masses of sanguineous concretions free from the colour of blood. All the abdominal viscera were healthy.

Is pulmonary phthisis curable? This is an interesting question for the practical physician, and is probably that which he generally puts to himself when called to see a patient labouring under this disease. Some years since it would probably have been answered in the negative; but now few, if any, physicians can pass many years in practice without being able to record cases of recovery. The statement made by Andral, in his 'Clinique Médicale,' appears to me untenable,—"that though tuberculous cavities may cicatrise, still, that in the great majority of cases this cicatrisation is scarcely of any use to the patient, in consequence of the simultaneous existence of a great number of other tubercles, and that the obliteration of a cavity can only be advantageous in the case where there was but one tubercle." On the contrary, I have frequently witnessed persons recover whose cases presented as evident signs of tubercular phthisis as did either of the above-mentioned. Neither can I agree with Laennec, that it is impossible to cure phthisis in the first stage. The case of Dr B. clearly manifested tubercles in their various stages, some of which had ceased to possess any vital action. We frequently see cases of consumption progressing favourably—the attendant fever subsiding, the expectoration diminishing, and the functions re-assuming a healthy action,—when the patient is attacked by some disease—such as small-pox, measles, influenza, and the like—and the disease, which had been dying out, is again set up. We must look on these cases, however, as accidental, which may be avoided under certain circumstances, and unconnected with the disease itself. I believe that if taken at an early date, and treated with due regard to its signs and symptoms, phthisis may, in very many cases, be arrested, and the constitution at the same time so much improved as to allow of its removal altogether from the system.

We daily see cases recorded as being cured by such-and-such a remedy. Why should we close our ears entirely to their truth, because the same result is not found to follow in cases which we may have the care of? The reason appears to me to be very plain—that, having a preconceived idea of the hopelessness of the disease, medical men have recourse to one universal treatment for a disease which may depend on very widely different causes.

For my own part, I have been long convinced that the cure of phthisis is generally ascribable—1st, to the removal of the irritation which so frequently accompanies the formation of tubercle; 2ndly, to the replacing in the economy of some element which it may have been deprived of, which is necessary for the prevention of the deposition of tubercle, or for its elimination from the system; and, lastly, to the supplying of the system with suitable nutriment. The two cases which I have given show some of the very interesting means which Nature adopts to rid herself of this disease; and I would class them as resolution, and ulceration, and cicatrization. And here all the endeavours of the physician should be directed to ascertain in what way Nature is endeavouring to relieve herself, and no treatment should be adopted which can possibly interfere with this process. Many points of great interest may be remarked in these two cases; for though that of Dr B. terminated fatally, still the post-mortem examination exhibited manifest proofs that tubercle may be removed, or rendered perfectly inert. I look on the destruction of his life by hæmorrhage as an accidental circumstance: the vessel engaged was a large one, and, probably, circumstances might have occurred momentarily to excite the circulation. In his case, ocular proof was had of the means which Nature takes to cure phthisis. In both of these cases, Nature acted, in the one by excreting from the blood a large quantity of fluid, and in the other by the occasional discharge of blood from the immediate neighbourhood of the disease itself, thus relieving the irritation which surrounded the tubercle. I could bring forward many cases of the cure of phthisis, were it not that it would pass the limits which I have allowed myself at the present time; but I may on a future occasion revert to the subject.

Rome, May 29, 1860.

CARCINOMA OF PYLORUS.

By J. HUNTER, Esq., M.R.C.S.E.

The following illustrates very well those cases in which the stomach becomes the seat of carcinoma, and the patient ultimately dies of the disease, without any marked symptoms being manifested during life:—

I was sent for to attend Mrs B——, æt. 61, residing in London, of healthy, robust appearance, excepting a slight sallow tinge of countenance; she has generally enjoyed good health, but has been twice attacked with jaundice. For the past three months her friends have noticed her complexion to become more yellow; she has herself complained occasionally of some little annoyance after meals, which she attributes to indigestion, but never had any vomiting previous to the present attack; appetite usually very good. She now suffers from no particular pain, unless when taking solid food; subsists, now, therefore, entirely on fluids; vomiting and retching constant, bringing sometimes upwards of four pints of clear, limpid, insipid fluid off her stomach at one time: this has been the case, more or less, for three weeks. Alkalines were prescribed, but with no good result. Bismuth and hyoscianus were alike useless. After a consultation with Dr Steggall, calomel was given in grain doses every hour, with opium. This, however, did not effect any abatement of the symptoms, and she gradually sank; the vomit for the twenty-four hours preceding death was of a dark coffee-colour. The friends having kindly permitted a post-mortem examination to be made, the following was the result:—The body was not at all emaciated—rather the reverse, but of a somewhat sallow hue generally. On opening the abdomen, the omentum was found loaded with fat; the stomach enormously distended and firm, with fluid similar to the latest vomited; its coats much congested and attenuated; the structure of the pylorus considerably thickened, and on being cut into, found to be of the consistence of brawn; the orifice and canal leading into the duodendum very much contracted and rigid. The liver and spleen smaller than natural, congested, and breaking down very easily under pressure of the finger: the other organs were healthy.—I cannot ascertain that any relations of the above patient have at any time been affected with cancer; this, coupled with the fact that all the other organs of the body were entirely free from this disease, may give rise to the supposition that it was really a case of simple hypertrophy of the tissue forming and surrounding the pylorus; but from its appearance on section, not showing the parallel white lines so noticeable in the hypertrophical condition of the part, and the peculiar feeling imparted whilst cutting it, I am led to deem it undoubtedly a case of carcinoma. Not being allowed to remove any part, I was unable to avail myself of that most valuable of all tests, the microscope.

Hart street, Bloomsbury square, Sept., 1860.

THE SPIRIT OF THE PERIODICALS.

The present number of the 'Lancet' opens with a report of Mr GRAINGER's Introductory Lecture, which is followed by a continuation of Mr HANCOCK's paper on the *Division of Ciliary Muscle in the Treatment of Glaucoma*. We extract the following portions of the article :—

"Let us, in the next place, examine the results of the operation of iridectomy, according to the published reports of Dr Bader. These operations having been performed at Moorfields, we may confidently assume that they are not obnoxious to Mr Hulke's objection of having been 'practised in cases which were not true instances of this disease' (glaucoma).

"Of 107 cases, 16 are admitted to have been injured by the operation. The eyeball in several cases had to be extirpated after the operation, in consequence of hæmorrhage and the escape of vitreous humour. The suspensory ligament of the lens was ruptured in others, and the vitreous humour escaped ; in one case, from difficulty of seizing the iris, the vitreous humour, with the hyaloid fossa and lens, escaped, followed by half an ounce of blood.

"Of 72 cases, bleeding from the iris into the anterior chamber occurred in twelve, in one case beginning a quarter of an hour, in another a day, after the operation, the latter being followed by suppuration of the globe ; and one case required a counter-puncture, to allow the blood to escape.

"In three cases, hard portions of transparent lens escaped at the time of operation. In another, the lens and capsule, with about one-third of the vitreous humour, escaped through the wound six hours after operation. Some portions of the lens escaped in another case, and some vitreous humour also while removing the remainder of the lens with a scoop ; whilst in seven cases the lens became opaque, without any fragments escaping. The opaque lens, however, was subsequently extracted favourably in several of these cases.

"We are indebted to Dr Bader's candour for these results. We search in vain for any mention of them in Mr Hulke's paper, although it would not be too much to expect that some allusion would be made to them in a paper devoted especially to glaucoma and its surgical treatment.

"Dr Bader's tables include the result of operations upon 84 eyes. Of these—

2 were not so well after operation.
36 were not benefited.

"Of the remaining 46, at the time of operation—

"7 had no perception of light. Of these—
5 recovered perception of light.
2 recovered the power of recognising fingers, one being also able to distinguish distant objects.

"22 had perception of light in degrees varying from faintest, faint, fair, to actual perception. Of these—
3 recovered improved perception of light in portions of the retina only.
5 recovered improved perception of light.
1 recovered the power of recognising objects by a portion of the retina only.
9 recovered the power of recognising objects.
4 recovered the power of reading : 2 small, 2 average type.

"6 had perception of light by portions of the retina only. Of these—
1 was somewhat better.
2 obtained perception of light by whole retina.
2 recognised objects by portions of retina.
1 recovered the power of reading type of average size.

"6 had perception of objects. Of these—
2, who had perception of large objects, were improved.
1, who could see small objects, such as keys, could read average type.
1, who could count fingers, acquired the faculty of reading small type.
2, who had no perception of distant objects, and could only count fingers with difficulty, recognised fingers and distant persons.

"4 could read large type. Of these—
1 was improved.
1, accommodating at from 3 to 10 inches, reads average print.
2 recognise distant objects, and read average type.

"1 patient could see, but not read, large type : reads large letters, and tells the time on a distant clock.

"I have now to offer a few observations upon the results of my operation up to the present time.

"I also propose to add the present condition of several patients upon whom my operation was performed some months since ; and I do this with the greater confidence since Mr Hildige, in commenting upon the operation when first announced, fell into the error of assuming it was mere paracentesis, which, he asserted, produced merely temporary benefit, the symptoms returning in from one to three months ; whilst it has been expected that the Profession would accept and become devotees to the operation of iridectomy from a number of operations, the results of which are calculated at the comparatively short interval of from two to three weeks from the time of operation.

"I have always felt that Mr Hildige's objection possessed great weight, and my attention has consequently been carefully directed to this point, and the result has been to strengthen me very considerably in my original conviction, that my operation did not relieve by evacuating fluid, but by removing constriction. I scarcely know of a single instance in which the patient was benefited immediately, or even shortly after the operation, experiencing the disappointment of a relapse ; whilst, on the contrary, in very many instances, the relief has been so gradual that, for some three or four weeks, it has been scarcely appreciable.

"The class of cases in which improvement is most rapidly manifested, is that of acute and subacute glaucoma, and what has been termed 'evanescent obscurations.' In chronic cases, and those of total blindness, or where a mere perception of light has remained to the patient, the improvement has been of much more tardy manifestation, rarely taking place under a fortnight from the operation, after which it usually increases, and rarely, if ever, recedes.

"The great value of this operation seems to me that, by an almost painless proceeding, however severe the previous suffering has been, the pain is almost invariably removed. Not only is this the case, but, if fairly tried (which I am justified in asserting it has not been by those who appear to be so anxious to disparage it), it will be found that whilst capable of effecting an equal amount of good as 'iridectomy,' it is free from the danger and objections attending this operation. For instance—

"*a.* It is much more easily and rapidly performed, and the incision made into the eyeball is much smaller.

"*b.* The operation is attended with so little pain, that there is no necessity for chloroform ; the sickness and accidents resulting therefrom are consequently avoided.

"*c.* As the eye does not require to be fixed by forceps, the danger of lacerating the 'rotten' conjunctiva, or of rupturing the suspensory ligament of the lens, is likewise avoided.

"*d.* The incision is made at once by a Beer's knife, and does not in any case require to be enlarged by scissors.

"*e.* As the incision commences at the margin of the cornea, and is carried obliquely into the sclerotica away from the cornea (not backwards and inwards towards the axis of the globe, as erroneously stated by Mr Hulke), and as the iris is left intact, and is not to be seized by the forceps nor drawn out by a hook, there is no danger of the lens escaping, being broken up, or so injured as to cause traumatic cataract.

"*f.* The integrity of the iris being preserved, the operation is not necessarily or even beneficially restricted to the upper segment of the cornea, in order to obtain the compensatory support of the upper lid. The patient, moreover, retains the power of adapting his vision to near objects ; and in the majority of cases there is no permanent disfigurement of the eye, or coloboma iridis

"*g.* The iris not being injured, hæmorrhage from its lacerated edges cannot occur ; thus it can neither be necessary to employ a scoop to remove the blood, nor to make a counter-opening to admit of its escape.

"*h.* The incision is so small, that it is impossible for the lens or the vitreous humour in any quantity to escape through it. The necessity of extirpating the eyeball, therefore, from either of these causes, or on account of hæmorrhage, as I have already shown, cannot by any possibility occur.

"*i.* It relieves pain by the removal of the constriction of the eyeball, and the consequent pressure upon the nerves from the undue constriction of the ciliary muscle.

"*j.* By it the impediment to circulation through the bloodvessels is got rid of ; they are placed in a favourable condition to recover their normal state, and the probability of a recurrence of the effusion is greatly diminished.

"*k.* Where it fails, it does so little damage to the eye, that iridectomy may subsequently be performed, if considered beneficial to the patient.

"We have seen that Dr Bader gives the account of 84 eyes operated upon, and the results at the end of from two to three weeks were—

2 not so well as before ;
36 not benefited ;
16 recovered perception of light ;
18 recovered perception of objects ;
12 possessed the power of reading, but of these 5 could read large type before the operation.

"On the other hand, since its introduction in September, 1859, my operation has been performed on 31 patients suffering from glaucoma, and the result of these operations has been that—

10 were not benefited, they remaining in the same condition as before the operation ;
6 recovered perception of light ;
5 recovered the perception of objects, being able to discern keys, pencil-cases, tell the time, &c. ;
10 recovered the power of reading, none of them being able to distinguish a letter, even, at the time of operation.

"I here subjoin an abstract of the last fifteen cases, merely observing that the operations performed for the relief of hydropthalmia, staphyloma, and conical cornea have not been included here, as it is my intention to publish them at some future period.

"*Case* 1. — H. M——, aged forty-four, admitted into the Royal Westminster Ophthalmic Hospital in October, 1859. Of tolerably healthy appearance, but suffered from great nervous depression. The pupils were dilated ; eyeballs hard and large, but free from pain. He was quite unable to go about without assistance, and could not read a letter. The only period at which he could see was early in the morning, just after he awoke from sleep. Upon these occasions objects seemed dim—not single, but doubled, trebled, and quadrupled. His sight was good until four years ago, when it became dim ; two years afterwards he began to see double, at which time he commenced work at a cheesemonger's shop, at gaslight. Impairment of sight increased until two months before admission, when sight became totally absent.

"On October 14th Mr Hancock divided the ciliary muscles of both eyes. His eyeballs became much softer to the touch, and lost the tense feeling which they before possessed.

"He left the hospital on the 1st of November, being very slightly, if at all, improved.

"September 12th, 1860 (eleven months after the operation).—He came to the hospital to-day by himself. The pupils are now of the natural size and shape, and the irides act freely. Has now only single vision. He says that he has several times this summer been into the country by himself ; that last summer he was so blind that he could not go anywhere without being led. Can now read small pica print without the aid of glasses, and tells the time on a watch readily.

"*Case* 2.—S. B——, aged sixty-two, admitted October 3rd, 1859. Acute glaucoma of the left eye. She first experienced pain in the eye seven days previously, and having had to work very hard as a washerwoman, the pain became most violent, preventing her sleeping at night, and extending to the temple and over the brow. The eyeball is very hard, exquisitely tender to the touch, and presents the usual external appearances observed in glaucoma ; the lens is opaque, and of a greenish colour ; the pupils dilated and irregular ; her countenance is very pale, and in-

dicative of great suffering. She can barely distinguish light from darkness.

"October 7th, 1859.—Mr Hancock cut through the ciliary muscle. The pain was entirely relieved by the operation, and did not recur during the fortnight she remained in the hospital.

"Jan. 2nd, 1860.—The patient came to the hospital to-day, and says 'she can now see with the eye as ever, she said,' and is able to follow her employment.

"Sept. 19th (eleven months after the operation).—Her sight still continues good. She says she can read the newspaper without any difficulty.

"*Case* 3.—H. C——, aged fifty, washerwoman, admitted Jan. 11th, 1860. Sub-acute glaucoma. Ten years ago, the right eye became swollen, red, and painful, she having been previously subject to rheumatism. The pain in the course of time ceased, but she never perfectly recovered the sight of the eye. A similar attack, attended with flashes of fire before the eyes, occurred six years ago. As upon the previous occasion, the pain was got rid of; but the sight has ever since been much impaired. The eyeball is pyriform in shape, and the cornea contracted in its diameters and conical. A marked depression or groove runs round the eyeball, corresponding to the ciliary muscle, the eyeball being constricted at this point; the choroid shows darkly through the thinned sclerotic; the lens is opaque, the globe very tense, and an arcus senilis surrounds the cornea.

"Jan. 13th.—Mr Hancock divided the ciliary muscle.

"Feb. 14th (one month after the operation).—The eye has now the appearance of the sound eye; the sight is excellent, and she has the power of adapting the eye as easily to near as to more distant objects.

"Sept. 18th (eight months after the operation).—The sight of the eye is equally good as at last report. She says she has now her usual sight, and can read the newspapers.

"*Case* 4.—C. B——, aged fifty, admitted on the 25th of January. Cataract and glaucoma. Nine years ago, she had an attack of inflammation in the right eye; after which the sight of the eye gradually failed, until, in a few months, it entirely left her. Four years ago, her left eye became gradually dim and misty, and she saw coloured rings surrounding the candle. She never had any pain in the eye. She is now quite blind with her right eye, unable to distinguish light from darkness. The lens is completely opaque, of a deep yellowish colour, and dislocated, its upper margin being directed backwards, whilst its lower rests against the iris, which is immovable. The left eye is glaucomatous; the globe is hard, and the lens of a greenish colour; the iris bulging forward, insensible to light, and the pupil dilated and irregular. She is unable to distinguish the largest print, but she can see faces indistinctly, and if the hand be held up before her eye she can with difficulty count the fingers.

"March 2nd.—Mr Hancock divided the ciliary muscle in the left eye.

"23rd.—Can discern faces and objects held before the eyes better.

"*Case* 5.—J. C——, aged fifty-seven, admitted on the 15th of February, 1860. Glaucoma (chronic). Has almost completely lost the sight of the left eye, being just able to perceive light; has occasional pain and flashes of light in the eye; the eyeball is hard; the pupil insensible to light; humours turbid, with some opacity of the lens, so that the retina and choroid cannot be seen; there is a distinct greenish reflection from the pupil; the cornea is not prominent, but is rough on its surface, though transparent; if placed opposite the light, he can tell if a dark body be moved before his eyes, but cannot distinguish its form.

"Feb. 17th.—Mr Hancock divided the ciliary muscle in the left eye.

"March 1st.—To attend as an out-patient. There is no apparent improvement.

"Sept. 14th (seven months after the operation).—Can discern a pencil-case and watch when held before him; can also discern people and the colour of their clothes."

Mr BROKE GALLWEY relates in the same journal the following case of *Sanguincous Meningeal Effusion*:

"Under the above heading, Dr Wilks has lately produced, in the 'Guy's Hospital Reports,' an able and practical paper, that has an intimate relation to much that we meet with in the domain of cerebral pathology. I avail myself of his introduction of this subject to the Profession to bring the following case under the notice of your readers:

"Gunner J. M——, Royal Artillery, aged twenty-six, was brought into the hospital here at nine a.m. on the morning of the 18th of May, in a state of partial insensibility, having been picked up the preceding night by the picket in a public-house, on the ground-floor of which he was reported by the landlord of the same to have been lying insensible from four p.m. of that day. Very naturally considered by the sergeant of the guard, into whose hands he was consigned by the picket, to be only "dead drunk," he was deposited on the floor of the lock-up room until the morning after, together with the other worthies consigned to his care, in the different stages of oblivion to which the weakness of their heads or strength of their finances had brought them. I must plead guilty to having at once endorsed this view of the man's complaint, especially as he exhaled a strong effluvium of rum, and discharged a quantity of this fluid from his stomach immediately after admission into the hospital. He was capable of being roused, and even of responding to questions when loudly proposed to him, but immediately after would relapse into unconsciousness. His pupils at this time were of natural size, though sluggish; pulse oppressed, and somewhat slow; skin nowise remarkable. Having due regard to his immediate antecedents, the patient was put to bed, and merely ordered to be watched. Nothing remarkable transpired during the first twenty-four hours after admission; but at the visiting hour of the day after, some ptosis of the right upper eyelid attracted attention, with eversion of the corresponding eyeball; and now also the grasp of the right hand was found to be materially weakened, together with the patient's control over this entire limb. The leg of the same side was unaffected; the facial muscles were not implicated; and his speech, which had now returned with returning consciousness, was distinct and uninvolved. He was now able to recollect and relate the occurrences antecedent to his attack. He remembered to have been drinking in the public-house, but at that point his memory deserted him. He admitted that his habits had been intemperate; and I ascertained a little later, from one of his comrades who had known him well and for a long time, that he was inveterately addicted to the bottle. I ought to have stated that the patient's head was carefully examined for external evidence of injury, but without leading to any results in this direction; while, throughout his illness, he made no complaint of pain in any part of the same.

"By the third day, the paralytic phenomena had increased slightly, but there was no corresponding implication of the intellectual faculties, nor was there any irritative development in the muscles of the affected arm. The urine was examined for albumen, and traces of that substance were found, yet insignificant in amount. The pupil of the right eye had now become much dilated, and was insensible to light; the ptosis and eversion continued. Opposite pupil lively, and of natural size.

"This patient died on the sixth day after admission, his case having undergone very little alteration from the state of things recorded in the foregoing details. To the last he continued free from coma, screamed out at times towards the close of the scene, and died at length exhausted.

"The autopsy of Dr Wilks' *fifth* case recounts almost so exactly what disclosed itself in that of J. M——, that this physician's description will fit in here almost without the transposition of a sentence, or the alteration indeed of a line:—

"'The head presented no external signs of injury, and the bones were not fractured. On removing the calvaria, the dura mater was of a dark colour on the *right* side, and was flaccid. On lifting this up, its inner surface, as well as that of brain, was seen covered with blood, being contained, in fact, in the cavity of the arachnoid. The blood was fluid, or in form of loose coagulum. The whole of the right half of the brain was surrounded by the effused blood, and which had evidently compressed it; this was seen by the septum of the ventricles being pushed over to the left side. The blood had passed down to the base,' and was found also in some quantity there. 'The left hemisphere was unaffected; there were no inflammatory products to be seen by the naked eye. The brain itself was carefully examined, in order to discover any breach of surface as a source of the hæmorrhage, but *none* could be found. No laceration could be found in the sinuses or meningeal vessels, from which the blood could have flowed.'"

"I may add that the brain did not disclose any, the least, appearance of bruising.

"The effused blood bore the appearance of being quite recent, having undergone no change of colour or chemical alteration indicative of having been long separated from its natural channels. The left ventricle was the seat of a vast effusion of limpid serum, into which no blood had found access. A much smaller quantity occupied the right; and the third and fourth ventricles also were distended with the same. The substance of the brain was healthy throughout, the left corpus striatum and optic thalamus being no exception to this condition. The vessels of the brain were sound, and, judged by the naked eye, free from any degenerative tendency. There was nothing about the origin or course of the third nerve to explain the ptosis of the right upper lid; nor was there any sufficient cause apparent for the paralysis of the right iris more than of the left, which latter had been lively throughout under its natural stimulus. The walls of the heart were preternaturally thin; valves all healthy. External capsule of liver extensively figured with deposits of fibroid degeneration, laid down, I may almost say, in sheets—that peculiar appearance so often met with, and so generally laid at the door of chronic inflammation, and which Dr Wilks himself, I believe, conceives to have its origin in a change *sui generis*, probably the offspring of syphilis, or of alcohol, or of both. Tissue of kidneys healthy, but the secreting structure of both, more particularly of the right, in a state of intense and universal venous congestion, to which the term of venous apoplexy might not be very inapplicable. Both renal veins much dilated.

"*Remarks.*—The leading points of interest about the foregoing case I take to be the following:—

"1. That a man is not always to be taken for dead drunk, even though picked up insensible on the floor of a public-house, with the odour of spirit about him at the time.

"2. That a large effusion of blood may be discovered on the surface of the brain, and yet elude our closest inquiries into its source.

"3. That such large effusion of blood is not necessarily productive of coma, this symptom, from first to last, having been absent in the present case.

"Further, it is observable, that although the effusion of blood was upon the right hemisphere, the paralytic phenomena were *not upon the left*. I take this to point to the *recent* origin of the effusion; for, although not existing in connection with the centres of motion, its amount was so great as to have produced a considerable indentation of the hemisphere towards the ventricle, the long persistence of which, had such been the case, I doubt not, would have influenced the functions of the corpus striatum and optic thalamus. The excessive effusion into the left ventricle, I take to have been the cause of the paralytic phenomena. Blood-poisoning from renal causes, plainly, will not explain the *ortgo mali*, or the symptoms during life, neither convulsions nor coma having been present; nor will degenerated cerebral vessels.

"On these several accounts, I think the present case affords a striking illustration of the opening remarks in Dr Wilks' paper, already quoted:—'Of all the difficult cases admitted into hospitals, those are the most perplexing where the patients are brought in in an insensible condition, and unable to give any account of themselves. A man, for example, may be picked up in the street, or carried from a neighbouring public-house, or place of low resort, and the surgeon has to choose between injury, poison, or disease as a cause of his insensibility; and then, again, to elect between the probable forms of these. In such cases, the post-mortem examination will generally enable us to determine the nature of the case for the purposes of justice. Occasionally, however, even this is difficult or impossible, and the inspection after death will throw only a partial light upon it.'"

The 'Medical Times and Gazette' contains a continuation of M. CLAUDE BERNARD'S Lectures on *Experimental Pathology*. The subject of the pancreatic secretion is resumed. We extract it:

"We showed you, at our last meeting, the manner of obtaining the pancreatic juice, and the operative proceeding with a view to this end. The dog on which the experiment was performed on Friday last is still alive, and the wound inflicted on the abdomen is, as you observe, almost completely cicatrised. The pancreatic duct, however, having unfortunately been cut by the ligature used to secure the india-rubber recipient attached to the tube, we have not been able to collect so much of the fluid as we desired, in consequence of this accident; but we have secured a sufficient quantity for all practical purposes. We might repeat the operation several times in succession on the same dog without any serious inconvenience, as the animal (when properly selected) seldom suffers much, notwithstanding the delicate nature of the organs wounded. The peritoneum of the dog is not nearly so sensible as that of man, or even of the horse; and hence, in the latter, it is almost impossible, without incurring great danger, to establish a pancreatic fistula. Permanent apertures of this kind cannot be kept up for any great length of time even in dogs, on account of the rapidity of the healing process in the animals on which they are practised; and hence the operation must either be repeated several times on the same animal, or several animals must be employed at the same time, if a large quantity of the fluid is desired. Spontaneous fistulæ of the pancreatic duct are occasionally to be met with in the human subject; but those of a genuine kind are rare. I have, however, myself observed two cases in which this lesion was supposed to have taken place. In one of these individuals it was remarked that, when the digestive organs were in a quiescent state, no fluid appeared to flow from the fistulous opening; but when the stomach was in a state of activity after the ingestion of food, a profuse secretion flowed forth from the aperture; and such was its abundance, that the patient was under the necessity of keeping a towel constantly over the opening. On examining this fluid, I found it decidedly alkaline; but, apart from this property, it neither resembled the pancreatic juice, nor any other normal secretion of the economy.

"Is the pancreatic juice found in man and obtained from the lower animals identical? To this I am prepared to answer in the affirmative; and if differences have been observed, I strongly suspect that, as in the preceding case, they are to be attributed to the unhealthy condition of the gland in the human subject in whom the fistulous opening existed; for, on making infusions with the pancreas obtained from condemned criminals, by allowing it to macerate in tepid water, a liquid entirely similar to the pancreatic juice in the canine species was obtained. In the normal state, therefore, the secretion in man and in the dog is in all respects the same; and this is not strange, seeing that the gastric juice in both is identical.

"We here exhibit a considerable quantity of pancreatic juice obtained from the dog operated upon a few days ago. You observe it gives a distinct alkaline reaction—a property constantly found in this liquid in the healthy state. Another of its peculiarities is, that it speedily undergoes chemical alterations, and that, perhaps, more rapidly than any other of the secretions of the economy; and in the changes which it undergoes, there are circumstances which merit our attention. As it cools, a precipitate is soon observed to take place: the chemical composition of this precipitate is not perfectly known; according to M. Robin, it is formed of lactate of lime. It consists in minute prismatic crystals. In the tube which I hold at this moment they are perfectly visible to the naked eye, under the appearance of small whitish granulations. Another important modification which the pancreatic secretion undergoes shortly after being drawn from the duct, is the diminution of its coagulability under the influence of heat; when recently taken from the fistula, it coalesces into a solid mass when placed for a few instants over the flame of a spirit lamp; but when it has remained for some time outside the economy, this property quickly diminishes.

"(The comparative experiment is here performed before the class with full success.)

"But the fundamental and characteristic property of the pancreatic juice—that which distinguishes it from all other secretions—is that it enjoys the peculiar power of forming an emulsion with fatty substances and with oils. By adding some of this latter fluid to the pancreatic juice contained in this tube, you observe that a white emulsion is immediately produced; and it persists during a considerable space of time. This singular emulsifying property is peculiar to the pancreatic juice, and is not remarked in connection with saliva, the gastric juice, or the bile; it is true, however, that alkaline secretions (saliva and bile, for example) produce analogous effects, by partially saponifying the greasy bodies with which they come in contact; but in the pancreatic fluid, this property exists, independently of its alkaline reaction, and the emulsion produced is of a different nature, not being the mere result of a chemical combination. This fact enables us to understand the main uses of the pancreas in the economy; it is principally subservient to the digestion of fat, which, unless in a state of emulsion, could not pass into the absorbent vessels. After tying the pancreatic ducts in a dog, and feeding it with fat, this substance is found undigested in the animal's excrements; and clinical observations fully confirm the results of experimental investigation in this case, for in patients affected with cancerated pancreas an oily matter has frequently been discovered in the patient's stools; probably the residue of fatty substances which he had not been able to assimilate.

"We are now fully acquainted with the principal properties which are enjoyed by the pancreatic secretion; it only remains for us to examine its relations with the nervous system. In this respect it completely differs from the other secretions which we have hitherto studied. The remarkable effects of innervation upon the production of saliva and gastric juice have been fully explained to you; but the influence of the nervous system upon the pancreatic apparatus appears to be of an entirely different order. When the nerves of this organ are acted upon—whether excited by the galvanic stimulus, or paralysed by a transversal section—the result is identically the same: the secretion grows abundant and uninterrupted, while a profuse diarrhœa is constantly established; the extirpation of the semilunar ganglia produces similar effects, and under these peculiar conditions the pancreas pours forth a peculiar fluid, which no longer exhibits the physiological properties of the secretion. A fundamental difference here exists between the salivary glands and the pancreas; in both these organs the section of the sympathetic nerve accelerates the circulation, but in the salivary apparatus the normal secretion is far from being thus modified.

"When the pancreas, the functions of which are intermittent in the healthy state, is thus compelled to furnish a continuous secretion, the produce which it pours forth is no longer a normal fluid; it is a watery production which possesses none of the characteristic properties of pancreatic juice. In this experimental fact, we meet with the confirmation of the general views we have elsewhere expressed on the mechanism of secretions. We admit that in all secreting organs a special and characteristic substance is produced, and that an intermittent flux carries it away; it is therefore absolutely necessary that the gland should enjoy certain intervals of rest, during which this peculiar compound is formed; and when the moment of excretion has arrived, an abundant flow of blood to the part takes place, and carries off the special produce of the gland by means of a profuse exudation. But when secretion is all at once rendered continuous, the characteristic substance is no longer produced within the gland, and the watery vehicle alone escapes from the secreting apparatus.

"You perceive, gentlemen, that the great object of all the operations which we have performed before you has been the examination outside the economy of the various secretions which concur in the digestive process. To Réaumur and Spallanzani belongs the honour of this new method of investigation: by them it was originally inaugurated; and at the present moment we have operative proceedings by which almost all the secretions concerned in digestion can be produced. We can thus not only carefully examine and accurately ascertain the properties of each and all of them; but we can also imitate them, and artificially prepare the digestive juices. To a certain extent these secretions can be obtained without the operative measures we have described and practised before you, by simply macerating in water the organs whence they come; but neither in such quantities nor in such a state of purity as when the usual method has been employed. It now remains for us to describe the application of this method to the biliary secretion; and this subject will occupy the last lecture of the present Course."

Dr GOODFELLOW continues in the same journal his Lectures on those diseases of the kidney generally known as *Bright's Disease*. He observes:

"It seems to me desirable for clinical purposes, more, I confess, than for any other practical object, that I should arrange the several agents reputed to be instrumental in the causation of these diseases under three categories.

"1. Those whose action is upon the blood primarily, and upon the nervous system, and the tissues of the organ secondarily.

"2. Those which affect the nervous system primarily, and the blood and tissues secondarily.

"3. Those which, either by direct or reflex action, affect the tissues of the organ primarily, and its own nerves secondarily.

"Now, although there are probably some advantages in this arrangement, yet I do not overlook the objections to which it is open.

"For example, where ought we to place alcohol and other allied finids? I shall place it under our first class. You will see, however, by-and-by, that there are strong grounds for including it under the second. So also with scarlatina; but I have had less difficulty as to where this ought to go. I have placed it under the first category, believing as I do that it is essentially a blood disease, and that its action upon the nervous system is altogether secondary. Yet some writers upon this disease think that its primary influence is altogether upon the nervous system.

"The most comprehensive and, at the same time, the most practical way of including all the possible causes of these diseases, would be this:—Any substance, state, or condition, which is calculated to impair the nutrition and secretion of the organ, retard the circulation of the blood in its vessels, or irritate, directly or by reflex action, its nerves and tissues, may be regarded as exciting or engendering causes; and any condition of the body, natural or acquired, which renders it more than usually impressible to the influence of certain morbific agencies, will, of necessity, predispose to the disease, and make those substances, states, or conditions, efficient causes.

"*Under the First Division* I put scarlatina erysipelas, measles, variola, cholera, struma, syphilis, phthisis, gout, rheumatism, &c.; alcohol (and in this I include all fermented alcoholic fluids), turpentine, ether, naphtha, chloroform, &c. You will see that I have placed alcohol and other hydro-carbons last; and I have done so, because I have some doubts whether they ought not to be placed under the second division.

"*Under the Second Division* I put cold, cold and wet, and more especially sudden and great transitions of temperature, injuries, or diseases of the brain and spinal cord, or sympathetic system, whether from centric or eccentric causes, anxiety of mind, mental shocks, &c.

"*Under the Third Division* I am disposed to include all injuries and mechanical causes of irritation: as blows, the presence of calculi (microscopic or larger), cantharides, and other irritant poisons, Onanism (Rayer), excessive venery (Rayer), amenorrhœa, and other uterine affections; and, lastly, diseases in other parts of the urinary apparatus which are calculated to produce reflex irritation in the kidneys.

"The first on our list is *scarlatina*. There is no doubt that scarlet fever is one of the most frequent causes of kidney disease, attended with albuminous urine. What is its mode of action? To answer this question satisfactorily, it will be necessary to consider what takes place in the system generally, as well as in the kidneys, in this disease. It will assist us in understanding the *modus operandi* of this and the other assigned

causes, especially cold and wet, and alcoholic and allied fluids, if I make a few remarks upon the physiology of the urinary secretion.

"In scarlet fever what is the condition of the body generally? That the skin, and some few of the mucous membranes, are not the only parts which suffer, I shall endeavour to make evident to you. The capilliary bloodvessels of the skin are not the only ones that are congested by the retarding, stagnating influence of the 'poison.' The vessels of every structure and organ of the body suffer, if not to an equal, yet to a very great extent. It is true we cannot see the precise condition of the vessels in the internal organs as we can in the skin, and in the mucous membranes of the eyes, nose, mouth, and fauces; but we have equally certain evidence in the symptoms.

"The *circulation in the brain and nervous system* is also effected. We have evidence of this in the disordered function of these important organs.

"The *muscular system* is also effected. This is evident from the pain felt, in many cases, from motion and pressure, much resembling rheumatism. In fact, there are strong grounds for believing that the scarlatinal poison acts much in the same way as the true rheumatic poison, and that there is a close and intimate resemblance, in many respects, between them.

"That the *serous and synovial membranes* suffer, we have evidence in the frequency of effusions in both, and in the pain and stiffness in the joints.

"That the scarlatinal poison *irritates the glands*, the constant pain, swelling, and frequent suppurations in or around them attest. There is also a remarkable tendency to exudations in scarlet fever, and an exudation of a very low character—not of fibrinous matters readily organisable, but of a low form of albumino-fibrinous matter, which has a great tendency rapidly to be converted into a sort of albumino-purulent state, or even into true pus. The great tendency to the formation of pus is shown by the frequent abscesses in the areolar tissue beneath the skin and some mucous membranes, and in the neighbourhood of the glands, and in the purulent infiltrations between the muscles. There is also very often an exudate of a low form of albumino-fibrinous matter on the *free surface* of the mucous membrane of the fauces, and of a dirty-looking puriform serosity in the areolar tissue, beneath the mucous surface of the pharynx and larynx. There is in most cases of scarlet fever a deficiency of true fibrine,—hypinosis, as it is termed.

"In the mild forms there may be an increased transudation of the *liquor sanguinis*. The tumefaction that is so often observed, and the sensation felt by the patient, as if he were generally swollen, may in part be due to this transudation, as partly it is undoubtedly due to the state of congestion of the vessels generally.

"With reference to this congestion, it seems to me that writers upon the exanthemata have too much relied upon simple congestion as the cause of the eruption, and have overlooked the direct influence of the "poison" upon the red blood-corpuscles. We know that several substances, some of them poisonous, give a scarlet hue or vermilion tint to the red blood-corpuscles,—urea and several other animal products; arsenious acid; the nitrate, phosphate, proto-carbonate, and sulphate of soda, and the sulphate of magnesia: but all the sulphur and hydro-carbon compounds darken them. This is certainly an interesting subject for further investigation, which might lead to more certain information as to the real nature of the scarlatinal poison. There is very strong evidence that it is volatile, and that it is a product of the animal body, and therefore an alteration probably of some normal animal principle. It may be closely allied to some of the odorous excreta of the body, for no one who has had under his charge several patients in one ward labouring under these exanthemata can have failed to detect a peculiar odour belonging to them. I am quite sure that I know the scarlet odour and the small-pox odour."

The Author, in continuation of his remarks on the characteristics of scarlet fever, applies the argument to the state of the kidneys, and goes on to say:

"We are now in a position to account for what we observe in the urine during life, and the kidney itself after death.

"Those who have taken the pains carefully to examine the urine day by day, have found albumen even at an early stage, but certainly almost always from the commencement of the desquamation. In severe forms the urine has not infrequently been found to be bloody,—that is, to contain red blood-corpuscles, in addition to the serum. Is it surprising that we discover albumino-fibrinous casts, epithelial casts, blood casts, and red corpuscles; and if we have these in the urine, after having traversed the tubules, is it not possible that the tissues of the kidney are infiltrated with sanguineous effusion, and also with this low form of albumino-fibrinous material?

"This morbid process going on, in what way is the function of the organ likely to be affected, and what means are there for the removal of these exuded matters? There are three:—the tubules, venous absorption, and lymphathic absorption. Let us inquire how far these means are in a state to perform this office. The tubules are more or less obstructed with solid matters, which in some parts may impede, in others prevent any escape in this direction. The circulation in the venous radicles is nearly arrested, and but little absorption can take place in this way. The lymphatics are pressed upon by the exuded matters themselves and by the distended blood-vessels, while the whole is closely invested by a capsule composed of an inelastic and, to a certain extent, a tissue not readily extensible. These agents of absorption are not in a condition very favourable for the adequate discharge of their office. These three agencies failing, there is no way of escape for the exuded matters, that at this time probably have become mixed with a large proportion of the constituents of the urine. If any absorption by the lymphatics take place, only the more fluid portion can be taken up, and probably this is more or less mixed with the urinary constituents. The secretion also is all but arrested, and the whole mass of blood is deteriorated by the presence of the urinary excrements: ill prepared as it was before for this additional cause of vitiation, its own previous diseased condition is now reacting upon itself. It has probably not recovered its normal condition before it is exposed to another and even more serious cause of deterioration; and this fluid, upon the purity and soundness of which depend the well-being of the whole organism, the nutrition of the tissues, the due performance of the functions of organs the most vital, is circulating through vessels and tissues that either are, or but lately were, weakened and disabled by the primary disease. You cannot, therefore, be surprised that anasarca occurs in this complaint even from a condition that would not produce it if the general tissues had been healthy and had possessed more tone.

"Now, suppose a person dies from the disease on the fifth, sixth, or any later day about this period, and supposing that the morbid process in the kidney is such as I have described, what morbid appearances would you be prepared to find? The vessels are greatly distended; there has been more or less blood stasis in some parts, principally in the veins and in the Malpighian tufts; the kidney then will be in a state of great sanguineous congestion or engorgement—there will be observed numerous red dots and streaks, and the general tissues being infiltrated with a kind of sanguineous transudation, will either present a diffused redness, or this redness will be more or less intermixed with whitish or yellowish white lines. The whitish parts will be due to exudative matter. On the surface there will be also a diffused redness; or here also there may be a mottled appearance, the darker parts being due to the arborization of the minute veins. The tubules will be more or less distended with blood-casts, exudative matters, and cast-off epithelium. Now, with all this the capsule has not yielded much to the internal pressure, and the kidney, although larger than normal, is not so large as at a later period after anasarca. This state of engorgement, exudation, and desquamation will of course vary in proportion to the severity and duration of the disease; but, subject to this, it will be more or less as I have described it. You will see, then, that this state very closely resembles, is indeed identical with, the first form of Rayer, as figured in his Atlas, pl. vi. fig. 1, and pl. x. fig. 3, large diagrams of which you see before you. It is the same as the congestive stage of the large white kidney of Bright and Wilks, and an early stage o the first two of Rokitansky.

"Gentlemen, I do not wish you to go away with the notion that this state, as I have described it, occurs in every case of scarlatina; but yet it is, I believe, an accurate description, modified according to the severity of the disease, and the period at which death has occurred. If the fatal event has taken place very early, there will be nothing more seen than intense congestion, with probably some extravasation; and the longer time that elapses between the commencement of the attack and the fatal issue, the greater will be the change in the structure of the kidney. If the attack of scarlatina be mild, although death does not occur and we have no opportunity of seeing the kidney, yet we may easily imagine that the congestion will be much less considerable throughout.

"There is a very general impression that dropsy is more frequent after mild attacks than after severe ones, or at least as frequent. If, therefore, the kidney undergoes such extensive changes in the severer cases, the reverse of this ought to be the case. I am, however, not quite sure that there is a greater liability to dropsy after mild attacks, nor do I think it would be nearly so frequent after the mild attacks of the disease, if the same care and precaution were observed in what may be called the 'after-treatment' of the disease. In severe cases the patients remain under strict medical treatment so long as the slightest signs of the disease or of its effects are observed. In mild cases, on the contrary, I believe that patients are very often supposed to be cured before the poison is really out of the system, and any exposure to cold, or to cold and wet which is sufficient to produce a chill, or any debauch or imprudence in drink or diet, will soon lead to all those states of the kidney, and of the organs and tissues of the body generally, which I have described.

"I think it necessary here to warn you against the notion that there is less danger of a relapse or of dropsy after a severe attack than after a mild one. After any attack of scarlatina, however mild it may be, you may rely upon it that great damage has been sustained by the blood and tissues of the body, and your patients ought to be emphatically recommended to exercise great care and caution if they wish to avoid the risk of an attack of dropsy, or some other sequela of scarlatina. After a severe attack, however, a considerable portion of time elapses before the blood and tissues have entirely recovered their normal state. During the ten years that I was at the London Fever Hospital, it was my lot to witness several relapses into the disease, in which there was a return of the eruption, of the sore-throat, and of the general inflammatory condition. I have, on several occasions, seen three relapses in the same individual, even when the first attack was one of a very severe character; and if you will carefully watch the cases in the wards, you will find that few persons labouring under severe forms of scarlet fever escape a partial return of the feverish symptoms, and also of the eruption.

"But, to consider the subject with more especial reference to the kidney, suppose that the patient does not die at the period that I have mentioned, and that he is attacked with dropsy. If he is carried off at this time by convulsions, or any other immediate cause of death, the kidney will be in much the same state as I have already described, except that its tissues and its tubes may be infiltrated by a greater quantity of fluid, it may itself have become dropsical. If, however, he has lingered on for some months, the anasarca, although at times checked for a little, yet in the end has increased, and he then dies from coma, or convulsions, or from effusion in one or more of the great serous cavities, or from inflammation in some parenchymatous organ, or he is suffocated by the œdematous condition of the lungs,—in what state should we expect now to find the kidneys according to our view of the morbid process? In this case the hæmatin will have disappeared; some of the corpuscles, and the blood and other casts with which the tubules were clogged, will have been discharged, or the tissues will be infiltrated with serosity, and the albuminous croupy exudates may in part have escaped by those few other tubules, which have become pervious, and in part have remained in tubules and Malpighian capsules, together with the altered blood, and the desquamated and degene-

rated epithelium by which they have become infarcted, impervious for the passage of the urine. The same inflammatory exudates still remain in the tissues, or they may have undergone a sort of gelatinous metamorphosis more or less abounding in fatty matter, and the tubes themselves in many parts may be wasted and obliterated from the pressure. The smaller arteries being in like manner pressed upon, any further supply of blood is cut off, and there is, consequently, an anæmic appearance of the tissues generally, with, here and there, a few congested venous radicles. All this, for the most part, has taken place in the external, secreting, or cortical portion of the organ, which has consequently increased in thickness at the expense of the internal or medullary or excreting portion, and the fibrous investment, having been exposed for weeks or months to constant pressure from within, has now yielded considerably, so that the size of the kidney may be even three or four times greater than in the normal state.

"Here, then, we have a kidney closely resembling the second and third forms of Rayer, as figured in his 6th plate, fig. 4—a large diagram of which is also on the wall, the large white kidney of Bright and Wilks; and the third and fourth forms of Rokitansky.

"That this is no imaginary description, many of you have seen in the dead-house, and many may still see; and such are the processes, as I think, by which these morbid states are produced.

"But there still remains some little difficulty with regard to this part of our subject. It is perfectly legitimate to inquire how, if the kidneys are so much congested, albumen is not more frequently—indeed, almost always—found in the urine? I am, however, not quite sure that if it were carefully looked for in a sample of urine, taken from the whole quantity passed daily, some traces might not be found. But even if some be transuded, as some may be, even in health, there are three ways at least by which it may be removed from the true urinary constituents before their exit from the convoluted tubules. It may be absorbed by the tubules themselves; it may also be removed by the lymphatics and the veins. The lymphatics alone, with their wonderful power of absorption, and, by means of their strong muscular walls, of circulation, also will remove large quantities of albuminous fluid in a short space of time, if these vessels be not pressed upon and disabled by more solid exudates, and by the general turgescence of the vessels. The solid matters must undergo a process of liquefaction before they can be taken up, and I have no doubt but that this often takes place without our knowing the curative process that has been going on beyond our sight. Our patients may often have been near a fatal condition of things without our being aware of it, and from which they have only escaped by the *vis medicatrix*, acting through the lymphatics."

Mr Symonds contributes to the same journal some observations on the *General Treatment of Patients before and after Surgical Operations*, especially with reference to the possible internal lesions, the air of the hospital, and food of the patient. Mr J. S. Walker, of Hanley, reports the following *Case of Successful Operation for the Radical Cure of Hernia*:

"William G., aged 30, married nine months, boiler-maker, a pale thin man, of good constitution, never had a day's illness before eighteen months ago, when, lifting a large piece of iron, he felt a tumour come in his groin; since that time has not been able to follow his occupation with any comfort, on account of the rupture giving him pain.

"June 16.—Applied to me, complaining of the tumour. Upon examination, found a large inguinal hernia on the right side; the patient had repeatedly tried to wear a truss, but could not, because the gut slipped from under it and bulged at the side: he expressed, at the same time, a desire, if possible, to have an operation performed upon him to make a perfect cure. Ordered an aperient pill, with a senna draught in the morning. Waited until June 21, as he was so excited when told he could be cured by an operation that I did not consider him in a state to bear so severe a shock.

"21st.—The patient having been placed, under the influence of chloroform, upon his back, with the knees drawn up, I proceeded to perform Mr. Wood's operation: first, making an incision of an inch in length over the tumour, detaching the scrotal fascia from the skin, then invaginating the fascia into the canal with the little finger; second, in passing a strong, well-curved needle, armed with a hemp ligature thread doubled, guided by the finger through three points in the canal,—the conjoined tendon and the triangular fascia forming the posterior wall,—then withdrawing the needle, holding an end of the ligature in right hand, then passing it again through the external pillar of the ring close to Poupart's ligament forming the anterior wall—the needle now only carrying one thread; then, placing a round boxwood plug over the canal, tightening the first ligature, with the little finger in the canal pressing up the gut; finding it compressed the canal completely, tied it very tight over the plug; then replacing the integument, put a stitch into the skin to close the external wound, leaving one loose end of thread hanging out, which was tied over the plug lengthways, forming + over the plug with the other ligatures. He was then placed in bed, being very sick from the effects of the chloroform. Tr. opii 40 ℥ statim sumend., with soda-water at intervals.

"22nd.—Felt comfortable; progressing favourably, with the exception of a feeling of tightness at the seat of the operation.

"23rd.—Great pain over the lower part of abdomen, increased on pressure; tongue furred; pulse 160. ℞ Pulv. opii gr. j., sumat. omni 2nd. horis.

"24th.—Easy; had taken four pills; the pain being relieved, left them off; tongue cleaner; bowels relieved; pulse 86.

"25th.—Had a severe cough, which caused great pain in abdomen, which is very tender on pressure; tongue furred; examined chest; both sides equally resonant on percussion. Auscultation; ronchus and sibilus all over right side, both behind and in front; left lung natural; pulse 96. Ordered spt. terebinth. rect. applicand. thoraci. To take the following:—℞ Tr. hyoscyami, ℥vj.; pulv. rad. ipecac. gr. iij.; mist. acaciæ, ℥j.; aqua addc. fiat, ℥v. M. ft. mist. capiat ℥j. om. tertia horis.

"26th.—Much improved; tongue clean; bowels relieved; cough better.

"28th.—Removed plug; wound nearly healed.

"From this date he recovered without a single bad symptom.

"July 12.—Applied a piece of soap-plaster over the cicatrix, then the truss. Allowed him to get up; but the patient, thinking he was quite cured, left the house after my visit, and walked two miles to see his mother-in-law; has never felt the slighest inconvenience from the rupture or operation.

"Your readers will see that I have slightly modified Mr Wood's operation; but at the same time the result will show the good effects of the operation, besides drawing their attention to it, which is quite a recent discovery, showing the great advantage of this mode of procedure, which ought to be considered one of the great discoveries of this age."

Mr Figg continues the subject of *Turning in all Cases of Labour*.

Certificates of Death in Scotland.—Last week, a deputation of the Glasgow Faculty of Medicine, composed of Dr Scanlan, Dr W. E. C. Clark, Dr Donaldson, Dr M'Carron, and Mr Walker, met Lord Brougham by appointment at Glasgow, and brought under his Lordship's notice the objections entertained by them to the system practised in Scotland to procure certificates of the causes of death from medical practitioners; and Mr Walker offered a few remarks on a plan which, if substituted for the present defective system, would be considered by the Faculty as satisfactory. After some conversation, his Lordship said that the better course would be for him to have a conference with the Chancellor of the Exchequer on the subject. Mr Gladstone had engaged to visit him at Brougham at the end of October, when the matter would be gone into, after which he would advise the Faculty how to proceed.

OUR NOTE BOOK.

TRACHEOTOMY IN CROUP.

Before the Boston Society for Medical Improvement, as reported for the 'Boston Medical and Surgical Journal' for June 14th, Dr Bigelow expresses his opinion upon the above subject. He says that "in very young children it rarely avails, while in older ones it may be of considerable value; that after the age of three years the chance of life is, perhaps, increased by it; that after that period the ratio of recovery with operation probably increases with the increase of age; but that in *very young* children recovery after operation is rare, probably not greater than without it."—'American Medical Monthly.'

QUININE AND ABORTION.

Edward Warren, M.D., Editor of 'The Medical Journal of North Carolina,' in the May issue of that journal, commenting upon an article from our *Summary*, says, "We have found nothing more likely to produce abortion in pregnancy than the administration of large doses of quinine."—'American Medical Monthly.'

TANNIN AS AN ANTIDOTE TO STRYCHNIA.

As the results of many experiments performed on rabbits and dogs, Dr Kurzak comes to the conclusion that tannin promptly administered is the best antidote in poisoning by strychnia. From twenty to twenty-five times the quantity of tannin is necessary; but even a larger amount should be administered, as the contents of the stomach, and especially gelatine, may absorb a portion. Tannin is the more eligible a remedy, inasmuch as it is easily procurable in the shape of gall-nuts. A portion may be rapidly reduced to powder and administered in water, while an infusion or decoction is prepared. For every grain of strychnia at least two and a half drachms of the gall-apples should be given. It will, indeed, be most prudent to administer a still larger quantity, especially when vomiting occurs. The experiments made by the Author with green tea show that this also possesses a certain amount of efficacy; but, as it requires to be administered in such large doses, it becomes itself almost a poison. It can, therefore, only be of use when a very small quantity of strychnia has been taken, or as a mere adjuvatory. Coffee exerts still less effect. Oak-bark, containing 8·5 per cent. of tannic acid, may be advantageously used when the oak-apples are not accessible; and various other substances containing tannin, as acorns, horse-chesnut bark, green walnut-shell, &c. Vegetable acids must be avoided during the treatment of strychnia poisoning by tannin, as they favour the solution the resulting precipitate. The same caution applies to alcoholic drinks. As the experiments have shown that active efforts increase or even induce the convulsions in strychnia poisoning, every care in treating the accident must be taken to avoid all such movements or any powerful stimulation.—'Zeitschrift der Aerzte zu Wien, No. 9, and 'Medical Times and Gazette."

HOUR-GLASS CONTRACTION OF THE STOMACH.

Ann Gallagher, æt. 40, a patient in the Pennsylvania Hospital, died April 22nd, 1860, of phthisis.

Post-mortem Examination ten hours after death.—Rigor mortis well marked. Upon opening the chest, pleuritic adhesions were found on both sides. In the right lung were large masses of softened tubercle, and an abscess in the lower lobe. At the apex of the left lung was found a large cavity communicating with two or three smaller ones, with tubercles scattered through the lower part of the lung. Upon the external surface of the heart were two large patches of lymph, but not adherent to the pericardium, and no signs of inflammation of that membrane; valves of the heart healthy. On opening the abdomen, the stomach was found very much enlarged, with the pyloric extremity extending below the umbilicus, and presenting a distinct hour-glass contraction, at about one-third the distance from the pylorus. The duodenum was doubled upon itself, and situated behind the constricted portion of the stomach. On attempting to pass a stream of water from the stomach through the pyloric orifice it passed very slowly, and on opening the stomach, found the pyloric valve very much thickened and constricted—the opening being only about one-fourth of an inch in

diameter. The liver and kidneys healthy. The patient had presented no symptoms which would have directed particular attention to the stomach while in the hospital.—'Amer. Jour. of Med.'

ACTION OF NICOTINE ON THE HEART.

Nicotine, M. Rouget observes, is regarded as possessing in the highest degree the property of rapidly destroying muscular irritability. The action of this poison on the heart presents a remarkable exception to this opinion. In frogs killed by the application of a drop of solution of nicotine to the eye or under the skin, the beatings of the heart continue long after all trace of irritability has disappeared in the muscles of locomotion. When the action of the heart has become feeble and the intervals between the beats increased, the direct application of nicotine instantly revives the contractions: these are at first notably increased in intensity, and at last become permanent, leaving the ventricle in a state of tonic spasm, with its cavity completely effaced. In birds and mammalia killed by the inhalation of chloroform, the ventricles remain fixed in the state of diastole; the right auricle alone manifests some feeble tremulous movements. If the ventricles be pricked or galvanized, no result is produced, or only some feeble and entirely local contractions take place. But, in this state, the contact of a drop of concentrated solution of nicotine produces general contraction, energetic response to the stimulus of pricking or the electric current, and finally permanent contraction.—'Journal de la Physiologie' and 'British Medical Journal.'

CASES ILLUSTRATIVE OF THE EFFICACY OF SESQUICHLORIDE OF IRON IN HÆMORRHAGE.

Dr Foucart says:—The Memoir of M. Pize, of Montélimart, has of late engaged so large a share of public attention, that I venture to forward to you a brief account of three cases of purpura hæmorrhagica in which sesquichloride of iron, exhibited internally, yielded what I am inclined to consider very conclusive results.

A woman, aged twenty-two, who had been confined a month before, presented, when I first saw her, the symptoms of typhoid fever, which had apparently lasted about twenty days. The patient was entirely colourless, and I was informed that she passed four or five times a day, with serous motions, a large quantity of frothy blood. I moreover observed on the body and on the limbs numerous purple spots, some of which were equal in size to a pea. Debility was excessive, and the pulse frequent and feeble. Under these unfavourable circumstances, I prescribed strong soup, wine-and-water, a decoction of bark, a four-ounce mixture containing twenty-five drops of the sesquichloride, and three small enemas daily, to each of which were added ten drops of the same remedy.

This treatment was readily borne by the stomach; the hæmorrhage gradually decreased on the two first days, and was completely checked on the third. The spots at the same time faded, turned lilac, and soon vanished altogether. On the eighth day convalescence was fully established.

Another woman, aged forty, had reached the fifteenth day of an apparently mild typhoid fever, when she was attacked with purpura and with vomiting of blood, which recurred five or six times a day. The same treatment was instituted, with the same favourable result as in the former case. In this instance, however, as the medicine seemed to induce some amount of gastric irritation, I caused it to be diluted in a quart of fluid, and in this manner it ceased to occasion any further inconvenience.

The third case refers to a woman aged twenty, who summoned me for an epistaxis which had lasted eight hours without interruption. On my arrival I found the patient bloodless, and threatened with syncope whenever she was placed in a sitting attitude. The entire body was covered with broad confluent spots of purpura and extensive patches of ecchymosis. I hastened to plug the nostril from which the blood escaped, with lints impregnated with a diluted solution of sesquichloride of iron, and prescribed a four-ounce mixture containing twenty-five drops of the undiluted sesquichloride. These measures at once checked the hæmorrhage. Forty-eight hours after, the patient was still much exhausted, and complained of sore-throat. On examination of the fauces, I found both tonsils covered with diphtheritic exudations, which the blood had concealed from my sight on the occasion of my first visit. The breath was fetid, and I feared the case must terminate fatally, diphtheria having for two years prevailed in the neighbourhood, and having in every instance proved fatal, within the scope of my personal observation, when complicated with purpura, attended or not by hæmorrhage. I nevertheless persevered in the exhibition of tonics and of the sesquichloride, which I likewise used locally as a caustic application to the diphtheritic patches, which had gradually invaded almost the entire surface of the pharynx. My efforts were rewarded by the most complete success, and after a fortnight of persevering attention I had the satisfaction of seeing my patient out of danger, and merely suffering from the local paralysis so common in such cases.

During the last of the three years that the epidemic above alluded to continued to rage, I used almost exclusively the sesquichloride as a local caustic; and in serious cases I exhibited ten drops daily internally, as a preservative from purpura and from hæmorrhage,—a frequent complication, and always the forerunner of certain death. This prophylactic medication appears to me to have rendered the occurrence of purpura more rare, and at any rate, from the time I adopted the method, the mortality was considerably lessened.—'Journal of Practical Medicine and Surgery.'

ON PHOSPHATED BREAD.

Professor Horsford, of Philadelphia, says:—Among the essential qualities of a substitute for cream of tartar, in the preparations of all forms of light bread, cakes and pastry, are that the article should be at least as unobjectionable as cream of tartar in its relations to the animal economy; that it should be pulverulent; and that when mixed with bicarbonate of soda and flour, it should, on the addition of moisture or application of heat, yield a neutral salt, and set free carbonic acid. If, in addition to these qualities, an article could be devised which should possess, in the form in which it is used, unquestionable excellence as an element of food, its value would be placed beyond doubt. I tried in a great variety of ways, as numerous others have tried, without success, to find some form of muriatic acid which could be mixed with bicarbonate of soda, so as, after raising the dough or paste, common salt should be found in the product. To this most desirable end insuperable difficulties presented themselves. I sought some form of harmless organic acid, suited to all the conditions of the problem; but this effort and many others were alike fruitless. At length it occurred to me to find, if possible, an acid constituent present in all the cereals and healthful food, and place this in the necessary conditions to fulfil the wants of the problem, and, at the same time, in such form that when taken into the system it would be suited to the agencies there in action, to be absorbed if needed, or readily and healthfully removed if not required. Of all such constituents on one is so important as phosphoric acid. Physiological and chemical researches have shown that wherever in the body there is an organ of important functions, there Nature has provided a store of phosphates. They are present in the juices, the tissues, the muscles, and in large measure in all the brain and nervous matter, and in larger measure still in the bones. The grains we consume contain them. The flesh we eat contains them. The bones we boil and dissolve contain them. All these considerations led me to the conviction that if it were possible to prepare phosphoric acid, in some form of acid phosphate of lime, such that, after its action with moist carbonate of soda, it would leave phosphate of soda (a constituent of the blood) and phosphate of lime (an essential constituent of food), and confer upon it the necessary qualities of a dry, pulverulent acid, the end would be so far attained as to justify a practical experiment in domestic use.

I succeeded in producing the article in condition to meet the wants of the problem. I then introduced it into my family for use in all forms, as a substitute for cream of tartar for culinary purposes. When many months of daily use had assured me that my theoretical views were sustained by practical application, I gave it into the hands of friends, whose prolonged experience fully confirmed my own. It has been in constant use in my family now for more than four years; and in the form of yeast powder during this time, it has been produced and consumed in all parts of the country to a very large extent, settling, in the most satisfactory manner, all questions as to its serviceability and healthfulness. Dr Samuel Jackson, professor of the Institute of Medicine in the University of Pennsylvania, gives the following testimonial in support of these views:—

"Your substitute for cream of tartar for the raising of bread is a decided improvement. The tartaric acid is not a constituent of the grains from which flour is made; it is not a nutritive principle, and often disagrees with the alimentary organs. The phosphate of lime, which is the principal ingredient of your preparation, is an essential constituent of all grains. It is further an important nutritive principle; and recent experiments have proved it is an indispensable element in the construction, not of bones only, but of all the animal tissues. A deficiency of the phosphate of lime in food is a common cause of ill health, of defective development and retarded growth in children. In the conversion of wheat into flour, the phosphate of lime is rejected with the bran; and, in consequence, this necessary element of nutrition, contrary to the arrangement of Nature, is not obtained from our fine wheat bread. Your preparation, while it makes a light, sweet, and palate able bread, restores to it the phosphate of lime which has been separated from the flour, and thus adapts it as an aliment for the maintenance of a healthy state of the organisation."—'Scientific American and Chemical News.'

BROMIDROSIS LOCALIS, OR FŒTID PERSPIRATION OF THE FEET.

In 'L'Union Médicale,' a M. Gaffard proposes the following remedy for "fœtid sweating of the feet." Red oxide of lead, one part to twenty-nine parts of the liquor of the subacetate of lead; the first to be bruised in a porcelain mortar, and the liquor gradually added. A few drops to be applied once a week, or oftener, in summer. Possibly there may be those who believe in the popular idea that the perspiration excreted on the feet is not inodorous. Professor Hebra of Vienna, in his lectures on the anatomy and physiology of the skin, has spoken of this notion, which is current in Germany. In connection with M. Gafford's proposed remedy for an evil which certainly does not exist, it may be of interest to quote Prof. Hebra's remarks, which I translate from the notes of his lectures published in the 'Allgemeine Wiener Medizinishe Zeitung' for 1857.

Speaking of the secretion of the perspiration, he says:—"There is no doubt that the sweat glands play an important part in the animal economy. Unfortunately, their physiological, and, still more, their pathological relations are but slightly understood. In general, we know that the secretion of sweat is very copious after hard work or continued bodily exertion, especially in the heat; and further, that it is under the influence of the nervous system. The sweat is colourless, soft to the taste, has a weak acid reaction and a peculiar smell. It can scarcely be denied that every individual disseminates a peculiar specific odour. This is proved by dogs following their master's track, and finding him by the help of their greatly-developed organ of smell. Our organ of smell does not possess the necessary development to enable us to determine such differences. But there are individuals whose peculiar penetrating odour can be easily recognized by every one. It is a great mistake to attribute such a disagreeable smell to the sweat alone. We must ascribe it to the secretion of the sebaceous glands. We may be convinced of this by simply examining an individual, the excretions of whose skin have a bad odour. On the palm of the hand, where there are only sweat glands, we shall not find any unpleasant smell; it will, on the contrary, be strong on those parts of the body where the sebaceous glands are numerous, as the back, and more particularly in the arm-pits. It is moreover certain that the smell does not come immediately from the fresh secretion, but that it exists after this has decomposed. The fresh secretion has either none, or else a slight odour of rancid fat.' But if the sweat remains some time in contact with the skin, it undergoes a chemical change, and then the disagreeable smell will be perceived. We will enter more particularly into this subject when we speak of the 'fœtid foot sweat,' which long ago was considered to be a materia peccans whose elimination from the body was desirable, and with whose healthy excretion no therapeutical interference was allowable."

"We come now to speak of a subject upon which similar erroneous views still exist. It is the so-called 'fœtid foot sweat' (bromidrosis). We have already said that the sweat, when secreted, has no bad odour. Hence it comes that persons troubled with this 'fœtid foot sweat' have no disagreeable odour on the palms of their hands, no matter if the perspiration trickles from them. And when the feet are carefully and properly cleansed (together with the toes and nails), they lose the highly-penetrating smell when they again begin to perspire. This so-called bromidrosis localis is found most frequently in young people who neglect proper cleanliness, and who possess no superfluity of covering for the feet, so that this is seldom changed. Hence, by the decomposition of the collected sweat, free fat acids are formed that have a disagreeable odour. These are absorbed by the pores of the leather, and one can easily convince himself, through his sense of smell, that the boots are the seat of the odour. Persons wearing a light covering for the feet, and often changing it, will have little trouble from 'fœtid foot sweat.' Hence this seldom occurs in the female sex, although the perspiration is more copious in women. As, from what has been said, it is evident that we have to deal rather with 'stinking boots' than 'fœtid foot sweat,' the absurd ideas which are in circulation as to the evil effects of suppressing, or too quickly checking the sweating of the feet, must be entirely given up. On other parts of the body also, where the secretion has an opportunity to remain some time in contact with the surface of the skin—*e.g.*, in the arm-pits, on the scrotum, perineum, &c.,—a similar decomposition of the sweat takes place, and a very disagreeable odour is created. The treatment of this 'fœtid sweating of the feet' is therefore reduced to ordering greater attention to the cleanliness of the skin, and a more frequent changing of the covering of the feet."—Dr Jeffries in 'Boston Medical and Surgical Journal.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 17, 1860.

CRIME, DISEASE, AND THE POOR-RATES.

In the numerous articles that have appeared in this Journal on the subject of a reform of the Poor-laws and the sanitary condition of the humbler classes, we have refrained from regarding these topics from a point of view which is nevertheless of great importance to the statesman and the philanthropist: we mean that which is embraced in the proposition of an equitable assessment of the Poor-rate upon a uniform valuation of property over extensive areas. Having been in the habit of considering this proposal as a part of the high policy of the kingdom, rather than a necessary condition of the settlement of those questions which usually come under our province, we have hitherto put it aside; but having recently perused a pamphlet, by Mr Gilbert, a member of our Profession, giving an account of the proceedings of the Metropolitan and County Association for the Equalization of the Poor-rate, and containing many remarkable disclosures of the misery and suffering among the poor which are attributable solely to the present unjust method of levying the Rate, we think that we shall be doing useful service to those interests which it is our duty to promote, by calling attention to the objects this Association is desirous of accomplishing.

Any observant person whose duties lead him to association with the poor, must know that a considerable portion of their destitution and suffering is caused by the wretchedness of their homes, the overcrowded manner in which they huddle together, and the small modicum of relief which the Boards of Guardians presiding over those deeply-impoverished districts are able to afford. There is an antagonism between riches and wealth, which is fostered, if not created, by the conditions of our urban civilisation. The mansion and the hovel cannot abide together; broadcloth and fustian admit of no companionship; and, moreover, the enhancement of the value of land, caused by the congregation of the porticoes of the opulent, makes the emigration of the poor to remoter districts a financial necessity: hence arise the trenchant separation of classes, which is one of the most marked and painful characteristics of our large towns, and that estrangement of sympathy which is its natural result.

In consequence of this segregation of the poor, and their exclusion from higher social influences, vice and crime develop among them with wondrous energy and rapidity. We are informed that the diseases arising from immorality increase in number in proportion as the poor are crowded together, and that theft and other crimes are more frequent as the poverty of the locality is the greater.

The increase of wealth, the needs of commerce, the ambition of life, and the all-pervading selfishness of human nature, which prompts every man to seek his own comfort even at the expense, if necessary, of his neighbours, cause a precipitation of poverty into the lowest and filthiest quarters of our Metropolis. The dregs of society are thus continually falling, and are set aside as of little consideration. In the City of London Union, where, owing to the erection of numerous gigantic warehouses to meet the requirements of trade, there has been a remarkable decomposition of its population, the poor have been either driven away, or compressed into courts and alleys, where existence is maintained in defiance of natural laws. Life is here, indeed, a battle. There are now in the City ten thousand fewer of the working classes than there were in the year 1801; although, in all probability, the number of working men employed in the docks and warehouses, which make the opulence of the City, is ten times greater now than it was then. In the neighbouring district of Whitechapel, the population, consisting chiefly of the operative classes, has been increased by more than ten thousand persons, notwithstanding that more than seventeen hundred houses have been removed. We might travel through the Metropolis and tabulate its population statistics in a similar way: it is sufficient, however, to point to the palaces of Belgravia and Tyburnia, the mansions of Clapham and the Regent's Park, and the warehouses of the City, in contrast with the attics of Holborn, the narrow lanes of Shoreditch, and the back alleys of Westminster and the Borough, to illustrate our argument. There is one fact, however, in connection with this question which we must not omit, as it brings the whole argument into a focus, and exhibits it in the most striking light. Mr Gilbert is our authority for stating that in two neighbouring districts, one of which was inhabited by the employers, the other by the employed, the Poor-rate, during four years of distress, fell in the former from 730*l.* to 700*l.*, and rose in the other from 17,507*l.* to 29,299*l.* A large proportion of this increase was paid by persons not much above the condition of paupers themselves. We need not ask the reader to imagine the amount of induced disease and crime these latter figures represent.

The Association to which we have referred maintains that an equalized Poor-rate would, whilst not pressing heavily upon any district, materially lighten the burden upon the most impoverished, and eminently improve the condition of the poor. One effect of this proposed change adverted to by Mr Gilbert is so important in itself, and has so interesting a bearing on Medical sanitary questions, that we cannot forbear to quote Mr Gilbert's words. He says:

"One great advantage of the system of equal rating for the relief of the poor over the entire surface of counties would be the possibility of assisting in any great public movement or work for the relief or benefit of the poor at a comparatively trifling cost to the rate-payer. For example, let us first take the medical care of the poor. In a case of severe epidemic, or scourge of Heaven, such as the cholera, a rate of sixpence in the pound over the area of Wiltshire would yield sufficient for the maintenance of a thousand hospital beds at the average expenditure of the Westminster Hospital for nine months. A penny rate over the Metropolis would yield sufficient to maintain a thousand hospital beds at the working expenditure of St George's Hospital for twelve months, leaving two thousand pounds for the salaries of the medical officers, and a surplus of ten thousand pounds for a Samaritan fund for the sufferers. The maintenance and relief of the sick poor is a subject which by no means receives from the Legislature the amount of consideration which is due to it. It does not appear to be considered that disease engenders disease, and that in cities and large towns a very large proportion of the poor's-rate is caused by sickness. In the parish of Wandsworth, near London, it was proved by Dr Nicolas, the medical officer of health for the district, that fifty-eight per cent. of the poor'e-rate in his neighbourhood was caused by sickness. In Kensington sixty-four per cent. of the diseases of the poor are from preventable causes. In the poorer parishes this is especially the case. By the Registrar-General's report (1857) it appears that in the parish of Bermondsey the proportion of deaths from typhus and all other causes was as one to seventeen. The amount of expenditure this must have caused must have made considerable addition to the poor-rate, especially as a large proportion of the sufferers were parents of families. To understand this effect the better, let these deaths from typhus be compared with those from the same cause in another parish, say Marylebone, where during the same year the deaths from the same cause were only as one to fifty-seven. Under a system of county-rating, its whole sick poor might be placed under one organised staff, and the expenditure would be but trifling, while the sanitary effect on the population would be of the most beneficial description, if the medical officers were but chosen for their skill and humanity."

The view thus opened by Mr Gilbert is highly significant of the advantages that would accrue from a more liberal and comprehensive system of Poor-law Administration. When we remember that all the Hospitals that are supported by voluntary contributions are in debt, and that some of them are obliged to close their wards from want of funds; when we remember also the small amount that is contributed towards their support by the aristocracy and the opulent classes residing near those institutions,—we cannot refrain from indulging a hope that some means may be adopted of extracting from the resources of the rich a larger proportion in aid of the necessities of the poor

than they now subscribe. This inequality of taxation for the support of the poor is the great blot of the system, and the parent of much vice, crime, and disease. It is time that our legislators turned their attention to this subject; for, if we mistake not, there is a growing feeling in the Metropolis that the present condition of things is too unjust and baneful to be long continued.

SUMMARY OF THE WEEK.

INSANITY IN ENGLAND AND WALES.

Among the physiological problems which men take an interest in discussing, is that relating to the influence of our modern civilisation in the production of insanity. It is generally concluded that since the competition of life has grown so intense in this country, insanity has increased in a marked degree; and the evidence of this position is drawn from the large number of persons now confined in our numerous Asylums. In order, however, to appreciate the value of this evidence, the increased facilities which such establishments afford of providing for the insane, and thus withdrawing them from the privacy of domestic life, must be borne in mind. Insanity can be now subjected to statistics, which was not the case half a century ago. A return of Pauper Lunatics recently published throws some light on this question. We find that there are in England and Wales 31,543 insane paupers, of whom 22,378 are lunatics and 9,165 idiots—that is to say, about two-thirds of the whole number are lunatics, and one-third idiots; but it is remarkable that this proportion does not prevail in every district of the country. There is more idiocy in the southern counties than in the north; and in Wales so many as one-half of the insane are idiots. The same proportion holds good in the south-eastern and south-western counties of England. The same report informs us that three Welsh counties — viz., Cardigan, Carnarvon, and Denbigh — present double the number of pauper idiots returned for Manchester, but one-third the number of pauper lunatics. It is therefore obvious, that the more the faculties of the mind are developed by the ambitions and struggles of life, and by all those agencies, such as education and moral culture, which are necessary to fulfil the design of a high condition of civilisation, the higher is the standard of mental power, and, consequently, the less idiocy. But, on the other hand, lunacy, or a break-down of the intellect, coincides with a general increase of its power. We do not think, however, that the question is determined, whether, in the aggregate, insanity is increased or diminished by civilisation,—whether, indeed, the raising of the idiot portion of the community to a sane condition, caused by a gradual improvement of the race, does not more than compensate for the deprivation of intellect by lunacy. Then, again, it would be interesting to know to what extent the lunatic members of the community are derived from those stocks which have been improved from the idiotic state, but were still unequal to the strain of a competitive state of society. These problems, which involve important psychological and social questions, might be answered by any man who would undertake the duty of analysis.

DISINFECTION OF TOWN-SEWAGE.

If the accounts that have reached us be reliable, the problem of the possibility of the disinfection of town-sewage at a moderate expense has been solved, the agent being carbolic acid. We know that there are many agents that will produce the same result; but exceptions have been taken to their use, either on account of their expensiveness, their deterioration of the sewage as a manure, or their poisonous qualities. An experiment has now been carried out at Carlisle, by which the sewage of that town has been completely disinfected by carbolic acid, and afterwards employed as a manure upon the adjacent lands. It is stated by Dr Angus Smith, that the sewage is thus rendered perfectly inodorous. The entire cost of disinfecting the sewage of this town is 95*l.* per annum, exclusive of the cost of erecting the works, which was 400*l.* This attempt has been made by Mr M'Dougall, who has taken a lease of the sewage of Carlisle and adjoining fields for the purpose of effectually testing the project. Supposing that further examination should confirm the accuracy of the statements now made, there will be no great difficulty in future in disinfecting the sewage of all our towns and villages, and putting the sewage to a practical use.

HOPE FOR THE HOSPITALS.

We have lamented in another article the disheartening pecuniary condition of most of our large hospitals, but we are now pleased to say that a Mr Bond, who is a member of the Jockey Club, has thrown out a suggestion which will, no doubt, cause the hearts of hospital treasurers exceedingly to rejoice. He proposes that ten per cent. should be annually allotted from the Derby and Oaks stakes, which would make a sum that he calculates at 900*l.*, in aid of a fund for the permanent endowment of the following hospitals:—St George's, St Mary's, King's College, Charing cross, the London and the Royal Free;—the Middlesex and the Westminster, and a fry of smaller institutions, being omitted from the category. This is one of the best modes in which such gains could be appropriated. Mr Bond has generously offered to lay down a sum on his own account to form the basis of the fund.

MEDICAL REMUNERATION IN RATHDOWNEY.

On the election of Dr Smith to the appointment of Medical Officer of the Rathdowney Dispensary in Ireland—an appointment which is equivalent to that of Union Surgeon in this country—there was an attempt made by the Board to induce the candidate to agree to receive a fee of five shillings for a visit to such of his patients as were not entitled to a ticket for medical relief. As a matter of principle, Dr Smith was justified in refusing to assent to such a proposition: it was a bargain which the Board had no authority or right to enter into, and, if made, could not have been legally binding. But when Dr Smith objected that it would be derogatory to his College to take a smaller fee than a guinea for his visit, w could but wish that such a beneficent rul was instituted in this country in behalf of its Poor-law Doctors. How many a Union Surgeon's mouth must water at the idea of his getting a guinea a visit from all the independent labourers and small shopkeepers of his hamlet! What happy times there would be for the Doctors throughout the country, if this principle of payment could be realised! When Dr Smith triumphantly remarked that it would be worth a person's while, when he fell sick, to go to London to be attended for a fee of five shillings, we could but agree with him; for if the illness were a long one, he might save his travelling expenses out of his fees. We advise the Dispensary Surgeons, however, not to acquaint their patients with this fact. The Surgeons in Ireland may fully expect, after this announcement, a large emigration of British Practitioners, who will be too eager to participate in the profits of such a Professional California.

REVIEWS.

A Practical Treatise on the Diseases of the Urinary and Generative Organs (in both Sexes). Illustrated with Woodcuts and Coloured Plates. By Wm. Acton. 3rd Edition.

Mr Acton has divided his book into two parts, in the first of which he treats of Non-Specific Diseases; in the second, of Specific Diseases. Under the section of Non-Specific Diseases, the Author treats of Blennorrhagia, Gonorrhœa, Stricture, Prostatic Disease, Epididymitis, Hydrocele, Inflammation of Bladder, Incontinence of Urine, the various forms of Blennorrhagia in Women, and Herpes Excoriations, Pruritus, together with the numerous modifications and *nuances* of the several affections here enumerated. Under the head of Specific Diseases, the Author treats of Syphilis in its various stages and constitutional conditions.

Mr Acton's Treatise is so well known, and has so meritoriously taken its place as the highest authority in our language upon the diseases which have occupied the writer's attention, that we shall not extend our analysis into the several divisions of the work, but shall confine ourselves to a notice of those portions which have been added to this edition, or in which the Author has deemed it necessary to make alterations in order to keep his work abreast of the advancing tide of science. The

questions he has especially discussed in this edition are:—whether there is more than one virus capable of producing specific disease, the real significance of induration, the microscopical appearances of gummata and tertiary symptoms, and the latest views on the subject of rape. He has also given additional tables on the mortality of syphilis, &c.

In arguing the question of the plurality of poisons, the Author first sets forth the conditions of contamination. In these points he follows Ricord. He says that simple sores produce simple sores in other individuals; and that indurated chancres will produce, as a rule, indurated chancres. Exceptions are admitted. He observes, "In fifty-nine instances collected by M. Ricord's Interne, and confirmed by him as well as by his colleagues, it appears that the origin of indurated chancre was traced to indurated chancre—*at least when the contagion was transmitted to a constitution that had not been previously affected with constitutional syphilis.* If the patient have had previously an indurated chancre followed by secondary symptoms, a second infection from an indurated chancre will produce a *soft* chancre. Again, this *soft* chancre will produce an indurated chancre in the instance of a person who has never had syphilis.

The indication, therefore, is that indurated chancre does not arise from a distinct virus, and that the modifications of the sore depend upon the condition of the patient.

With reference to the question of the plurality of viri, Mr Acton quotes the guarded opinion of M. Ricord, as expressed in a recent lecture, to the effect that even though future research should establish the truth of a plurality of poisons, it would not subvert the principle of the unity of syphilis. It would only prove that there was by the side of syphilis another and foreign affection, resembling it in mode of attack and external symptoms, but differing from it in not exercising any infecting influence on the economy. Mr Acton's opinion is, as given above, that there is but one poison, but differing in its effects according to the idiosyncrasies or diathesis of the constitution into which it is introduced.

The Author gives an excellent description of indurated chancre, but we do not conceive it expedient to reproduce a part of it; and to give the whole would occupy too much space. The microscopical characters of gummata are described at length. These gummata are tubercles of the cellular tissue, and are the characteristic signs of the tertiary stage. They are found in the sub-cutaneous and the sub-mucous cellular tissue, or wherever this conjunctive tissue exists. These tumours never appear before the fifth month after contagion, and may come on after thirty or forty years have elapsed. Mr Acton quotes M. Ricord, who says of this affection; "It mostly begins with a hard kernel of a small size, situated in the deeper layers of the skin: it grows very slowly; so much so, that I am not quite sure of the size it may reach; but this development takes place without any local or general reaction, and in the cases I have observed the tumour seldom exceeded the size of a walnut, and mostly remained much smaller. These tubercles or elastic tumours are not confluent; and this fact is sufficient to establish a distinction between them and molluscum, which, generally, is remarkably confluent." These tumours have been observed in the testicle, the brain, the lungs, and other parts. Again, M. Ricord says, "As the syphilitic tubercle grows, it becomes rather painful: this is almost always owing to inflammation set up within it. Before this complication occurs, it lies quite free in the cellular tissue, and adheres to the skin only at one point; but when inflammation sets in, it gets confounded with the surrounding tissues, its mobility is lost, the skin covering it becomes red, swells, softens, and ulcerates on one or several spots, and a deep ulcer follows the plenteous discharge of purulent matter. The edges of the sore become undermined, and the neighbouring parts are involved in a destruction which varies according to the organs whereon the tumour has settled." Microscopically, this disease is due to a cell-formation analogous to granulations.

It is with much satisfaction we recommend this Treatise to the notice of our readers. It treats with lucidity and completeness the various topics incident to this most important department of surgery; it is furnished with a large number of very beautiful coloured illustrations, and is in every respect admirably got up. No surgeon can boast of a well-furnished library who is without this Treatise.

A Short Notice and Description of various New and Improved Surgical Apparatus, Trusses, &c., Invented and Manufactured by Thomas Eagland, Leeds.

We have often thought that a concise account of the mechanical aids used for the relief or cure of disease would be useful to Medical Practitioners. Mr Eagland, a Surgical Mechanician of Leeds, has thus provided us with a description of those instruments in the manufacture of which he has exercised his ingenuity. Here are instruments for spinal curvature, distortion of the limbs, prolapsus of the rectum, hæmorrhoids, prolapsus of the uterus, and hernia. The merit of these instruments is their simplicity, and we are glad to find that they have received the approbation of some of the most eminent Members of the Profession.

Some Points in support of our Belief in the Permanance of Species, and on the very limited Application of the Doctrine of their Origin by Natural Selection. By Lionel S. Beale, M.B.

This pamphlet took its rise from a discussion on the subject at the last meeting of the British Association. The Author is opposed to the Darwinian theory, as incomplete, unsustained by an adequate number of facts, and inconclusive. Dr Beale thus states Dr Darwin's theory:

"The theory does not suppose, like some which have preceded it, that species and genera of animals pass, in the course of successive generations, into other forms; but that certain individuals of a race, being exposed to circumstances different to the general mass, will in consequence become somewhat altered. Their habits and instincts are supposed to become modified, and their structure adapted to suit the new conditions under which they exist. If these conditions were unfavourable, they would soon die out; if favourable, the creatures would, in the course of successive generations, undergo still greater modifications, until there was little resemblance to be traced between them and their original progenitors. The latter, in some cases, would disappear altogether, in others would retrograde, and, in some instances, might be supposed to retain for a time their original type, destined perhaps at length to undergo a different order of changes, in consequence of being exposed to different external conditions."

He thus delivers his answer:

"Many believe that the modifications which occur under altered external conditions are more limited in their extent and more subordinate in their nature than the advocates of this theory suppose. That even man is influenced by temperature, food, habits, clothing, no one will deny; but whether these influences, acting through any amount of time, would be capable of producing anything but an altered man, is quite another matter. Wonderful indeed are the differences observed in the physical, mental, and moral conditions of various races of men, and among tribes and individuals of a race; but yet all are men, and distinguished from every other creature by essential differences, infinitely greater than the non-essential and more subordinate characters which distingnish these tribes and individuals from each other.

"As man is affected by external conditions, every living thing below him is also affected, but in a very much greater degree. Plants are modified to a far greater extent than animals, animals than man. Varieties are most easily produced in plants, and without great difficulty in some animals: the animals which are most under our influence being those in which the greatest modifications are produced; but these are still only subordinate modifications. Look at the endless varieties of dogs, and the comparatively slight differences observed among successive generations of cats. How soon, too, the cat reassumes its wild state, compared with the dog! Yet, through all the varieties of dogs, there has never been produced a generation of wolves or foxes. Every variety of dog looked at as a whole, considered with reference to his habits, form, instincts, and his whole being, is still but a dog; so it is with goats, sheep, oxen, pigs, pigeons, fowls, canary birds, &c.

"In the lower animals, it is more difficult to point out specific differences than in the higher, in plants more difficult still. The more simple the organised body, the more likely will it be that it will be much altered by external conditions, the more inconsistent will be its characters, and the more difficult will it be to assign to it its exact specific peculiarities. It must be borne in mind that, among the higher animals, and even in man, there are certain subordinate points which perhaps may be roughly compared to the colour and form of petals or leaves in plants, which are readily affected by external circumstances. But these changes are, as far as has yet been proved, *limited*. To assign the exact limit in the present state of knowledge is very difficult, and perhaps quite impossible. It may, however, be remarked, that in the vegetable kingdom it is only certain allied plants that can be propagated by grafting, and among animals there is no race of true hybrids. A plant becomes very greatly modified, an animal in some important particulars, a man in comparatively very slight degree, the alterations affecting only the size of his limbs, colour, and texture of his skin, hair, &c."

Dr Beale makes a just observation when he remarks that all divisions into species are arbitrary and artificial, and hence cause much of the confusion which furnishes the excuse for new theories. One of the principal series of facts which gives a colour to the Darwinian and and allied theories of development Dr Beale comments upon in the following words:

"Lately it has been demonstrated, not in one solitary instance, but in a vast number of cases occurring in different classes of animals, that creatures, so to say, belong to different groups at various periods of their existence, before their specific form is attained. In other words, the offspring of certain creatures are imperfectly formed and unlike their parents. These larval forms are capable of producing larvæ like themselves, or other imperfect forms somewhat differing from their immediate non-sexual parent. This process often goes on to the production of millions of still imperfect creatures, until at last these produce forms totally unlike themselves,—perfect, sexual, and with all the characters of the two original parents of this unnumbered progeny.

"These millions of creatures result, then, from one single ovum. In many cases, in the different stages through which the larval forms pass, they live in different media, consume different kinds of food, and are exposed to different external circumstances.

"But can it be maintained that external agencies are alone concerned in producing this wonderfully exceptional mode of multiplication, which seems so perfect a plan to ensure the development of a vast number of distinct creatures of the same species within an incredibly short space of time, in spite of their being exposed in each phase of existence to many different chances of destruction—can such facts as these be explained except as resulting from infinite wisdom and design?"

Dr Beale has treated the subject in a cautious and philosophic spirit.

The Reformed Roman or Oriental Baths. By James Tucker, M.D.

In this little *brochure* Dr Tucker has given an interesting account of the Roman Bath. Our readers being well acquainted with the

subject from the various letters that have appeared in this Journal from the Author's pen, we do not deem it requisite to dilate further upon the subject in these columns. Dr Tucker is benefiting humanity by his efforts to extend the practice of bathing among the people.

A Case of Homicidal Mania, without Disorder of the Intellect. By C. Lockhart Robertson, M.B.

Homicidal Mania is a subject of such deep interest to society generally, and particularly in relation to a just fulfilment of the law, that we are glad of any correctly-reported facts bearing upon it. We have on former occasions pointed out the danger of a too easy adoption of this view of the mental state in criminal cases; but if all cases were so plain and remarkable as that recorded by Dr Robertson, there would not be much necessity for caution. This man had been sent from the Kent Asylum to Dr Robertson with a very bad character, he having attempted several times to injure persons in that asylum. When he came under Dr Robertson's care, his intellect appeared sound, certain delusions under which he had formerly laboured having disappeared. Dr Lockhart thought he had recovered also from his homicidal propensities; but, to his surprise, one day he made a fierce attack upon Mr Gwynne, the assistant Medical Officer.

Dr Lockhart thus comments upon the case:

"From the time of his attempt on Mr Gwynne until the date of his removal, he was constantly seeking for an opportunity to renew his attack. His countenance assumed a fierce expression, and his eye lighted up with the glare of a wild beast, when visited and spoken to either by Mr Gwynne or myself. As I said above, I did not give him another chance, but kept both his hands fastened in the ordinary police waist-belt during his stay here. Had that stay been prolonged to the day of his death, I should not, I think, have felt myself justified in authorising the entire removal of the restraint. When the intellect is affected by disease, the precautions suggested by experience enable us to deal with the various manifestations resulting from that disease; whereas in one of sound intellect, and hence able to plan and arrange future schemes, no precaution could at all times, in the crowded wards of a county asylum, and with the freedom and liberty allowed, protect the officials or patients from the sudden homicidal assaults of lunatics of the class under consideration.

"*Clinical Remarks on the Case.*—This case is instructive as showing how morbid action of the will leading (contrary even to the knowledge of the wrongness of the act) to attempts at homicide may exist in a mind apparently sane. I believe any jury would have convicted the patient of murder, had he been discharged from this asylum previous to committing the attempt. He was undoubtedly, as I have remarked above, conscious of right and wrong. No one could have expressed more fully, or more properly, his regret at the acts of violence he had committed at the Kent Asylum; his intention hereafter both to conduct himself better, and also to make what atonement he had in his power for the injury formerly done by him. He freely admitted that he was conscious of right and wrong, and that he should be made amenable to the law in the event of his renewing his homicidal attacks. And yet there can be no doubt that the attempt he did within a few days of this avowal make to destroy the life of Mr Gwynne was the act of a person of unsound mind. It was made without provocation; indeed, in return for unvarying kindness and attention. It was done before witnesses, and without the slightest chance of escape. He was in the airing court, where two attendants were on duty; and Mr Gwynne was accompanied by the head attendant at his visit. Even had he succeeded, he knew that such an act would certainly insure his prolonged detention here; and yet when I pressed these points in conversation with him afterwards, the only answer I got was that he would not injure the attendants, that he had an objection to medical officers, and that Mr Gwynne had had a fortunate escape. When told that the Secretary of State had decided on placing him in an asylum where he would enjoy less liberty and be subject to more restraint, he said he fully deserved it, that he had brought it upon himself, and that he acknowledged the forbearance with which I had treated him.

"The previous history of this case at once points to the existence of some deep-seated moral perversion, or lesion of the will more likely, or perhaps both, it is hard to say, from which these homicidal attempts resulted. There had been auditory illusions (one of the most intractable forms of partial insanity), and he had been the subject of delusions also, as is related by Dr Huxley in his history of the case. There had been violence and insane attempts to break glass and destroy property. These symptoms had, it is true, either been cured, or had passed into abeyance; but their result in the lesion of volition and perverted emotion which led to this homicidal attempt show how deep-seated the morbid mental action had become, and may serve as a warning of how the utmost caution and circumspection are necessary in discharging from the control of an asylum any case in which this homicidal mania has ever shown itself. Like a horse who has once reared, these cases are, in my opinion, never safe; and I should not sanction, under any circumstances, the entire restoration to liberty of any undoubted case of homicidal mania."

He was afterwards sent to Fisherton House, and there attacked one of the attendants with a short-pointed piece of wood (his usual weapon), with which he stabbed him about the head. There can be no doubt about a case of this kind: the doubt exists in the case of criminals where the history is not so clear and connected.

SKETCHES OF EMINENT PHYSICIANS AND SURGEONS
OF THE LAST CENTURY.
By JOSHUA BURGESS, M.D.

MEMOIR OF JOHN HUNTER, F.R.S.
(Concluded from page 247.)

In the summer of 1785 he had attacks of flying gout, was subject to faintings and heart affections, attended with great irritability, with some disturbance of the sensorium. This manifested itself in apprehension of hydrophobia, having been bitten by a dog at some earlier period. For these affections he first visited Bath, and afterwards Tunbridge Wells.

Sir E. Home entertained a high opinion of John Hunter's skill as an operator. To use Sir Astley Cooper's expression, he thought him neither "dexterous nor elegant." The latter phrase is derived from Sir Astley Cooper's day. Hunter would frequently say, "To perform an operation, is to mutilate a patient we cannot cure. Operations should, therefore, be considered acknowledgments of the imperfection of our art." "His large experience, and his extraordinary skill as an anatomist, almost always enabled him to complete any operation he undertook: though slow, he was sure." A contemporary biographer, speaking of him, says—"That he is fully entitled to the highest celebrity in both these departments (anatomy and surgery), it is impossible to dispute; but we may at the same time confidently affirm, that could his own voice have been heard, he never would have consented to rest his fame on any narrower basis than that afforded by his invaluable labours and his brilliant improvements in the wide field of natural science." (*a*) The study of anatomy and dissections, commenced for professional objects, was far too restricted for John Hunter's ambitious mind. He soon diverged from human to comparative anatomy, which led him into the vast field of natural history. Thus his labours and discoveries attracted first the notice of Baron Haller, who was then considered the first physiologist in Europe. Lord Brougham, at the inauguration of the statue of Newton, said that "Cuvier had been preceded by inquirers who took sound views of fossil osteology, amongst whom the truly original genius of Hunter fills the foremost place." His Lordship on that occasion reviewed the labours of "Buffon, Cuvier, De Blainville, Schilling, Müller, &c."

About this time he had accomplished the object of his life—completion of the arrangement of the Museum. He reduced the collection to a system, illustrating the functions and economy of animal life. The public were admitted, under certain regulations, to view the collection.

In 1789, he was admitted an M.R.C.S. of Ireland. A friend, Mr Sharp the engraver, persuaded him to sit to Sir Joshua Reynolds, who promised to take great pains with the painting, and said he would make it a test of his artistic abilities,—by it rather to obtain distinction and character, than to obtain reward by its sale. This was one of the last of Sir Joshua's works engraved by Sharp, and it is considered one of the most splendid heads and finest engravings in England. When Lavater was shown Sharp's celebrated engraving of the open countenance of John Hunter, he exclaimed, "That man thinks for himself!" Mr H. Weekes, A.R.A., is now engaged in the execution of a statue of him, proposed to be placed in the museum of the College. This, we think, is a strange artistical anachronism, when the lonely emblem of Jenner—his constant friend, early and late—is resting in a pensive attitude, melancholy for its mate. Close by, from St Martin's Church, was the dust of Hunter exhumed, when the bronze to commemorate Jenner was being reared. Their merits are so equal, their friendship in life so unalloyed and serene, what in this posthumous association will assort so well with the other, as an effigy of John Hunter?

In 1792, he relinquished his lectures to Home. On the death of his early patron, Mr Adair, he was appointed Inspector-General of Hospitals and Surgeon-General of the Army. These engagements took him from his usual pursuits. In short, his numerous appointments, honorary or otherwise, became so extensive, we cannot attempt an enumeration of them. He continued to publish, and amongst others we must name, 'The Treatment of Inflamed Veins,' 'Introsusception,' 'Observations on the Economy of Bees,' &c. &c. In the same year, he contributed his last paper to the 'Philosophical Transactions,' 'On the True Bee.' He cultivated this fondness for bees at Earl's Court, keeping his beehives in the conservatory. On relinquishing his lectures to Everard Home, he handed over all his manuscripts. These Home afterwards destroyed, and founded other lectures upon them. He frequently abused Home for his clumsy fingers, swearing that "his fingers were all thumbs," and that he would never have sense enough to tie down a bottle. On the other hand, he esteemed Sir Anthony Carlisle for skill in making preparations.

We are now approaching the termination of our memoir. Unfortunate dissensions sprang up, in consequence of rivalship in an election for the office of Surgeon to St George's Hospital. The contest was conducted with great and unprecedented warmth. Everard Home, Hunter's assistant-surgeon, lost the election by a decided majority. This circumstance rankled and embittered the feelings of John Hunter towards his colleagues. He manifested this rancorous disposition on every occasion. Unfortunately, he adopted extreme measures in carrying out his animosity, and they were thwarted. The Governors of the Hospital on more than one occasion decided adversely to his views. He was in opposition to all his colleagues, except Baillie. These feuds terminated only on his awfully sudden death. He had some time before been suffering from great agitation and anxiety, from a heavy and unexpected pecuniary loss. The symptoms evidently proceeded from some affection of the brain; and, in charity, we may attribute many of John Hunter's eccentricities to this source.

The disputes and contentions in which John Hunter was implicated with his colleagues at St George's, were of that frivolous and disparaging nature, that we can only allude to them as curious instances of the tastes and manners of the day. An indulgence in quarrels of the kind in our day would be at the sacrifice of so much self-respect as to subject parties indulging such propensities to become amenable to severe animadversion and criticism. John Hunter scarcely escapes the imputation of a mercenary motive; but we believe vanity to have been the ruling passion which was the source of so much irritation. He insisted upon his points with that pertinacity and ardour

(*a*) 'Naturalist's Library,' vol. x. 'Memoirs of John Hunter.'

which characterised the conduct of his life. The Board of Governors of the hospital had passed a regulation which required all who wished to offer themselves as candidates to become pupils, should have been educated to the Profession. Two young men came up from the country, ignorant of this regulation, and applied to be admitted under John Hunter. He undertook to plead for them at the Board: he expected opposition as a usual event. His state of health warned him of the risk when this discussion became imminent,—which, from intelligence he had received, was certain to occur. He foreboded the catastrophe which occurred, in an interview with Dr Richardson. The Board met on Oct. 16th, 1794. He left home in apparently high spirits, but somewhat excited. He left by accident on the study-table his case-list, which Mr Clift—who then resided with him—followed to restore to him. He found his carriage at the house of a patient in St James's street. Clift delivered the list to him, and heard him order the coachman, in an animated manner, to drive to the Hospital. He entered the board-room to fulfil his promise, and found it already assembled. He directly urged the propriety of these candidates being admitted. In the course of his remarks, he made some observation which one of his colleagues thought it necessary instantly and flatly to contradict. Hunter immediately ceased speaking, and, struggling to suppress the tumult of his passion, hurried into the adjoining room, which he had scarcely reached, when, with a deep groan, he fell lifeless in the arms of Dr Robertson, one of the physicians of the hospital, who chanced to be present. Dr Baillie had immediately followed him into the board-room. Mr Home was also present, and every attempt was made to restore life. "His body was placed in a sedan chair, and conveyed to Leicester square, followed by his now vacant carriage."

"John Hunter was of short stature, very strong, bodily active, and well formed, and capable of great exertion. His countenance was open, animated, and deeply impressed with thoughtfulness. Towards the close of life he was easily irritated, and not easily pacified when once provoked." A bust of him was made by Chantrey, taken from a mask Sir Joshua Reynolds had modelled between the intervals of his sittings while painting his portrait. This had been mislaid and forgotten, and was found amongst lumber after his death. "Soon after his death, Mrs Hunter felt anxious to erect a monument to his memory in Westminster Abbey. The fees demanded for permission to occupy a niche within that venerable fane were too great for her reduced fortune, and she therefore abandoned her intention." (*b*) John Hunter died in his sixty-fifth year. Our summary of the chequered incidents of this venerable man's life is imperfect and incomplete. To do them small justice, more ample space would be required. A temper of mind well toned for philosophical disquisition would be required to cursorily entertain the various topics which occupied the whole life and labours of John Hunter.

Health of the Armies in Syria, China, and Italy.—Intelligence respecting the health of the French soldiers in Syria is very unfavourable. Although they had not yet gone on any expedition, 600 men, or about one-tenth of the force, were in hospital. The English troops in China, on the other hand, are described as being in an excellent state of health; the hospital ships models of comfort and efficient arrangement, and general sanitary precautions carefully carried out. As a result, 12,000 men are now embarked for campaign in a state of health rivalling that of inhabitants of rural districts. Let us hope that we have at last an example of sanitary administration that will be consistently followed out. The bad economy of killing our soldiers by routine, in order to save our enemies the trouble, seems at last likely to be recognised.—From Italy, medical intelligence is also more favourable than heretofore. The dearth of medical stores is now nearly at an end. The hospitals are under the superintendence of Madame Mario, and are in many respects improved. The recent arrangements of the Medical Staff after the engagement at Capua are spoken of in terms of praise. It is in contemplation to establish a central hospital at Naples, and one also at Palermo. The organization of the Hospital Staff, however, leaves much to be desired.—'Lancet.'

(*b*) Palmer's 'Life of John Hunter,' p. 135.

HOSPITAL REPORTS.

KING'S COLLEGE.—Sept. 29th, 1860.

Cure of Hernia—Wood's Operation.

Having, in a late number (August 22nd), said so much in explanation of the details of this very curious operation, it would be scarcely necessary to go into the subject again. But the operation is not to be so cursorily treated. It will rarely be performed, but some new feature, and fresh anatomical phase, will present itself for notice. Two such singular cases have occurred at King's College lately, the first on this date, and the second on October 6th inst. Both these cases observed a strange similarity of eccentricity, and in relating the history of one, *mutatis mutandis*, we shall give an outline of the peculiarities of the other. Mr Wood, the talented discoverer of this new mode of operation, performed for cure of hernia on both occasions. As this operation is so complex, yet so easily adapted by skilful manipulation to meet every exigence and to conquer all emergencies, it is well that the office of explaining difficulties as they arise should come from so able an anatomist. The clearness and precision of Mr Wood's comprehension of the anatomy of the parts implicated in hernia, his capability of lucid demonstration both by word and by diagram, and fertility of resource in novel and unexpected difficulties, are beyond all praise. The number of patients at the present time who have been relieved by cure of hernia on Mr Wood's plan, we believe, is somewhere about thirty; the last case to which we shall revert being in number the twenty-fourth which he himself has had under his care, all but two of which have proved successful. One of these had had several previous operations unsuccessfully attempted in different hospitals. The parts were consequently so cut up as to afford a very slender prospect of success. The patient moreover, a sailor, absented himself, without leave, at the end of a week before the parts were sufficiently firm, walked some distance and indulged in debauch. We still are of opinion that this operation demands a familiarity with the minute anatomy of the parts, and a certain decision and boldness of procedure, that few possess, but with which, in an eminent degree, Mr Wood is familiar and singularly endowed. One of the difficulties to be scrupulously regarded is to avoid the epigastric artery. After much familiarity and practice, as well upon the dead as living subject, he urges the necessity of using the index-finger of that hand which corresponds to the side upon which the hernia operated upon is situated. Thus the right index-finger must be used to invaginate the parts of hernia on the right side, and, *vice versâ*, the left finger for the left side. This is to give, if we may so express it, a correct *tactus eruditus* to govern and guide the needle, armed with hempen thread, properly to the neck of the sac. This is greatly facilitated by the circumstance that the artery slips away when touched by the needle, it being glib, and the areolar tissues in which it is imbedded of a synovial character. Mr Wood stated that he had tried many experiments in a careless manner upon dead subjects. In one instance, where vessels were injected, the needle did catch the artery; being hard and firm, it did not slip away. The case of to-day was singularly complex; the patient, a sailor from the Sailors' Home, a very strong hale man about twenty-two years of age. The hernia was both oblique and direct; Mr Wood had never before seen such a case, the internal ring being dilated and open, as well as the external. He prefers a blunt-shouldered needle to a sharp one, the sharpened point being very small. It lays hold better upon the fibres of the fascia, and, from the smallness of the puncture of the fibres, the ligature is less liable to tear out than from a larger incision. The tenotomy-knife used is very fine and sharp at the point and edge for about two-thirds of its length—edge beyond being removed. The case Mr Wood operated upon on the 6th inst. was a fine young man about twenty-five years of age. The hernial sac was unusually large and dilated, although the hernia was recent. Another singularity characterising it was, that the tumour was as broad at its apex as at its base, and a kind of neck in the region of the ring was marked upon it, as though pressure from a slight collar existed. To meet this unusual state of things, Mr Wood adopted quite a novel mode of operation. In this instance, having to contend with such unusual relaxation and largeness of sac, he adopted a strong iron wire ligature coated with silver, instead of his usual strong hempen ligature. The manipulation he effected and practised included an additional ligature across the relaxed openings. He resorted to a demonstration by diagram to explain this intricate and complex procedure. But even this failed to give a lucid statement of the various and difficult anatomical structures through which ha passed his wire ligatures. We need not say how incapable any verbal explanation would be to effect this, and will not attempt the futile task. On the same day Mr Henry Lee performed the same operation upon a strong, healthful young man, about twenty-five years of age, a sailor sent from the Sailors' Home. This young man had been operated upon before by a modified operation. It is certain that this complex and somewhat bold and unique operation is rather avoided by surgeons. It may be that a fatal termination has more than once occurred in consequence.

Examining and Exploring Knee-Joint.

This patient, a female, about twenty years of age, had suffered for some years from scrofulous disease of the right knee-joint. Although the disease was becoming aggravated, and cartilages were apparently gone, there existed a tolerable degree of movement. Abscesses had formed, communicating with joint, and externally by three openings; the lower opening about the base of patella, the second at the superior part of patella, and a third above, at the extremity of femur, between the condyles, rather on the external aspect of thigh. Mr Lee made a longitudinal incision, from the lower to the second sinus, into the joint. He then examined the condition of joint, and found the extremity of the femur necrosed. He extended the section to the uppermost sinus, applied trephine, and brought away a piece of the necrosed bone. He then gouged out detritus, introduced elevator, and brought away a piece of necrosed bone, which he found already separated, and lying in the cancelli of the shaft of femur. This piece of bone was about one-third of an inch by one-eighth in dimensions. He then scraped away some small particles of detritus, and closed wound with ligature, applying water-dressings. Mr Lee thought a useful limb would be attained. The irritation set up by the condition of disease existing at the extremity of femur, and the loose bit of bone imbedded in it, created great disturbance. The removal of these sources of irritation would give quiet; the bones maintaining a tolerably parallel position in relation to each other, and also free from contraction.

Varicose Vein.

Mr Lee operated by acupressure and subcutaneous section. He stated that acupressure, although a new name, had been practised many years at King's College Hospital. It is effected by introducing two needles underneath the saphena vein at two different points; then passing silk over them twisted in the figure of 8 fashion, or lint lapped round, or pressure in any way will obliterate the vein. The needles are passed under the vein by rolling the vein out of its bed, and, on thrusting them through, rolling the vein back again upon the needle. A fine-edged tenotomy-knife is then introduced in the same way, rolling the vein out of the bed, and, on introduction of knife, returning it again over the flat knife. Then turn its edge upwards, and cut through the vein under the skin. The cutting of the vein must be done with some force, the coats of veins being very tough and hard to divide. It is, moreover, an important feature that the inner coat of the vein should be carefully divided. If not divided, you do not obtain adhesive inflammation of its inner serous coat. In that case, if clot forms, it softens and becomes absorbed; and no poison is so fatal to human life. Clot will form no adhesion to the sides of the vein. It will have a shining appearance, as if surrounded by a serous membrane; but, if carefully examined, will be found to have formed no attachment on one side of the vessel. Thus, if the inner coat be not completely divided, the adhesive juice will not be found to have formed union. In the case operated upon, an abscess had formed on the lower part of the leg three months back. It was produced by languid circulation: the enlarged varicose veins having returned the blood so slowly as to become almost stagnant, the nutrition of the parts was conse-

quently defective, and great vascular debility existed. Thus ulceration occurs from innutrition of areolar tissue and teguments. The obliteration of these varicose veins gives vigour, tone, and increased rapidity of circulation to the blood, which before passed slowly and languidly in one or more enlarged veins. The circulation being now conveyed through vessels of smaller calibre, nutrition of cellular tissue is improved, and ulceration becomes cured. Mr Lee said that the ulcer in this case would heal in about three weeks.

NECROSIS OF HEAD OF FEMUR.

The patient a female, about thirty years of age, received injury of right knee about six years since, for which she had treatment at St Bartholomew's and other hospitals, and obtained cure by anchylosis. She continued well for two or three years, when she had a fall, which revived disease in knee-joint. She suffers greatly, the disease being active, and her health is declining. The knee, Mr Bowman said, was no longer a joint; he would treat the femur, and tibia and fibula, as one bone. He had no doubt the condyles and lower extremity of shaft of femur were diseased; also that he should find caries and necrosed bone between the condyles—in the cancelli, and up the shaft for some distance. This was a case in which formerly amputation would have been performed. Mr Bowman made a horizontal section down upon the joint, extending over the condyles of femur; traced sinus down to diseased bone; which having reached, he with strong nippers broke away—which required great force to do—a considerable portion of necrosed bone. He then scooped out detritus and dead bits for some distance up the cancelli and shaft of the femur. He said he had no doubt there remained more carious or necrosed bone yet to come away. These, he said, could be got at and traced at any future period. A useful limb would be preserved by the plan of conservative surgery adopted. The usual dressings were applied.

EXAMINING ELBOW-JOINT, AND FORMING FALSE JOINT.

This was a case of anchylosis, in which the bones were straight, without any flexion of joint. In consequence, the limb was useless, rigid, and always in the way. The object Mr Lee entertained was to disturb and overcome this condition of parts. He made a longitudinal incision over the ulna, and somewhat to the internal aspect of the limb, down to bone, and dissected round it and the shaft of humerus and condyles. He then cut, with circular-acting saw, out through the ulna at its base, and flexed the forearm. By thus maintaining the flexed position, he would obtain ligamentous union and some latitude of motion by what may be called this false joint, and from having been worse than useless the limb would be rendered serviceable. Mr Lee stated that other modes might have been resorted to. Thus, by extension, counter-extension, and manipulation, dislocation or fracture might with great force and violence be done, and a certain quantity of flexion, and perhaps motion, be obtained. But fracture could not be had where most desired, and more mischief might by these violent measures be done than in so delicate a subject as the female operated upon would be justifiable.

Mr Lee likewise operated upon another female patient, about thirty years of age, for the removal of necrosed bone from the lower extremity of left humerus.

MR LAWRENCE AT LYONS. — We extract the following paragraph from the 'Gazette Médicale de Lyon':—"The Profession of Lyons has, within the last fortnight, been afforded great happiness, without, however, being able, from not being prepared, to appreciate it fully. Last Wednesday, whilst M. Desgranges was extirpating a tumour in the parotid region, at the Hôtel Dieu, an aged gentleman entered the theatre, with a fine, intelligent countenance, and an exquisitely noble English bearing. He introduced himself as surgeon to St Bartholomew's Hospital in London, and made a few extremely appropriate remarks respecting the operation which was being performed. He then accepted the invitation to be conducted over the hospital by a few young doctors present. In leaving them, he bade them good-bye in the following manner: 'Many thanks, gentlemen. If you come to St Bartholomew's Hospital, I shall be happy to show you round. Pray ask for Mr Lawrence.'"

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 8TH, 1860.

A. B. GARROD, M.D., F.R.S., PRESIDENT, IN THE CHAIR.

This was the Opening Meeting of the Session.

The following paper was read by Dr Thudichum:—

ON SOME CHEMICAL QUESTIONS IN CONNECTION WITH DISEASES OF THE LIVER AND THEIR TREATMENT.

We will give, as far as we are able, an abstract of the main features of the discussion upon this paper.

Dr THUDICHUM had on some former occasion entertained a portion of this question, and had communicated a theme to the Fellows of the Medical Society "On Gall Stones." In this paper he inferred that biliary calculi, by the process of deposition by which they were formed, conveyed a model or formed casts of the biliary ducts. This inference he had had corroborated by independent opinions of those to whom he had shown them. Dr Thudichum used a mode of expression or new term, cholochrome, to explain a colouring substance he found precipitated on granules in these casts. Thus he considered a sort of decomposition takes place, resulting in the deposition from healthy bile of these granules, held by the bile in solution in a healthy state. This discovery of cholochrome, so called, and of its constituents and properties, he had explained in papers he had communicated to the British Association and other societies. He had since extended inquiry, and added to his facts sufficient *data* upon which to build a theory of the construction of gall stones. He would explain this, and also the influence of the parenchyma of the liver in its normal and diseased function. He would also submit some therapeutical suggestions for the treatment of diseased liver, derived from these physiological inquiries. He recited several experiments to show the analysis of so-called cholochrome. He also further gave the results and changes bile manifests under putrefaction. Some in different phials were shown, kept two years, and others one year, respectively. The deposits they gave were analysed, explained, and shown. The results gave chlorochrome, cholic acid, phosphates of lime, and magnesia, in crystals and mucus. The fluid portion contained certain salts, taurine, valerianate of ammonia, and phosphate of soda. Dr Thudichum then entered into an inquiry into the organic physiology of the liver, and the functions of the cells. They absorb albumen, starch, and sugary matters, which they convert into bile. In disease, instead of normal assimilation, a fermentation occurs. Then he reverted to treatment of liver disease. The therapeutic means he suggested in jaundice were nitric or nitro-hydrochloric acid, or a solution of nitrous acid taken as a ptisan, like lemonade. It produces no irritation, griping, or disturbance, as does nitric acid and aqua regia. They act as solvents of cholochrome, and as tonics and antiseptics, so much required in diseased conditions of the bile; but they are not specifics. Other remedies to stay the morbid actions are wanted. Astringents, as gallic acid, sesquichloride of iron, and the tincture of sesquichloride of iron, are beneficial, especially the last, in epithelial desquamation of the liver. These acids, he said, were much improved by dilution; the more diluted, the more decided the effect. They are quicker assimilated; they are always well received by the stomach when well diluted, but not unless. Their action is doubtful. They may pass free in the circulation, and act upon certain tissues. This is satisfactorily established in relation to oxalic acid, and others which pass uncombined through the circulation, they having been found free in the urine. There is no explaining these organic chemical changes during life. Dr Thudichum deprecated mercurial treatment in liver disease, in the strongest terms, as a "fatal error." The simple mineral drinks, Seidlitz and purgative salts, were indicated by the condition of the intestinal canal; baths of aqua regia, with simple juicy vegetable acid diet, conducing to a good condition of skin. It was his fate to have to treat for results of blue pill as much as liver disease. Dr Thudichum recommended soluble phosphates; their presence is always beneficial and desirable; their absence may be injurious, since the assimilation of fat without them would be imperfect. It might be taken in the food, like common salt, and in combination with it. They, the two latter, produce an emulsion easily assimilated. He suggested the combination of cod oil with phosphates, to improve the digestibility and agreeableness of the fat. Liebig recommended their being administered in the menstruum of beef-tea. In bile, soda exists more largely than potassa. The substance of the liver shows a reverse proportion of these salts. These relations require further inquiry; their disproportions may explain disease. The modes of speech describing morbid conditions of liver lead to error, having no definite connection with its true conditions. Chologogues are little wanted. The errors of the liver are little understood; it is more often injured than benefited through the mouth. The intestines require most regard. To appease, subdue, and quiet their irritability and activity, are more indicated. We have given but an imperfect report of this very elaborate and intricate paper, erudite in chemical analysis and speculative induction.

The President, Dr GARROD, on the part of himself and the Fellows of the Society, returned the thanks of the meeting to Dr Thudichum for his very erudite paper. He called upon the Fellows to offer any remarks in the way of discussion or inquiry of the experiments so clearly given; to the accuracy of some he himself could speak. He was afraid the subject was too elaborate and speculative to admit of much off-hand discussion, or to come within the scope of any but practised and professional chemists.

Dr RICHARDSON, who had arranged to read a paper this evening before the Fellows of the Society, first explained the cause of his not doing so, and the mistake from which it arose. He then made a few remarks upon Dr Thudicum's paper. He should have wished for more explanation of the treatment, and also of the diagnosis of diseased liver, and of that condition of it which led to the formation of gall stones.

Dr LEARED was also inquisitive to know more of the diagnosis. Dr Leared remembered many cases in which the state of things was such, that immediate relief was obtained by the administration of nitric or nitro-muriatic acid. He inquired, "How is it that Dr Thudichum finds mercury so injurious in liver disease?"

Dr SALTER inquired concerning the decomposition of fibrin? if urea implies the presence of uric acid, and whether you get it in the bile-duct? In answer to Dr Leared, he would say that mercury exercises no effect whatever—has no truly chologogue influence. We are quite in the dark in administering mercury as a chologogue. He put three questions to Dr Thudichum, which our space does not permit giving.

Dr ROUTH suggested that Dr Handfield Jones had proved to the Society that mercury and aloes were both chologogues.

Dr THUDICHUM made a full reply in respect to mercury. It was never detected in the bile, and does not exert any direct influence upon the liver. If it acts at all, or beneficially, it [illegible] getting out of the system as soon as possible through the intestines. Its specific action always does harm. It decomposes the red particles of the blood—deprives it of oxygen. In reply to the direct question, Is mercury a chologogue? he would reply with another, What is a chologogue? Is it an increased secretion of the quantity of bile? If so, is it increased by mercury? He never could find any mercury in bile. Dr Thudichum said—"They who gave mercury, according to my opinion, do harm." But he would work with Dr Richardson in further experiments of a physiological character upon dogs. All fishes' bile contains only potassa, no soda, notwithstanding they live in an element of soda. Man and other animals' bile, on the contrary, contains soda, and no potassa.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 3, 1860.

DR RIGBY, PRESIDENT, IN THE CHAIR.

Eighty-four new Fellows were elected by ballot in the usual manner.

Dr R. UVEDALE WEST related a

CASE OF SEROUS APOPLEXY TERMINATING FATALLY IN THIRTY-FIVE HOURS ON THE SIXTH DAY OF LYING-IN.

The patient, aged thirty-eight, was delivered

on June 4th, 1860. She was of full habit, with a remarkably dingy, freckly complexion, suggesting the idea of imperfect elimination of urea. Her last confinement, the fifth, took place in June, 1859, when she had violent post-partum hæmorrhage, with subsequent febrile symptoms and phlegmasia dolens. Her state of health since that period had not been good. The labour which preceded her death was easy and quick, but the placenta was incarcerated, and had to be removed. For a day or two there was much hæmorrhage, but she was otherwise pretty well until the fifth day, when, soon after breakfast, without previous complaint, she was suddenly seized with a kind of fit. When seen by Dr West, soon after this attack, she was found semi-comatose and speechless; hemiplegia of right side; the arm on this side rigid and semi-flexed; pupils medium, equal; no convulsive movements, but occasional motion of the left hand and arm; respiration quick; pulse 100; lochia present; breasts distended, the child having died the day before; no œdema of feet or ankles; bowels open day before. When sharply spoken to, she apparently attempted to put out her tongue. She remained in the same state up to the evening of the following day, when, after turbulent tossing of left arm, rising in bed, quickened pulse, copious perspiration, hurried sibilant respiration, she expired.

The head only was allowed to be examined. There were small patches of extravasation inside the scalp over both sides of occiput, due to knocking of the head against the head-board; brain apparently congested on surface; some small patches of softening outside the left choroid plexus. Left lateral ventricle empty; right contained considerable quantity of slightly bloody serum. Brain otherwise healthy.

Dr TANNER regretted the absence of any mention as to the state of the vessels of the brain. He thought it highly probable that this may have been one of those cases of plugging of one of the cerebral arteries by fibrin to which Virchow, Kirkes, and others had called attention. The condition of the woman was such as to favour the formation of such impediments to the cerebral circulation.

Dr GRAILY HEWITT regretted rather that the condition of the kidneys had not been ascertained. The details of the case led him to suspect, that had they been examined, they would have been found diseased, notwithstanding the fact that no œdema was observed at the time of the attack. He was led to make this remark in consequence of his experience of a case somewhat similar to the one now reported, and in which disease of the kidneys gave rise to pretty nearly analogous symptoms and a like result.

Mr HENRY G. TIMES next related a

CASE OF QUADRUPLE BIRTHS.

The great rarity of quadruple births—according to Collins' statistics, 1 only in 129,172 births—induced the author to lay the case before the Society. The patient, aged thirty-three, was pregnant for the fifth time. She was taken in labour on the morning of the 23rd of September. At eight p.m., a female child was delivered by the midwife in attendance; ten minutes after a second child, and twenty minutes afterwards a third, were born. Then followed a very large placenta, when the midwife, finding there was still another child, sent for Mr Times. The placenta had drawn down the abdomen of the remaining child. After a little manipulation the feet were drawn down, and delivery of this, the fourth child, effected. The first three were alive crying; the last never breathed. There was little hæmorrhage. The previous pregnancy terminated at eight months, in December, 1859. The last catamenial period was during the first week in March, but the discharge was so scanty that she conceived herself to be then pregnant. Hence the quadruplets were probably between six and seven months old. The children were all well formed, all upwards of twelve, and one thirteen, inches in length. The first lived seven hours; the next two, three hours. The placenta was single, but each funis had a distinct attachment. There was no lobulation of the placenta. The patient recovered well.

Dr ROUTH inquired whether the movements of the children within the abdomen had given the woman any evidence of the uterus containing so many live occupants?

Mr TIMES stated that the only thing observed by the woman was, that her abdomen was unusually large—a fact she accounted for by supposing that there was a large quantity of liquor amnii present.

Dr BLOXAM stated that in a case which came under his own observation, all four children were born alive, and at the full term.

The PRESIDENT made some interesting observations respecting plural births in general. He believed that, as stated by Hohl, the size of the abdomen was no criterion. Hohl found that in cases of twins, the abdomen was not often larger than in ordinary cases. He knew of a case in which the same woman had quadruplets twice within the year, and he had heard of cases of triplets twice or thrice over. He was himself one of six children, the six being the result of two pregnancies, one of which resulted in the birth of twins, in the other, of quadruplets. In answer to a question of Dr Tanner, as to the greatest number of children he believed had been born at once, he referred the Society to Burdach's Physiology, in which several very remarkable cases would be found quoted. If he (the President) recollected aright, there was one instance, if not more, in which six children had been produced at a birth.

Dr GINN believed that in most of these cases of quadruplets the children die. He had met with a curious instance while travelling in America, however, having had pointed out to him four young ladies, sixteen years of age, who, by common repute, were the product of one pregnancy.

Dr W. TILBURY FOX read a paper

ON THE PATHOLOGICAL LESION OF PHLEGMASIA DOLENS.

The paper was an appendix to a former communication read at the June meeting, in which it was attempted to show the necessary conditions of evolutions of phlegmasia dolens; and the object of the present paper was to solve two main questions:—

1. The essential condition of the limb (the pathological lesion) of phlegmasia dolens.
2. The mode of production of this lesion.

In regard to the first point, it was maintained that the presence of fibrinous serosity in, with more or less hypertrophy of, the fibro-cellular tissue, is the essential, the sufficient, pathological lesion; that the inflammation, the abscess, the sloughing, &c., are not peculiar or necessary parts of the affection, but common to many diseases, and the result of an eliminative act to rid the system of some *blood-poison*; that the latter may produce lymphatic and venous obstruction, and hence phlegmasia dolens; but it passes beyond this, giving rise to a distinct disease—such as abscess, pyæmia, and the like.

Phlegmasia dolens in these cases is a local complication of the general disease, and the general symptoms are not parts of the phlegmasia dolens. It follows, then, that there are two types of the disease:—

a. The complicated, in which an eliminative process (inflammation, abscess, &c.) takes place, these being the answer acts of the tissue to the blood state; the epidemic form, in which an effect is produced by a virus, superadded to what occuss in—

b. The other class,—the uncomplicated,—where the blood state does not require any eliminative actions to be performed on the part of the tissues, but where simple obstruction exists, such as pressure by tumour, &c., and simple thrombus; this being the essential, simple, ample disease,—all else being superadded and accidental.

It having been shown that venous obstruction produced œdema *only*, and this *plus* lymphatic obstruction (phlegmasia dolens), the second question, as to the mode of production of the lesion in the limb, might be stated thus—How can obliteration of the lymphatics produce the peculiar change of the limb in phlegmasia dolens? The lymphatics being obstructed, the three offices, of removing waste, of absorption, and of formative power, could not come into play.

It was then argued at length that the amount of lymphatic distribution and fibro-cellular tissue are in direct ratio—that fibrin is the pabulum of the latter tissue—and that Virchow's views on this point clash with sound doctrine. Lymphatic obstruction being followed by the retention of fibrinous serosity in the cellular tissue, the inference allowed by the foregoing facts was, that *one* office of the lymphatics is to remove all superfluous material from the cellular tissue—to keep the balance of nutrition there correct; hypertrophy and retention of fibrin in the cellular tissue ensuing upon lymphatic obstruction: and this explanation is confirmed by the behaviour of the lymphatics in cases of cancerous ulceration, &c. (When a blood-poison is present, *special tissue actions*—as abscess and the like—are superadded.)

It was attempted to be shown that absorption by the lymphatics from ulcerated surfaces might give rise to thrombus at the entrance of the thoracic duct into the junction of the jugular and subclavian veins, and thus account for phlegmasia dolens occurring in the upper extremity in cases of disease of other parts of the body—e. g., cancer uteri.

RATHDOWNEY DISPENSARY.

Wednesday last, the Committee of the above Dispensary met in the Donaghmore Union, for the purpose of appointing a Medical Officer in the room of the late Dr Harte.

There were, it appeared, three candidates for the situation, but only one—Dr Smith of Mountrath—had complied with the terms of the advertisement, which required personal attendance on the day of election.

Mr Stubber proposed that Dr Smith be appointed Medical Officer for the Rathdowney Dispensary District.

Mr Scott—I have great pleasure in seconding the proposition.

Mr Atkinson directed attention to a resolution passed on the occasion of the appointment of Dr Harte, to the effect that tickets for Medical relief should not be issued to persons rated over 6*l*., except in urgent cases, Dr Harte having agreed to visit such cases for a fee of 5*s*. He (Mr Atkinson) thought Dr Smith should be made acquainted with that resolution, and requested to state whether he would adhere to the same practice.

The Board agreed to call in Dr Smith accordingly.

On hearing the minutes read,

Dr Smith said he was a member of certain Medical Societies, on entering which he had undertaken an obligation not to do anything derogatory to their rules. To visit patients for a fee of 5*s*. would be a breach of those rules, and he therefore considered he was bound to consult them before he agreed to the resolution read to him. He might tell the board, however, that the resolution was perfectly illegal. The Commissioners would never sanction such a compromise between a Dispensary Committee and their Medical Officer.

Mr Scott—They have sanctioned it.

Dr Smith said he could assure them that if the Medical Officer sent up that resolution to the Commissioners they would tell him that it was perfectly useless, and that he need not act on it. He then explained the practice of the Mountrath Committee. If a member of it gave a ticket to a man who was able to pay, he (Dr Smith) wrote back what his means were to his own knowledge, and, if the member was satisfied, the ticket was cancelled; if not, and he said—"Doctor, you are wrong," he attended the patient, and there was no more about it. He never had a word of difference with his committee.

Mr Stubber said the rule of the society Dr Smith had alluded to as prohibiting him from taking 5*s*. was a very bad one and must be injurious to themselves. There were a certain class of farmers who were not able to pay 1*l*. and yet did not like to accept gratuitous Medical relief.

Mr Baird said by the Medical Charities Act a man who accepted gratuitous Medical assistance was disfranchised.

Dr Smith said he would be very glad the society would rescind the rule, for if they did, he would be able to make plenty of money by it.

Mr Stubber referred to advertisements he had seen where Medical men in London gave attendance for a fee of 5*s*.

Mr Southern said it would be worth a person's while when they got sick to go to London, where they would be attended to for a fee of 5*s*. (A laugh).

Dr Smith said they would find it was not so cheap after all, for every time the doctor looked at the patient he (the patient) had to pay down 5*s*.; whereas, when the guinea was paid, several visits were given without additional charge. He had done so often.

Mr Atkinson said the resolution he had read

only applied to Dr Harte, and ceased to be in force at his death.

After further conversation, the committee agreed to proceed with the appointment without regard to the resolution.

The motion for appointing Dr Smith having been put, was passed unanimously.

Dr Smith suitably returned thanks, and the proceedings terminated.

Births, Marriages, and Deaths.

BIRTHS.

LINEKER.—On the 8th inst., at Nottingham, the wife of E. H. Lineker, Esq., M.R.C.S., of a daughter.

MORISON.—On the 9th inst., at Wellfield House, Wingate, Durham, the wife of John Morison, M.D., of a son.

MARRIAGE.

WHITCHURCH—BROMLEY.—On the 4th inst., at Rippingale, Reuben Whitchurch, M.D., of Melton Mowbray, to Sarah, daughter of the late Henry Bromley, Esq., M.R.C.S., of Rippingale.

DEATHS.

BURROW.—On the 8th inst., at Ventnor, Isle of Wight, Wm. Thomas Holme Burrow, Esq., M.R.C.S., of Settle, Yorkshire, aged 34.

CAMPBELL.—Recently, David Campbell, Assistant-Surgeon, R.N.

CARTER.—Recently, William H. Carter, Assistant-Surgeon, R.N.

CONNELL.—Recently, W. Connell, Deputy Inspector-General, Army.

DEMPSY.—On the 5th inst., at Woolwich, aged 55, C. Dempsy, Esq., Inspector-General of Hospitals.

EVANS.—Recently, William Evans (seniority, July 24, 1808), Surgeon, R.N.

HARWOOD.—On the 5th inst., at Holles street, Cavendish square, William Harwood, M.D., of Rugeley, Staffordshire.

HARGOOD.—October 10, Charles Benjamin Hargood, of Highbury place, Islington, late of Battle, Sussex, M.R.C.S. Eng., L.S.A. Lond.

HOWELL.—September 26, at his residence, Wandsworth, Surrey, James Howell, M.R.C.S. Eng. 1812, aged 69.

MAXWELL.—Recently, Robert Maxwell, Surgeon, R.N.

MORRIS.—October 4, at his residence, Wickham villa, New Cross, Harvey Morris, Staff-Surgeon, R.N.

ROUTLEDGE.—September 26, at Berry Edge, Durham, Edward Routledge, sen., formerly of Alston, Cumberland, where he was in practice for fifty years, aged 79.

SMITH.—September 30, at Bridgeland street, Bideford, Devonshire, Thomas McKenzie Smith, M.R.C.S. Eng., L.S.A. Lond., aged 47.

TOWSEY.—Recently, Henry Towsey, Surgeon, R.N.

WOODS.—At Godmanchester, Charles John Woods, Esq., F.R.C.S., aged 53.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on October 4th, 1860:—John Godfrey Bride, Saxmundham, Suffolk; Robert Jennings, Pontypridd, Wales; Richard Henry Milson, London. The following gentlemen also on the same day passed their first examination:—Charles Radcliffe Bond, Catherine place, Greenwich; Edward Olive, Hillingly, Sussex.

APPOINTMENT.—Walter Goodall Copestake, M.R.C.S., L.S.A., was elected House-Surgeon to the Derbyshire General Infirmary, on August 27, 1860, in place of Mr Dolman, resigned.

PRIZE SUBJECTS AT THE COLLEGE OF SURGEONS OF ENGLAND.—The Collegial Triennial Prize of fifty guineas: The Anatomy and Physiology of the Supra-renal Capsules. Two Jacksonian Prizes of twenty guineas for 1860: 1. The Healthy and Morbid Anatomy of the Prostate; 2. Diseases of the Knee-joint requiring Amputation or admitting of Excision, and the relative Advantages of the two Operations. Two Jacksonian Prizes for 1861: 1. The Structure and Diseases of the Lachrymal Passages at the Inner Side of the Orbit; 2. The Best Method of effecting the Radical Cure of Hernia. The Dissertations for the Collegial Prize to be sent in by Christmas-day, 1861, and those for the Jacksonian Prizes on Christmas-day of the respective years.

CAMBRIDGE.—MEDICAL DEGREES.—The examinations for medical degrees in the present term will commence on Monday, Nov. 12th. Candidates will be required to satisfy the examiners in the following subjects:—Hippocrates: the 1st, 2nd, 3rd, and 4th sections of the Aphorisms. Aretæus: the first five chapters of the 2nd book of the 'Causes and Symptoms of Acute Diseases.' Celsus: the 2nd book. Candidates will have to produce their certificates before admission to examination. The lectures connected with the study of Medicine for the ensuing year have been published. The physicians will attend at the hospital on Mondays, Wednesdays, Thursdays, and Fridays, for medical instruction, at ten a.m.; and the surgeons on Tuesdays, Thursdays, and Saturdays, at eleven a.m., for surgical instruction. In order to obtain certificates of attendance on the medical practice of the hospital, and also on the medical clinical lectures, pupils must have attended on the physicians' practice three times at least in each week during term-time, inclusive of the clinical lecture; and for the certificate of attendance on the lectures on Clinical Surgery, attendance on the practice of the surgeons during three days in each week, inclusive of the clinical lecture, will be required. Pupils are recommended to attend both the physicians' and the surgeons' practice concurrently, and the above regulations are made for the purpose of facilitating such attendance. Attendance on the lectures on Botany, Chemistry, Materia Medica, Anatomy, Physiology, and Dissections, is recognised by the Royal College of Surgeons of England as one of the sessional courses required by the regulations of the council of that College. Students entered to the practice of the hospital are admitted to the clinical lectures without additional fee.

PATHOLOGICAL SOCIETY OF LONDON.—The first meeting of the Pathological Society was held at the Rooms, 53 Berners street, on Tuesday evening, the 16th inst., at eight o'clock.

Mr C. F. MAUNDER, formerly Demonstrator of Anatomy at Guy's Hospital, has been appointed Assistant-Surgeon to the London Hospital, after a contested election ending in a majority of 235 votes.

ANOTHER HARMLESS INGURGITATION OF A WHOLE HOMŒOPATHIC PHARMACY.—The children of an inhabitant of Erfurth, in Germany, having discovered their father's homœopathic pharmacy, swallowed all the globules of opium, arsenic, belladonna, &c., without the least unpleasant effects.

THE USE OF TOBACCO IN INDIA.—The 'Indian Lancet' of February last states that the native prisoners of the Punjab, Madras, and Bengal were prohibited from smoking by the authorities, and that three months after the order had been carried out no evil consequences had arisen from this sudden deprivation.

QUININE SENT TO ITALY.—We understand that Lady Panmure, who has taken a lively interest in the welfare of the sick and wounded consequent upon the war in Italy, has this week given orders to a firm in London immediately to forward to Messina and Naples a large quantity of quinine, for the use of the patients in the hospitals of those cities.

STATISTICS are at present the rage in Paris. An enthusiastic proficient in that study lately calculated that fifteen milliards of men have perished in the various wars which have been waged since the creation of the world. Carrying his calculation still further, he estimates the blood shed in these wars at 3,560,000 barrels; and taking the weight of each man at an average of 100lb., he concludes that 1,560,000,000lb. of human flesh have been cut to pieces by hostile weapons.

CHURCH LANE A CHURCHYARD.—In the fifth Report of Sanitary Progress of the National Philanthropic Association, it is stated that of 100 children born in Church lane, 31 die before the first year; in the whole of St Giles's, 28; Lambeth, 20; City of London, 19; Islington, 16. Out of 100 children living at one year and under two, there die in Church lane 46; St Giles's, 15; Lambeth, 10; City of London, 12; Islington, 7. The report adds that it will be seen that, while only 7 in 100 die in Islington from one to two years, 46 die in Church lane, which should be called Church yard rather Church lane.

MR SANDS COX.—The report of a commission appointed by the Société de Chirurgie of Paris to examine a treatise by Mr Sands Cox, 'On Amputation of the Thigh at the Hip-joint' (with a successful case), and which was published by that gentleman in 1845, has just been issued. It enters fully into the merit of Mr Cox's publication, and bears ample testimony to his professional ability and research. The recommendation with which the commission close their report, that Mr Cox be elected a corresponding member of the Society, was unanimously adopted. The report was read to the Society by Baron Larrey, surgeon to the Emperor, and son of the famous Baron Larrey.—'Birmingham Gazette.'

THE LAST SUMMER IN RUSSIA.—The summer has been very warm at St Petersburg, the heat having been greater than during the hot summers of 1832 and 1858. This presents a rather striking contrast with the severe weather which has prevailed in Central Europe.

A SANITARIUM AT THE CAPE.—A number of skilful artisans and mechanics have been selected from the companies of Royal Engineers at headquarters, Chatham, with orders to embark at Southampton, on the 5th inst., for the Cape of Good Hope, to assist in the erection of the sanitarium which the Government has decided on establishing at that station for the sick and wounded troops from India and China. The sanitarium is intended to be formed of huts, and will be erected near the locality of Winsberg, about eight miles from Cape Town. Dr J. R. Taylor, C.B., who has been appointed chief medical officer, has been for some time at the Cape superintending the erection of the various buildings, and organizing the medical staff of officers for the new establishment. We are glad to find that the principle of segregation of the sick in huts, as opposed to that of massing them in huge hospitals, is to be adopted. Medical science has long demonstrated the superiority of this system.

HEALTH OF SCOTLAND.—In the eight principal towns of Scotland, containing in 1851 a population of 784,306, and now estimated to have a population of 908,146, the births in the month of August were 2561, the deaths 1738, the marriages 556. It is satisfactory to see that the excessive mortality of 1860 is at length arrested, and the deaths reduced to the average or a little below it. The daily deaths in the eight towns were 96 in February, and above 80 in March and April, but have been falling in number ever since, and were only 56 in August. This, however, is a higher mortality than that of London. The population of these eight towns in 1851 was almost exactly a third of that of the metropolis: the deaths in the eight towns in August were at the rate of 392 a week; but the deaths in London in August, instead of being three times that number (1176) in a week, scarcely exceeded 1000. But the mortality of London last August was nearly 200 a week below the average of the last 10 years (corrected for increase of population), and there might have been an improvement in the mortality returns of the Scotch towns but for the prevalence of epidemics—measles in Glasgow, small-pox and measles in Dundee, and scarlet fever in Leith, Paisley, and Aberdeen. The mean temperature of the month was in Aberdeen 51·8 deg., in Edinburgh 57·8 deg., in London (Camden-town) 58 deg. The depth of rain at Greenock was 5·60 inches, at Glasgow 4·47, at Edinburgh only 1·65; at Camden-town it was 4·48. Of the births in the eight Scotch towns 9·6 per cent. were illegitimate, and Aberdeen retains its pre-eminence; in that city 18·1 per cent.—more than one in six of the children born—were illegitimate. In the detailed returns for all Scotland for the second quarter of this year instances such as these occur:—Hawick, out of 97 births, 13 illegitimate; Inverury, 10 out of 36; Auchindoir, 5 out of 19. One local registrar lays the blame on "field labour;" another, on the girls going into service in "the low country;" a third attributes a decrease of the immorality to "abundance of employment and high wages promoting marriage;" a fourth, who says his return tells a fearful tale, slily adds that, having five active clergymen to less than 1500 people, "it cannot be charged against a want of the means of grace."

Ulster Medical Protective Association.—The committee of this association met, recently, at the General Hospital, Dr R. Stewart in the chair. After the transaction of the ordinary business, Dr Browne, the Honorary Secretary, brought under the notice of the committee the names of several persons reported as illegally practising medicine, to whom he had sent the approved cautionary notice. From some of these persons he had received satisfactory replies, but in other instances the statements were evasive. After some discussion, it was resolved to bring these cases under the notice of the next quarterly meeting, in November, that such steps might be taken regarding unqualified practitioners as likely to put a stop to their illegal and dangerous proceedings. The Secretary likewise read letters from Dr Quinan, the Secretary of the Irish Medical Association, and from Dr Mackesy, of Waterford, relative to the commission which is likely to be appointed to inquire into the working of the Irish Poor-law. The meeting expressed the ardent desire of the Ulster Protective Association to co-operate with the other medical societies in procuring for the country and for the Profession a better administration of the law than there is at present; and the secretary was directed to convey to Drs Quinan and Mackesy the views of the committee on this very important subject. The Chairman then directed attention to a case reported in the local papers lately, relative to a "medical man" having been brought before the magistrates and fined for a trespass, &c., on the County Down Railway. On investigation, however, by the Ulster Protective Association, it was found that the individual in question is not connected with the Medical Profession, as his name does not appear either on the Medical Register or on any authorised professional list. The committee thanked Dr Stewart for noticing the case, as they felt the Profession had no right to have the person referred to ranked among them.

The Indian Medical Service.—We extract the following important article from the 'Madras Daily News and Spectator' of July 13th:—"We understand that the few candidates presenting themselves to compete for Medical appointments in the Indian Army, has roused the Secretary of State for India to inquire of the Local Governments, or Governors, why this branch of her Majesty's service has become so unpopular with the public, that only eleven competitors presented themselves to fill forty-three vacancies lately announced to exist in the Bengal, Madras, and Bombay Presidencies. It is whispered, too, in well-informed circles, that an able and talented Medical Officer at the Presidency has been requested to report upon the very important subject—'Why young Medical men decline to enter the Indian service?' A lucid report will, doubtless, be furnished by the learned officer consulted; nevertheless, we question if any Medical Officer or Officers at the Presidency, however able he or they may be, can fairly and honestly represent the grievances under which the junior members of the Indian Medical Service abour. And we would impress upon the authorities the danger of relying upon the report or representation of any single officer on the Presidency Staff, as he cannot possibly furnish a reliable statement. Few of those either have any grievances to complain of, they having been bountifully provided for the day they landed in India, and continue up to this day to receive the benefit of the State, though their varied talents are equal to any emergency, from the high office of Educational Inspector to the menial one of superintending the cleansing of a sewer, if a salary be only attached to the responsibility. If his Honour in Council really desires to ascertain the grievances of the service, and to furnish a trustworthy report, we recommend him not to call upon the junior Medical Staff at the Presidency, hardly one of whom has ever been beyond Presidency limit. Let the hard-working Military Surgeon be consulted, and the young and old Assistant-Surgeons who have been knocked about for years on active service and general duty on a miserable pittance. These are the officers who understand, and can faithfully represent, the grievances of the service, and feeling of its members; and it is the echo of their grievances in the halls and colleges of the United Kingdom to which the stoppage of the supply of Medical men is to be attributed. Is a wretched pittance of 225 rupees at a half-batta station, and 255 rupees at a full-batta station, minus subscriptions to the Medical and Military Funds, sufficient to maintain a gentleman and family, almost certain to be separated from him in the local service, by a system of sending officers on general duty, although not in the home service? Added to this, the exigencies of the service necessitate a young man to be kept constantly on the move, and to bear his own travelling charges. Who can peruse these facts without perceiving a grievance? Is it not a grievance to be compelled by your covenant to contribute to a bankrupt institution (the Medical Retiring Fund) an amount equivalent, after seventeen years' service, to purchasing an annuity of 300*l.* per annum, and only receive 100*l.*—perhaps not even that amount? Or if an unfortunate officer should by ill-health be compelled to retire one day before he has completed the regulated service, no money is refunded; the amount subscribed is lost to the poor man and his family. Government, although compelling officers to join these institutions, exercise no sort of surveillance over their management; hence the Medical Fund has become bankrupt, and her Majesty's Warrant having bestowed merely empty rank, the service has justly become unpopular."

A Dreary Prospect.—The 'Revue Contemporaine' publishes a very curious article, by Baron Ernouf, entitled "De l'Appauvrissement du Sol et des Moyens d'y Remédier." Is it true that, owing to the gradual increase of population, the surface of the earth is destined, in the course of ages, to refuse its aliment to the human race, and that a day will come when the sun shall shine on an unpeopled and desert globe? Such is the question asked by the author of the article—a question started by many eminent men since the commencement of the present century. It is a positive fact that, in consequence of the populous state of many countries which, during the middle ages, were but feebly peopled, it has become impossible to leave a large quantity of land alternately fallow for a certain time, until the soil has regained the phosphorus which, under different forms, it has yielded to the grain so necessary to the sustenance of man. It is equally true that the manure spread over the fields is insufficient to renew the supply of phosphorus; and that countries like Mesopotamia, for instance, which in the olden time were remarkable for their fertility, have since been transformed into deserts. Nor can it be denied that in taking food we absorb an enormous quantity of the fertilizing element, phosphorus, in order to build up and repair our osseous system, which is almost exclusively composed of phosphate of lime. Did we, on quitting this sublunary abode, restore to the earth what we received from it, the loss to the community would be comparatively small; but this is what we do not; our dead are enclosed within stone vaults or impenetrable coffins, and thus, out of filial piety or respect for the dead in general, we are induced to withhold from our mother Earth that very nutriment which she is so much in want of to feed us, while we multiply in nearly a geometrical ratio, and go on drawing upon her resources until she must be reduced in the end to a state of hopeless barrenness. And what is then to become of the human race? Will it have to live upon fish, or will anthropophagy be its last resort? To these dismal presentiments, the accomplishment of which we may comfortably view from the convenient distance of many centuries, Baron Ernouf replies by pointing out that from the moment chemists discovered that the great agent of fertilization is phosphorus under various forms, the problem may be considered in a great measure solved, since it is reduced to the simple condition of providing that great agent. Among the chief remedies against any deficiency in the natural supply, there are the importation of guano and the application of mineral phosphates to agricultural purposes; and, before these fail, other sources will undoubtedly be discovered by science. To these reflections of our author we may add that increase of population is invariably regulated by the means of existence, and that, whenever there is any danger of an excess of the former, Nature applies a corrective in the form of some pestilence or other great calamity—even when men themselves do not, following their instincts, either destroy each other in battle, or drain off the surplus by emigration. These, history itself shows, are quite as natural checks (though apparently of a political nature) as those alluded to which are independent of our will.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 17.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.
Hunterian Society.—8 p.m.

Thursday, October 18.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.
London Home.—2 p.m.
Harveian Society.—Introductory Address by the President, 8 p.m.

Friday, October 19.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 20.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, October 22.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.
Medical Society of London.—8½ p.m.

Tuesday, October 23.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Mr W. J.—Cases of purpura are not frequent, and are sometimes preceded by febrile symptoms previous to the appearance of the eruption; behaving thus like an ordinary eruptive disease. Gallic acid and turpentine are useful internal preparations. When hæmorrhage occurs on the skin or gums, it may be controlled by tannin. Hæmorrhage from the gums is, however, sometimes arrested with much difficulty. Steady pressure is very useful.

Chirurgus.—Yes.

M.D.—Not until a new charter has been obtained.

Hemicrania.—1st. No.—2nd. Yes.—3rd. We cannot advise you.

A Poor-Law Surgeon.—The Commissioners have a discretionary power in such a case, and their dictum is law. We consider that the course you propose to take would be very imprudent.

Paterfamilias wants information on the composition and qualities of the various farinaceous foods that are vended. We believe them to be composed mainly of pea and wheat flour, in various proportions. Hard's is said to be simply baked flour; the Arabica Revalenta, to have a proportion of lentils.

Mr Henry E. B.—Received.

M.R.C.S. and L.A.C.—The charges are fair and recoverable.

A Student.—Certainly; it shall be inquired into.

Mr Edwards.—Forwarded.

J. F. M.—Dr Hawkins has stated that his letter has been misunderstood, but in what particular way he does not explain. The Medical Council has not yet passed any specific regulations on the subject of classical learning: *the Student will therefore be subject to the rules now in force at the Examining Boards.* We explained what these were last week, in our Notices to Correspondents. It is understood that the period for commencing Professional study will hereafter date from the period of commencing hospital attendance. More specific information can be obtained from the Registrar. It is quite time that the Council came to a definite decision upon these matters.

T. L. will see his questions fully answered in the reply to J. F. M.

Dr J. H.—1st. No.—2nd. Yes.

Medicus.—Write to Dr Hawkins for any information not contained in the answer to J. F. M.

Dr Gibbon.—Received.

Hot-air Douche or Stream.

To the Editor of the Medical Circular.

Sir,—The effect of this process is marvellous in its action on hard glandular swellings, and in drying up cancerous wounds. The apparatus of metal worm, lamp and bellows, is moderate and portable, and can be worked by the individual's foot. I am, Sir, &c.,

Colin McK. Dick.

1 Saville street, London, W., Oct. 5, 1860.

Letters received with enclosures:—E. T. Meredith, F. Wright.

NOTICE OF REMOVAL.

W. LADD, Manufacturer of Microscopes, Improved Induction Coils, and Philosophical Instruments of every Description, begs to inform the Scientific Public that he has REMOVED to more extensive Premises, situated at

11 and 12 Beak street, Regent street, W.

CLINICAL LECTURES.

ON DISEASES OF WOMEN.

DELIVERED AT ST THOMAS'S HOSPITAL,

By CHARLES WALLER, M.D., Obstetric Physician to the Hospital.

Lecture I.—On Polypus Uteri.

Gentlemen,—In the division of the Course of Clinical Instruction to be delivered at this Hospital, it will fall to my lot to bring before your notice those diseases which are peculiar to females, and which, for the most part, arise from their genital organisation. You all know the meaning of the word Clinical—that clinical teaching literally means bedside teaching; in other words, the lecture given from time to time ought to have reference to some individual case or cases within the wards of the hospital. This plan, of course, will be followed as far as practicable; but a little reflection will convince you that in this respect the Obstetric Physician is not placed on the same vantage-ground as his colleagues, they having under their superintendence a much larger number of patients. Twelve beds only are appropriated for the reception of women suffering from diseases peculiar to their sex—some of these highly important and interesting, and well worthy of your careful observation and diligent attention: nevertheless, I feel convinced I shall have occasionally to refer to my private practice for illustrations of the special diseases which may engage our consideration.

There are no disorders which excite more apprehension, not to say alarm, in the minds of female patients, than those which are peculiar to their sex.

The genital organs exercise a wonderful influence on the mind of the female. Slight deviations from their natural functions, in themselves probably of trifling import, fill them with alarm and dread; the constitution sympathises, and a host of symptoms arise, depending upon general nervous disturbance. How cheering, under these circumstances, to be enabled to calm all this mental agitation (and you frequently can do so), by a confident assurance that, notwithstanding their sufferings, the malady is free from danger! On the other hand, it must be remembered that cases of a highly dangerous character often occur, where the symptoms are at first so slight as either to be overlooked entirely on the part of the patient, or at any rate considered too unimportant to require the assistance of a medical man; so that, when his opinion is for the first time required, the case may admit of nothing beyond mere palliative measures. A great mistake has been committed of late years by very many who forget, or probably do not believe, that local disturbance and pain have very often a constitutional origin, and who consequently direct their entire attention to that which may be only a symptom, whilst the disease itself is overlooked.

I am thoroughly convinced that many of the so-called uterine diseases have been greatly aggravated by the powerful local treatment which has been adopted; that many a poor unfortunate cervix uteri has been leeched, cauterized, and subjected to a variety of applications without benefit, when rest and soothing applications, conjoined with constitutional treatment, would have accomplished a perfect cure.

The uterus is an organ subject to a great variety of diseases. Some of these, through producing a vast amount of distress, are curable; whilst others are of a decidedly malignant character. Again, from the peculiar position of the uterus, and its loose attachment to the surrounding parts, it is capable of being acted upon by mechanical causes, producing various forms of displacement. The organ is suspended by the broad ligaments which connect it with the sides of the pelvis; its situation has been aptly compared with the clapper of a bell, a considerable degree of swinging motion being allowed. Where there is a relaxed condition of these ligaments, which constitute its natural support, the organ descends into the lower part of the pelvis, and sometimes protrudes to a greater or less extent through the external parts (procidentia). The formation of a tumour commencing in or descending into the pelvic cavity must, of necessity, push the uterus out of its natural position, either forwards, backwards, or sideways, according to the locality of the swelling. Again, if the fundus uteri be enlarged to a certain extent, either from disease or pregnancy, powerful action of the abdominal muscles, such as violent straining efforts at stool, will sometimes force the fundus uteri downwards, and backwards into the hollow of the sacrum (retroversio). The same effect is supposed to have been produced by a highly over-distended state of bladder. This cause acts, however, in an opposite direction to the former; for whilst the fundus uteri is pushed downwards and backwards by abdominal muscular contraction, the cervix uteri is pulled upwards and forwards by the ascending bladder, the mal-position of the uterus being the same in both cases. It is doubtful, however, whether the distension of bladder so constantly occurring in cases of retroverted womb be not the *effect* rather than the *cause* of the displacement.

I purpose to direct your attention, this morning, to a form of uterine disease often accompanied with alarming symptoms, yet benign in its nature and curable in its character. I allude to that form of tumour designated polypus of the womb, of which we have had several examples lately in that portion of Ann's Ward appropriated to female diseases. In the present lecture I shall not advert to what is termed malignant polypus, which is one of the many forms assumed by that terrible disease, carcinoma. Now, what is a polypus? As ordinarily occurring, it may be defined to be a tumour growing from the internal surface of the uterus, attached by a peduncle, usually attended with frequent and severe hæmorrhage. This definition must be received with some exceptions: in some rare cases, there is no hæmorrhage of any considerable amount; and again, the stalk-like attachment of the tumour may be external to the uterine cavity, being attached to the labium oris uteri. This, however, is not common. (*a*) In the case of Susan Reynolds, recently admitted into Ann's Ward, there was, as I shall presently mention, no hæmorrhage to lead to a suspicion of the existence of a polypoid disease. There are, however, exceptional cases. The point of attachment is usually within the cavity of the womb, and the growth progressive from above downwards. The early symptoms of a polyp are, in the first place, a more than ordinary flow at the menstrual periods, with intervening leucorrhœal discharge; soon the bleeding becomes greater and its repetition more frequent, and at length the hæmorrhage becomes alarming in degree and almost persistent, although more copious at one time than another. Slight bearing-down is sometimes complained of; this is not, however, an invariable symptom, except when the tumour has acquired a considerable size. The amount of hæmorrhage by no means corresponds with the magnitude of the polypoid growth; it may be large when the growth is small, and *vice versâ*. Where the patient has an irritable stomach, dyspepsia with nausea or vomiting is frequently present. If the substance be very large, some local inconvenience, the result of pressure, will be experienced: the bladder or the rectum, or both, may suffer from this cause; or there may be pressure on the larger pelvic veins, producing a varicose condition of the lower limbs. By and bye, the strength fails, the patient exhibits a bloodless appearance, and there is loss of appetite and emaciation of body. Hysterical symptoms, with signs of general nervous agitation, now manifest themselves; and probably, at this late period, the patient consults the medical attendant for the first time.

Diagnosis of Uterine Polypus.—The existence of polypus can only be ascertained by a digital examination, all the symptoms described to you being present in many other morbid conditions of the sexual organs.

Where the growth is small and entirely within the cavity of the uterus, it is beyond the reach of the finger; but in cases where it has passed through the opening of the os uteri into the vagina, there is no difficulty in the diagnosis. A firm tumour is felt in the vagina: on passing the finger upwards, it is usually felt to be pyriform in shape; where the os uteri is within reach, it will be found that the pedicle at its upper part passes through it, the surrounding margin of the os completely encircling it, as represented in this painting. This peculiar attachment allows much mobility in the growth; so that if the finger be pressed forcibly against any part of the polyp, or if grasped by the hand, it can be made to move freely in all directions. A peculiarly diagnostic sign of this uterine growth is, that it possesses no sensibility: if it be scratched with the nail of the examiner, no pain is experienced.

I now show you another painting, in which the polypus is represented as growing from the internal surface of the cervix uteri. In this case you will, on examination, be able to pass the finger through the os uteri anteriorly *only*, its passage posteriorly being resisted by the thick stem. Be careful not to confound this with fibrous tumour embedded in the substance of the cervix.

Where it is of large size, and fills up the cavity of the vagina, some little difficulty is experienced in ascertaining whether it be a peduncular growth, or whether it be a fibrous tumour imbedded in the *labium oris uteri*, projecting downwards into the vagina: in this case the usual pyriform shape is absent, the upper part of the tumour is broad, and no peduncle can be felt. Polypus uteri has been mistaken for inversion, and even for prolapsus; the history of the case will assist in the diagnosis from inversion, which can only occur soon after parturition, unless the fundus be dragged down by the descent of a large polypus or other growth. This is very different from the common inversion. The central opening in a prolapsed uterus, and the sensibility of the substance, will enable you at once to detect prolapsus uteri. I show you, however, a preparation where, from the shape of the tumour, and from a central depression at its lower part answering to the situation of the os uteri, the nature of the case was mistaken, and the affection supposed to be prolapsus.

Let me now direct your attention to the two cases at present in Ann's Ward.

Case 1.—S. Reynolds, about twenty-five, married, but has no child. Catamenia regular as to time, but somewhat more profuse than ordinary—not, however, to any great extent. Has been for some time rather unwell, but could not call herself ill. About three weeks ago, while standing in the upright position, had a sudden fright: at that moment a large substance, "the size of two fists," protruded from the vagina; this was attended with alarming collapse, requiring the use of stimulants. A large quantity of blood was suddenly lost; and this was the first attack of serious hæmorrhage, which was not renewed. Two medical men were sent for, who considered it a case of inversio uteri, and, after very considerable effort, succeeded in pushing it into the vagina, where it remained. This happened at some distance from London. On the 3rd October she was sent up from the country, and placed under my care in Ann's Ward. On examination, a large tumour was felt blocking up the vagina, smooth and somewhat yielding to the touch, pyriform in shape, void of sensibility, and moveable. Its size prevented the finger reaching the os uteri until the whole hand was introduced: the narrow pedicle was then felt, and the nature of the case sufficiently clear. The patient was kept quiet for a few days; the ligature was applied on the 8th, and came away on the 12th; after which the tumour, from its size, had to be removed by the hand. The uterus, on examination, was found healthy, and the patient is now tolerably well.

Case 2.—Elizabeth Bullin, ætat. thirty-six, married; has had two children, the last two years old.

(*a*) An oil painting, representing a polypus growing from this situation, was here shown.

She has a pale, bloodless, unhealthy appearance; has lately lost flesh, and has become exceedingly attenuated; the bowels are tolerably regular; has but little appetite. Thus far the general symptoms, now for the local. For the last twelve months there has been hæmorrhage in a greater or less degree, at first occurring chiefly at the menstrual periods; latterly the discharge has been profuse and frequent, occurring on every slight bodily exertion, the quantity so large as to produce faintness; a bearing-down sensation has been experienced of late, with some difficulty in micturition. Examination detected the existence of a large, hard substance in the vagina, very moveable, and insensible. Carrying the finger upwards, the os uteri was distinctly felt *anteriorly*, but not posteriorly, the tumour appearing to be closely attached to the cervix uteri; no distinct pedicle could be felt. I have several times ligatured a large polypus where I could not trace the circumference of the os uteri through its entire extent, and as I can feel a decided diminution of size in the tumour anteriorly, I shall not hesitate to adopt my usual plan of treatment. I shall in another lecture describe to you a variety of cases of polypus uteri, and now beg your attention to the mode in which the ligature is applied.

This was practically illustrated in the ward by applying the ligature in the case No. 2.

The ligature used by Dr Waller was composed of silver wire twisted round a thread of strong silk, which, he stated, was far preferable to whipcord; the instrument, Gooch's double canula, furnished with Ashwell's rack, with a slight alteration in the construction of the barrel around which the ligature is wound.

ON LARYNGEAL PHTHISIS.

Delivered at La Charité,

By M. PIORRY.

There are already before the public some excellent works on the subject of phthisis laryngea, at the head of which I would place the remarkable work of M. Trousseau, which contains important documents relating to this matter. In laryngeal phthisis, you sometimes find ulcerations of the laryngeal membrane that are supposed to be of tubercular origin; at other times you have caries of the cartilages; or, again, you may have syphilitic ulcerations. From these results destruction of the vocal chords, by which are produced certain inevitable morbid phenomena, to which we shall presently recur.

The work to which I have just alluded, remarkable as it is, is at fault in supposing that this kind of phthisis may be a simple affection. Some hundred cases have now come under my notice; and if certain syphilitic cases are passed by, I have always found pulmonary phthisis in combination with the cases just mentioned. If some hold a contrary opinion, it is owing to their faulty percussion, or their inability to account for morbid unity. This I have ascertained, not only at the hospital, but in private practice, and have found it in ninety-nine cases in a hundred of those who suffer from laryngeal phthisis.

The larynx, as you know, is an organ extremely complex,—composed of many cartilages that play one upon another, that are united by ligaments, have muscles to give them motion; are furnished with a mucous membrane, vessels, and nerves, and with vocal chords formed by the thyro-arytenoid muscles. There is, besides, the epiglottis, which prevents fluids passing into the larynx; as well as muscles that lie externally. The arteries are from the superior thyroideal, and branches also run from the inferior thyroideal to the larynx. The absorbents go to the sub-hyoideal glands; and the nerves are from the superior and inferior laryngeal. Should the mucous membrane of the larynx become inflamed, and there should be between the bodies in contact incessant action, the case is not one of laryngeal phthisis, though it may be one of laryngæmia, or of laryngitis; or, should false membranes be formed, one of plastic laryngitis.

Many of the symptoms of laryngeal phthisis may be present where this affection does not in reality exist; and many organopathic states have been classed under this name. There are chronic inflammations of the larynx, with all the symptoms of laryngeal phthisis in its last stage, when fluids pass into the larynx. There exist in such cases ulcerated pulmonary tubercles, when nothing more can be done than treating the case as you treat phthisis pulmonalis. In such instances, the chronic laryngitis is nothing but the result of the coexisting phthisis. There is another variety, in which the local symptoms are not at first accompanied with symptoms of laryngeal phthisis: these are the cases where you have syphilitic excrescences. The patients find respiration difficult, and difficulty of speaking and aphony arise. If the disease have its seat in the guttural opening, fluids find their way into the larynx; but there is an entire absence of pulmonary symptoms—no absorption of pus, no hectic symptoms, no physical signs on the part of the chest. Besides, you can carry the finger to the superior orifice of the larynx. You have the laryngoscope also at hand: outward palpation, the antecedents of the patient, ulceration of the penis, syphiodermesis, exostosis, falling off of the hair, &c., all concur in this case to throw light on the diagnosis. The treatment is the same as that had recourse to in the affections styled venereal; and the prognosis is the same. These syphilitic affections are always serious, and may go on to ulceration of the cartilages. The best treatment is to give 0·03 centigrammes of protoiodide of mercury night and morning, and 0·50 centigrammes of iodide of potassium night and morning, but at different hours. For the local treatment, cauterisations are employed, and mercurial fumigations; the former with azotate of silver. Ammonia has been used for cauterising the larynx; but it has not answered at all with me, and may occasion untoward symptoms. I remember an armourer who was phthisical; he had laryngeal phthisis, and I applied azotate of silver to the larynx, some of which slipped down, and the patient was nearly suffocated. For three months he has been well, so far as the larynx is concerned. Tincture of iodine also may be applied with a similar view. Some mercurial preparations may be useful, as well as certain surgical means. All this, however, is not laryngeal phthisis, but simply ulcerations of the larynx. Do these exist as primary affections? I think not, if exception be made of cancerous ulceration. When you explore the larynx by means of palpation externally, you discover more or less tumefaction; for I do not know in the records of science where a case of ulceration occurs without swelling.

Other kinds of Ulceration: Tubercular Ulceration.—I have seen one very curious case of ulceration occupying the back of the pharynx and larynx, over the cricoid cartilage, the breadth of the little finger, of a greyish colour, and very painful. It occurred in a phthisical patient who had become as meagre as a skeleton; and the cricoid cartilage pressing constantly on this surface, ulceration of the trachea was the result. He died ere many days. In a great number of phthisical patients these ulcerations of the larynx occur, and constitute the laryngeal phthisis of authors. They may occupy all the points of the mucous membrane, and are sometimes seen affecting exclusively the vocal chords, when the hoarseness may become excessive; or they may extend to the epiglottis, and destroy not only the mucous membrane of the larynx, but also a great portion of the cartilages. Pus is formed, and the sufferings are frightful.

Treatment. — When the disease is but a simple lesion of the mucous membrane, the larynx must be allowed to repose; the patient should inhale the steam sent up by warm water, and avoid breathing cold air, or air impregnated with hurtful particles; and he should also use emollient and astringent gargles.

When the mucous membrane is tumefied, and looks as if œdematous, silence must be enjoined, and the inhalation of aqueous vapour continued. In laryngitis, almost every physician recommends speaking in a low voice; but scarcely can anything be more hurtful, for in speaking in this manner great efforts are made, which fatigue the patient excessively. Such patients should, when speaking, utter only very short words. When you wish to speak loud, you take a deep inspiration; and when the larynx is thrown into action, air is required; and this organ performs its office more easily when there is abundance of air than when the quantity is small. I would, in reference to this, recommend you to follow the practice of the Italians rather than that of the French, for they begin low and finish with a loud voice. If you cannot make your patient speak after taking a deep inspiration, his larynx must be in a bad state. Some time ago a man from Rouen came to me, and said, in a voice that I could scarcely hear, "Monsieur, I cannot speak: our physicians tell me that I am suffering from laryngeal phthisis." I examined, but outwardly found nothing,—nothing on the part of the cartilages of the larynx. The patient speaks low, but without pain, and the sounds emitted seem to be pharyngeal rather than laryngeal. "I have suffered for a month from my throat," said he, "and I have been enjoined to speak only in a low voice." I immediately desired him to take a deep inspiration, and to speak in a loud voice,—which was no sooner said than done, and so loud that I thought I should in consequence lose my own hearing.

When articulation is excessively difficult, you must forbid speaking. When ulcerations are supposed not to exist, and there is neither tumefaction nor hyperæmia, use astringents—a thing not to be easily done. They may be employed in the form of vapour. Alcohol may also be used, and so may tincture of iodine. Never employ ammonia, for in such cases it is a detestable remedy. Tar-vapour has been proposed; and you may use also the vapour of water, though it does not always succeed. Would smoking stramonium be advisable? This substance gives immediate relief, but causes narcotism. The chief remedial means are derived from respirable vapours. Nitrate of silver in solution may also be applied to the larynx, but it has the inconvenience of producing a degree of suffocation. This mode of treatment we owe to the school of Tours. Would I employ caustics? No; never! A good way is to use gargles containing astringents—sulphate of zinc, for example; but they must be allowed to descend sufficiently in the throat.

Let us suppose a case of primary laryngitis; though that is rare. Should there be ulceration, employ the same treatment. But where is the ulceration situated? You must know that. In this case the physiological diagnosis comes to our assistance. When your patient cannot speak, or speaks excessively low, you may tell that the inferior vocal chords are implicated; for, were it the superior, the modifications of the sounds uttered would not be considerable. Were I certain of the existence of ulcerations in the larynx, I would propose the following operation:—Considering that in the mesial line there are scarcely either vessels or nerves, and there being no fear of danger from hæmorrhage, I would cut down, in the mesial line, from the upper to the lower edge of the thyroid cartilage, so as not to endanger the vocal chords. I would next separate the lips of the incised cartilage, so as

to be able to inspect the interior, and ascertain the lesions affecting the vocal chords. Light would not only be thus thrown on the disease, but caustic might be applied. This, however, is but one point of view. The idea may be good, or it may be without any good result. Cauterising is then to be employed, in the application of which we are assisted by the laryngoscope. Where there are lesions of the cartilages, in addition to cauterising, local measures must not be neglected. In cases of this kind, I prescribe iodide of potassium, with the mercurial treatment—0·03 of proto-iodide of mercury night and morning. You may also employ the liquor of Van Swieten. Should there be excrescences, they are to be extracted.

Fortunate are they who see only cases of simple laryngeal phthisis. For my part, I have almost always seen laryngeal phthisis complicated with pneumophymia. These last are to be treated as phthisis pulmonalis.

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' opens this week with a continuation of Dr Brown Sequard's Lectures *On Paralysis of the Lower Extremities*. We extract it :

"There is no affection of the spinal cord or its membranes that presents such varied symptoms as tumours. According to the seat of the tumour, there are symptoms of disease of the heart, the lungs, the walls of the chest or of the abdomen, lumbago, neuralgia, &c. The irritation of the anterior or the posterior roots of one or several pairs of the spinal nerves is the cause of these symptoms, and their variety depends upon the degree of irritation, and also upon the nerve that is irritated. In the beginning of the affection, besides some symptom owing to that cause, there is pain at the part of the spine where the tumour is situated. Usually this pain is increased by pressure on the spine. When the disease progresses, myelitis, and sometimes meningitis, are produced. If it be myelitis, which is a very frequent occurrence, there are sensations of formication or of pricking, as if with pins and needles, in the paralysed limbs; spasmodic movements or simple twitchings, or a great rigidity, appear in those limbs ; the urine becomes alkaline, and sloughs or bullæ are formed on the sacrum or the nates. The feeling of a cord tied round the body or round the paralysed limbs is perceived. The pain in the spine notably increases.

"If a meningitis is produced by the irritation of a tumour in the vertebral canal, there is a rapid increase of the paralysis ; any movement of the spine or of the lower limbs causes a very acute pain ; the muscles of the back become rigid spasmodically, especially when the spine or the lower limbs are moved.

"If no inflammation of the spinal cord or its membranes is produced by a tumour, the symptoms are very similar to those of a non-inflammatory softening, with this difference, that there is pain in the spine, and also the effects of the irritation of the pair or pairs of nerves, originating where the tumour lies in the vertebral canal. When the tumour has destroyed a part of the spinal cord, there are symptoms that vary according to the part so injured. If it be a lateral half of that organ, there is loss of voluntary movement in the corresponding limb, with conservation of sensibility, while in the other limb there are loss of sensibility and conservation of voluntary movement.

"I have lately seen a case of this kind, as far as I can judge from the symptoms. Several periostic (syphilitic) tumours appeared one after the other on the head and face of a gentleman, who, on their disappearance, was attacked with paraplegia, apparently caused by a similar tumour pressing upon the right side of the spinal cord, and producing paralysis in the lower limb of that side and anæsthesia in the left lower limb.

"If the grey matter of the cord be the original seat of a tumour, there are at first numbness and diminution of the power of the will over the bladder, with weakness of the lower limbs. Afterwards, paralysis becomes evident in these limbs, and anæstbesia, in a much more marked degree than usual in diseases of the spinal cord, is observed, together with a loss of the power of directing movements.

"If the posterior columns of the spinal cord are alone pressed upon by a tumour, there is at first hyperæsthesia, with but a slight diminution of the voluntary movements in the lower limbs ; afterwards, when the pressure reaches the grey matter, diminution of sensibility and of the power of the will over the bladder, and increase of the paralysis of the lower limbs. A very interesting symptom—*i. e.*, the loss of the power of guiding the movements of the lower limbs—may be observed in cases of a tumour pressing upon the lower extremity of the spinal cord on its posterior surface. There may be in such cases no real paralysis, or at least all the movements of the various parts of the lower limbs are possible *so long as the patient can see them;* but when he tries to move these limbs in the dark, or when he does not look at them, he cannot succeed in making the movement he wishes to perform. Besides, he does not know where his feet or legs are, unless he looks at them or touches them with his hands. He may be able to stand on his feet when he sees them ; but if he ceases to look at them, he is at once in danger of falling down. This condition depends upon the alteration of some of the posterior roots of nerves, and of the posterior white and grey parts of the spinal cord, producing partial anæsthesia of the skin and muscles of the feet and legs. I have now a case of this kind under my care.

"In cases of tumour in or upon the spinal cord, epileptiform convulsions have often been observed. Sometimes, also, real epileptic fits, with loss of consciousness, biting of the tongue, foaming at the mouth, &c., are produced in such cases. This is what has been erroneously called *spinal epilepsy*.

"I need not say that the nature of a tumour will sometimes serve for the detection of its existence. A cancer, by the general symptoms it causes, will give some additional ground to the supposition that there is a tumour in the spinal canal. If the patient is consumptive, and if the paraplegia has been slow in its development, there is some probability that the tumour supposed to exist in the spinal cord is a tubercle.

"*Diagnosis of a Paraplegia due to a Tumour of the Spinal Cord.*—The only affections which might be mistaken for this kind of paraplegia are meningitis and myelitis. A very limited meningitis localised in the upper part of the dorsal region or in the cervical region might give rise to pretty nearly all the symptoms of a tumour of the spinal cord: local pain (spontaneous and after pressure); sensations of heat or cold, or pricking, &c., in the peripheric part of the nerves, originating where the meningitis or the tumour exists; spasmodic twitchings in the muscles animated by these nerves, &c. In a case of meningitis so localised there is paralysis of the lower limbs, on account of the effusion which presses upon the spinal cord in its lower extremity; and the same cause that produces a paralysis diminishes the reflex power of the dorso-lumbar part of the spinal cord. On the contrary, the whole of the cord below the seat of a tumour, remaining healthy and being separated from the brain, acquires a very energetic reflex power, and the least excitation produces reflex spasms or convulsions in the lower limbs.

"Between cases of tumour upon the lumbar part of the spinal cord, and cases of meningitis limited to the lumbar part of the meninges, the diagnosis is extremely difficult. However, there are more spasms in the muscles of the limbs in the case of a tumour, and more in the muscles of the back in the case of meningitis. Besides, in this last case, the affection would often begin by acute symptoms,—fever, &c. ; and the paralysis would soon extend to other muscles than those of the lower limbs.

"We have described in Lecture II. the various symptoms of myelitis localised in the upper part of the dorsal region, or higher up. It is not very difficult to distinguish this affection from the paraplegia due to a tumour, so long as no degree of inflammation has been produced in the spinal cord by the irritation of the tumour. Amongst the characteristic symptoms which would not be observed in the lower limbs, if there is a tumour and no inflammation of the spinal marrow, are all the referred sensations of pricking, formication, cold and heat, &c. But if a local myelitis is produced by a tumour in the upper part of the dorsal region, or higher up, leaving all the lower part of the cord healthy, the symptoms will be the same as those of a localised myelitis without a tumour. It is only by the mode of beginning of these two affections that it would be possible to distinguish one from the other. In the case of myelitis without a tumour, various sensations and cramps in the lower limbs would have existed from the very commencement; while in the case of a tumour preceding myelitis there would be none of these symptoms in the lower limbs.

"*Prognosis of Paraplegia due to a Tumour of the Spinal Cord.*—We need not speak of the gravity of paraplegia caused by a cancer or a tubercle. The chances of cure, or even of a notable amelioration, when other kinds of tumours, except one, press upon the spinal cord, are almost null. But it is well to know that the duration of life may be prolonged many years, and the degree of paralysis may remain very long unchanged. Tumours owing their origin to syphilis form an exception to the above rule. A cure is possible, and generally a notable amelioration will be observed after the proper treatment is continued long enough. However, even in cases of this kind, if the injury to the spinal cord is considerable, the cure of course cannot be complete, and the amelioration cannot be very great.

"*Treatment of Paraplegia due to a Tumour of the Spinal Cord.*—The rules to be followed may be reduced to three :

"1st. The congestion and the tendency to inflammation ought to be treated by the same means that should be employed in cases of myelitis. In a patient now under my care, who has all the symptoms of a cancerous tumour in the middle of the dorsal region, and who is completely paraplegic as regards voluntary movement, sensibility, and power over the bladder and rectum, I have succeeded in diminishing the pain in the back and the referred pain in the lower limbs, and also the spasms of the paralysed muscles, by the application of a large belladonna plaster on the back, and by the internal use of ergot of rye and belladonna. If there are symptoms of meningitis, together with those directly due to a tumour, the patient must take iodide of potassium, besides the other remedies just named. The spasmodic rigidity of the lower limbs, or the wasting of the muscles, in the rare cases where there is no cramp, no convulsions, and no spasmodic rigidity, requires the application of shampooing or galvanism to the muscles of the lower limbs. Dry-cupping on the painful spot of the spine, or other modes of revulsion, may be found useful to diminish the pains and spasms, and also to prevent a rapid progress of the disease. Strychnine should be avoided, as it would certainly increase both the pains and the spasms.

"2ndly. If there is a probability that the tumour is of a syphilitic nature, iodide of potassium, in larger doses than if there were a simple meningitis, should be the principal remedy ; five grains three times a day is the dose I have employed, with marked benefit, in two cases of this kind. This remedy ought to be taken for at least six months. Against the pain in such a case I employ aconite rather than belladonna, both externally and internally (from five to ten minims of the tincture a day internally). But I make use of ergot of rye as much as in other cases of tumour. If there is the appearance that the tumour is a tubercle, cod-liver oil is to be given. It cannot prove injurious, even if the paraplegia is not due to a tubercle, and it may diminish the pain.

"3rdly. The patient ought to have the most nourishing diet, and a little wine. He ought to take exercise in the open air, and drive if he cannot walk. In bed he should lie on one side of the body, and not on the back. His appetite and digestion ought to be carefully watched, and kept right by tonics, aperients, &c."

Mr Hilton continues his Lectures on *Pain and Rest* in the same journal, and Mr Hancock his on *Division of the Ciliary Muscle*. He reports a series of cases in which this operation was had recourse to in the treatment of Glaucoma, and benefit conferred.

Mr Walter Jessop contributes the following article *On a New Method for the Reduction of Strangulated Hernia:*

"In May last I was called to a case of strangulated hernia (left oblique inguinal), in a man aged fifty-two years. The accident had occurred some thirty-six hours previously. The taxis, opium, chloroform, hot baths—in short, all the ordinary modes of treatment, had been perseveringly applied without success.

"At the time of my visit I found my patient in a partial state of collapse, in a profuse cold perspiration, with great tension of the abdomen, and symptoms of hiccough and nausea coming on. He complained bitterly on my lightly attempting an examination; indeed, the part seemed so exquisitely painful as at once to negative all hope of success from further direct efforts at reduction. An immediate operation was proposed, but firmly declined by the patient and his friends. Desiring them to seek further advice, I left the room, but was immediately recalled, with a request that I would permit of an hour's delay. Agreeing to this, and while waiting in the house, a thought struck me that it might occasionally be possible to relieve a patient under such circumstances without having recourse to the knife. On explaining this to the patient and his friends, they at once consented to a trial of the means proposed.

"Calling a male attendant into the room, I directed my patient, still lying on his back, to the edge of the bed, and, with assistance, separated his legs, placing one over each shoulder of the attendant, who, facing the bed, stooped to receive them; and, in this position, by passing his hands round the fore part of the thighs, was enabled to obtain a sufficient purchase to permit of his raising him on to his head and shoulders on the bed, thus throwing the intestines back upon the diaphragm, and to some extent necessarily making traction behind and directly *from* the seat of strangulation. After two or three minutes' manipulation of the abdominal parietes, I found the tumour become less tense, and drawing forwards the integuments round the point of rupture, I made lateral, upward, and downward movements—jerking, as it were, occasionally the parts immediately contiguous to the stricture. This seemed to excite but little suffering; in fact, the patient, so far from uttering complaint, declared himself, after the first two or three minutes, decidedly relieved—that 'the dead sickening weight that killed his groin,' as he termed it, was better. Continuing these efforts, and varying them as they seemed to occasion distress, I presently felt a slight gurgling under my hand, and almost immediately had the satisfaction of finding the hernia reduced, and my patient comparatively in a state of safety.

"The whole proceeding certainly did not occupy ten minutes. Slight peritoneal tenderness existed for some days, but the man eventually did well.

"The *rationale* of the proposed plan is simple. A mass, large or small, of displaced intestine or omentum must assuredly be more readily withdrawn from its point of incarceration or strangulation by traction from behind than by the best-directed efforts of the taxis. Any one, for illustration, taking the trouble to put a fold or two of his handkerchief in a ring formed by his finger and thumb, and lightly strangulating it, will, on attempting to return it by pushing or kneading from before backwards, find infinitely greater difficulty in effecting his purpose than if he were to make traction from behind. In short, the employment of the taxis is at the best a clumsy and most uncertain mode of proceeding, and I shall venture in future to make it merely supplementary to the plan I now advocate.

"'One swallow fails to make a summer,' and it may be said that the practice of turning the patients *à posteriori* upwards is opposed to all orthodox notions of propriety. Admit all this. Others, with greater opportunities, may happily be enabled to add to my single case; and granting that the position of the patient may be accused of positive inelegance, it may, at any rate, contrast favourably with our proceedings in lithotomy, and in many other operations on the perineal region."

The 'Medical Times and Gazette' contains the ontinuation of M. Claude Bernard's articles on *Experimental Pathology*. The special topic is the *Bile*. We reproduce it:

"The experimental history of the pancreatic secretion having been concluded in our preceding Lecture, an equally interesting fluid now calls for our attention: we allude to the biliary secretion: the intimate connections which exist between the excretory apparatus of the liver and that of the pancreas, the numerous inosculations which unite these ducts, and allow the liquids therein contained to mix freely with each other, and lastly the nature of the functions which they separately perform, render this study an indispensable complement of that which we have just brought to a close: such is the motive which leads us to devote the last Lecture of the present course to this important subject.

"Bile is poured into the intestinal tube by a single orifice, the situation of which is constantly the same: it is placed just below the pyloric aperture of the stomach. In no animal whatever is this fluid poured out upon different points, as in the case of the pancreatic juice; the anatomical disposition remaining the same throughout the scale of being.

"We place under your eyes the stomach and duodenum of a rabbit, and you may judge from this preparation how considerable is the distance which separates in this animal the biliary aperture from that of the pancreatic ducts. Such, however, is not always the case: for the ductus choledocus is in many other species united to the pancreatic apparatus by numerous anastomoses; and in animals deprived of a pancreatic gland (the carp, for example,) Weber supposes that the two organs coalesce into a single apparatus: many other fishes exhibit a similar disposition.

"It is easier by far to obtain bile in large quantities, than any other of the intestinal secretions: the liver being one of those glands which Nature has provided with a reservoir, the most convenient method of obtaining this fluid consists in opening the gall-bladder immediately after death; its chemical and physical properties may thus be readily ascertained: in certain animals, however, the gall-bladder does not exist; the horse is deprived of this organ, while the ox enjoys a prodigiously large one. The reasons of this difference are not known to us: but animals which do not possess this apparatus exhibit considerable laxity of the ducts, which enables the bile to distend them, and accumulate in their cavity. In living animals, the use of anæsthetics would appear convenient; but the liquid thus obtained does not enjoy its normal properties. All secretions, as you are aware, take place under the influence of certain physiological excitations; saliva is poured forth during mastication, and pancreatic juice during the digestive process. The causes which act upon the biliary secretion are hitherto unknown: it takes place during the intervals of digestion: in animals provided with a gall-bladder, the liquid accumulates in this pouch while the animal is fasting, and is poured forth as soon as food arrives into the stomach: in other species it merely distends the biliary ducts. When, therefore, it is intended to collect large quantities of this fluid, the animal must not have been fed for some time previously.

"As soon as digestion commences, the bile flows from its reservoir into the duodenum, but no more is formed within the liver, which begins to exert a different kind of activity, and is occupied in producing grape sugar. In the lower animals it is easy to ascertain this: I have discovered in snails the existence of these two different secretions, which alternately take place: during the digestive process sugar is formed; during abstinence bile is produced, and flows into the stomach; when food is again collected in the stomach, it meets with the bile previously accumulated there, and digestion proceeds, but the secretion of bile is suspended, so that the animal in a fasting state prepares, as it were, a store of its fluid for its next meal.

"The operations performed for the purpose of obtaining this liquid in living subjects were intended in most cases to prevent it from following its natural course; for when its peculiar properties are the object in view, it is found in general more convenient to secure the gall-bladder of animals recently slain. Physiologists, therefore, have endeavoured to stop the passage of bile into the duodenum, in order to ascertain the part which it plays in the digestive process: several authors, in fact, believe it to be an excrementitious substance, having no connection with the assimilation of food. M. Blondlot, in particular, has rendered himself conspicuous among the supporters of this opinion by publishing a series of papers entitled, 'On the Inutility of Bile in Digestion.'

"Haller was led by the anatomical dispositions we have just described to believe that the bile really played an important part in this function: he thinks it impossible that an excrementitious fluid should be poured into the upper portions of the intestinal tube. But similar arguments are of no real value in Physiology, and vivisections must in every case of doubt be had recourse to. Schwann and Blondlot have simultaneously made some interesting experiments upon this subject. Schwann operates upon the gall-bladder itself; but you are aware that the common duct is independent of that which arises from the biliary reservoir: it is anastomosed with the latter in such a manner as to permit the passage of the fluid which it conveys into the gall-bladder, or to allow the bile therein contained to pass at a given moment into the duodenum; but it still continues to pour the biliary secretion into the intestine, as derived from the liver itself, when the reservoir of this gland has been perforated.

"Tiedemann and Gmelin tied the ductus communis just above its outer orifice, in order to oppose the passage of the bile into the duodenum; but a morbid state is the result of this operation: the biliary ducts are distended, the secretion accumulates in the channels which convey it, and the animal becomes jaundiced at first; but after a certain space of time, the rupture of the ductus communis is the consequence of its inordinate distension, and the animal rapidly dies of peritonitis resulting from this accident. In a few cases, however, the ligature falls, the duct is reproduced, and the functions resume their usual course.

"In order to avoid this inconvenience, an opening must be allowed for the secretion to make its escape when its natural course is suspended. M. Blondlot has adopted for this purpose a different proceeding. He ties the ductus choledocus on two separate points; the bile being thus prevented from passing into the duodenum, accumulates in the gall-bladder. An adherence is then established between this point and the abdominal parietes, in the same manner as when hydatid cysts of the liver are opened by Récamier's method (which consists in successive applications of caustic potash to the spot). An opening is then made into the gall-bladder, and rendered permanent by the introduction of a tube. The desiderata of the experiment are in this manner successfully realised; and under such conditions life may be protracted for a very considerable length of time. In this respect, however, the results obtained by various observers do not agree.

"The first effect of the operation is an entire atrophy of the gall-bladder, which is reduced to the proportions of a mere excretory canal, from which the bile flows continually; but shortly after this, an excessive voracity arises in these animals, according to Schwann; they lose flesh, are seized with a profuse diarrhœa, and die sooner or later. In young animals the fatal termination takes place within a shorter space of time than in adults. In a few cases the subjects recovered entirely their previous state of health; but Schwann invariably ascertained that this result was due to the reproduction of the obliterated ducts, and the passage of bile into the duodenum.

"The results of M. Blondlot's experiments are entirely opposed to those I have just mentioned. He states that in a vast number of cases the dogs on which this operation was performed continued to enjoy perfect health, although no reproduction of the ducts had taken place; and he attributes the death of the animals operated upon by Schwann, to their licking the wound, and swallowing the bile which flowed from the opening—a habit rapidly productive of fatal effects. This danger he avoids by muzzling the animal, which prevents it effectually from licking the wound.

"Other observers (and I myself am one of these) have obtained results which agree with Schwann's experiments; but it is certain, at any rate, that death is not an immediate consequence of biliary fistulæ, and only takes place

after a considerable length of time. The operation has been performed upon the dog now placed before you; the wound being now healed (the opening of course remaining fistulous), its health does not appear to have suffered from the experiment.

"The method adopted by Schwann and Blondlot offers one very serious inconvenience: we allude to the definitive interruption of the passage of bile into the intestine, without any possibility of re-establishing the natural order of things. In my own experiments, I have found it more convenient to introduce a canula into the ductus choledocus itself. An adherence having been produced in the usual manner, an incision is made in the duct, and a large tube, open at both ends, and provided also with a lateral aperture, is inserted in the wound. When it is intended to let the bile pass, as usual, into the duodenum, the outer orifice is stopped with a plug, and the bile flows through the lateral aperture into the intestinal tube; when, on the contrary, it is required to arrest its progress, a smaller tube is introduced into the first, which it fills so exactly as to close the lateral opening: the bile then flows entirely out of the body, and not a single drop of this fluid reaches the digestive apparatus. This method offers, however, a serious inconvenience: the tube frequently escapes from the duct, when the animal happens to be restless and agitated after the operation. We have therefore adopted the following system: the tube is plunged into the gall-bladder itself, the ductus communis having been previously tied; an opening is then made into the duodenum; a canula is placed in it, and the two fistulous apertures are allowed to communicate by means of an india-rubber tube.

"These experiments, on the whole, cannot enable us to decide whether bile really is an excretion or a secretion: the effects are not of sufficient importance to enable us to form a judgment on this point, as in the case of other glands. But one of the principal differences between secretions and excretions is the formation of peculiar substances in the liquid which the gland produces, which did not previously exist in the blood: this property of creating new chemical compounds exclusively belongs to the organs of secretion. Now, in this respect, bile evidently belongs to the class of secretions; the numerous substances which it contains do not exist within the torrent of circulation.

"The influence exerted by the nervous system on the biliary secretion is hitherto little known; but the appearance of jaundice after violent moral emotions seems to afford an incontrovertible proof of the power exerted by the nerves upon the liver, as well as upon other glands.

"The plan of this course, gentlemen, does not comprehend the complete study of the physiological properties of the digestive fluids. Our purpose has been to show you the various operativa proceedings which enable the physiologist to collect them. We have now brought to a close the history of these various substances, as far as the experimental part of our studies is concerned; for the secretion of the intestinal glandulæ cannot easily be obtained, and gives rise to few operations on the living subject. In the approaching Session we shall continue this course, and perform, as usual, all our experiments before you; and the digestive apparatus having now been thoroughly studied, we shall devote our attention to the principal properties of the Spinal Cord."

Dr Goodfellow concludes his Lectures on *Bright's Disease*. He explains in this part the grounds of his difference of opinion from that enunciated by Mr Bowman as to the process of the urinary secretion. Mr Bowman's theory may be stated as follows: that the aqueous portion of the urine is filtered through the Malpighian tufts, whilst the organic and inorganic constituents are secreted by the surrounding capilliaries. Dr Goodfellow says:

"Now in examining closely this theory, we must conclude that the blood in passing through the Malpighian capillaries, where the circulation is most retarded, and where the greatest lateral pressure must necessarily be exerted upon their walls, only parts with the water, while the network of capillaries which receives the blood from the small efferent vessels, where the lateral pressure must be very much less, permits the transudation through their walls of ordinary blood plasma, together with the 'organic constituents,' and the 'inorganic salts' of the 'secretion,' in order that the 'true secreting elements' should separate the latter. In order to accept this as true, the capillaries into which the afferent vessel breaks up (the Malpighian capillaries) must have much thicker walls than the capillaries which surround the tubes, and which are formed by the efferent vessels. This difference (if there be any) I have certainly never been able to discover.

"But is it probable that a contrivance so admirably adapted as the Malpighian tuft is for delaying the blood currents, should have for its sole office that of a filter, and that it should separate in part merely the menstruum which holds the more important substances in solution? I do not undervalue this function, even if it be the only function of this elaborate arrangement. There is no doubt that the mere separation of water, or rather that a contrivance suitable for the separation of large quantities of water, under certain states, is indispensable to the economy. It is essentially necessary, in order that the blood may, within certain ranges, be preserved at a uniform density, even under circumstances calculated suddenly to increase the amount of water in it from ingestion or other causes.

"Next, to supply the blood plasma for so much solid, highly animalised, and saline matters as pass off by the kidneys daily, there must be some arrangement eminently calculated to retard circulation, and to favour transudation. What do we find in the anatomical arrangement as described by Mr Bowman? A small vessel suddenly breaking up into a rounded bunch of capillaries, having 'a far greater aggregate capacity than itself, and from which there is but one narrow exit,' the efferent vessel, which also breaks up into a network of capillaries, which surrounds the convoluted channels or tubules. It is impossible to conceive a more admirable contrivance for retarding the blood current, and the efferent vessel being so small, and the capillaries into which it breaks being of smaller diameter than those of the Malpighian bodies, 'it follows, from the law of hydraulics, that there must be a greater pressure against the walls of the latter.' And yet, according to current notions, the capillaries of the small efferent vessel, with this small amount of pressure, are the only vessels from which the transudation of the *liquor sanguinis* takes place, not only for the nutrition and repair of the tissues, but also for the separation daily of upwards of one thousand grains of solid constituents of the urine. Moreover, is it probable that the same blood plasma should at the same time, and in the same part, be the fluid containing the urinary excrements for elimination, and the nutrient matters for nutrition? Two processes, then, quite incompatible with each other, and opposite in their action, are going on with the same fluid, in the same parts of the kidney, and at the same moment.

"Again, the water descending the convoluted tubules or channels, and in contact with and bathing the free surface of the epithelial cells, is calculated to produce an osmotic current in those cells, the very opposite of that necessary for secretion. The current must necessarily be continuous from the free surface towards the attached surface, and therefore towards the blood plasma in the tissues, instead of in the opposite direction. If secretion, therefore, is due in any way to the laws of osmosis, it must be brought to a standstill. So, also, if there be a considerable escape of blood plasma from the Malpighian capillaries, the density and chemical composition of that within the tubes and that in the tissues being the same, endosmotic action must cease.

"But to this it may be said, and very properly, that the nervous force (supposing it to act as the galvanic current is known to do) may make the endosmotic action go on with considerable activity, even under these circumstances. Believing, as I do, in the influence of the nervous force, I am quite willing to give the weight which belongs to this hypothetical answer to my objection.

"But the next objection which occurs to me is a much more serious one. Professor Graham and C. Schmidt have proved that urea possesses great diffusive power in water. It is equal to that of common salt. In solutions containing 20 parts in 100 of water, the quantity of the saline solution diffused was 58·68; that of urea was the same; while the solution of albumen was only 3·08.

"You are aware that it has been discovered by Professor Graham, that the law of diffusion of gases is also applicable to different neutral salts and other substances dissolved in water. That law is—'that the tendency to diffusion diminishes with the increase of density, being inversely proportional to the square root of the density.' It has also been made evident by Schmidt, that generally, when different substances are added to water, the volume of the two combined is smaller than that of the two separately;—that, in fact, a certain amount of condensation takes place. Now there seems to be a law also of condensation. It is—that in proportion to the diffusive tendency of any substance, so is the co-efficient of its condensation.

"Now, urea is a remarkable exception to this; for while its diffusive power is 58·68, its co-efficient of condensation is only 0·160, and that of common salt is 1·505. Its co-efficient of condensation, as found by Schmidt, is the lowest of any other substance that has been submitted to experiment.

"It is highly improbable, therefore,—it is almost impossible—that (to say the least) two substances having such diffusibility through water, should be separated from it by mere filtration, especially such a substance as urea, that admits of no, or but little, condensation with any fluid with which it is mixed. The tendency of such a substance would always be to escape through the pervious walls of a vessel. This I regard as the most serious objection to Mr Bowman's theory, although I think that the others also are entitled to considerable weight. Now, albumen is the very opposite to urea in respect to diffusibility and condensation. Its diffusibility is remarkably low, being only 3·08 in a solution containing 20 parts to 100 of water, while that of urea is 58·68; and its co-efficient of condensation is 0·420, while that of urea, as I have before said, is only 0·160. Albumen, then, from this condition alone, and independently of other agencies, has a strong tendency to remain within the vessels, and but little tendency to pass through their coats with the water, urea, and salts.

"My own idea is (and I mention it with great diffidence, for my subject is not physiology), that, under the combined influence of pressure, quality of blood, and the nervous force, the urinary constituents are separated directly from the Malpighian capillaries, and that whatever constituents of the serum or of the blood that are normally transuded through their walls, are *absorbed* by the epithelial cells of the tubules or by some other agents before the convoluted tubes become continuous with the straight or simply excreting ducts; and that the blood, purged and depurated, which leaves by the efferent vessel, while passing through the network of capillaries in the tissues of the kidney, parts with the normal plasma for the usual nutrient processes, as in other organs.

"It is the common practice to speak of these tubules or channels as mere excretory conduits. This leads to very erroneous notions of their true office. It is probable that the separation of the urinary constituents from those of the serum that may be transuded with them, actually takes place in these tubules, and that it occupies some length of time before the urinary constituents, transuded from the Malpighian capillaries, find their way into the straight ducts. These channels are of extreme length, and highly convoluted. I am disposed to regard them more like the blind tubules of the stomach and other mucous membranes, than as excretory passages, with this difference, that instead of terminating in blind extremities, they communicate with the straight, purely excretory tubes by an open orifice. Not only is a separation of the constituents of the urine probably effected in them, but those matters which are required for the system, and which cannot be lost without detriment, are re-absorbed, just in the same manner that the constituents of the gastric juice after they have performed their office are re-absorbed in the lower portions of the intestinal canal for future use; for none of these constituents are normally found in the fæces."

Dr Goodfellow shows that there is an analogy

for this manner of secretion in the gastric juice. He observes:

"In those secretions which we have been enabled to *see*, the process resembles the one which I have suggested. Take the case of the gastric secretion. According to Dr Beaumont's, M. Cl. Bernard's, and others' descriptions, from actual sight of the secreting process by means of fistulæ, when there is no food in the stomach, and the animal has been fasting some hours, no trace of acidity or indication of the presence of gastric juice can be detected. The mucous membrane is pale and exsanguine, and covered with a layer of greyish mucus, which presents an alkaline reaction. Even when the gastric juice is present during digestion, no trace of acidity can be discovered in the gastric glands, or even below the surface. But, at the moment when the food descends into the stomach, movements are observed to take place, the superficial capillaries become turgid, and the mucous membrane assumes a bright pink colour, and there oozes out from all parts a kind of acid sweat, which raises the thin layer of greyish mucus, and the highly vascular mucous membrane is seen below. Such, in substance, is the description given by all observers of the actual secretion of gastric juice. Previous to digestion there is no trace of any constituent of this fluid on the surface, in the mucous crypts, in the tubercles, in the epithelial cells, or in the underlying tissues. But, at the moment the digestive process commences, the juice exudes from all parts of the surface, apparently from the close network of large capillary vessels—with such rapidity, that, within the hour after food has been taken, the quantity may amount to from two pounds (Lehmann) to seven or eight pounds (Bidder and Schmidt). If all this is 'secreted' through the agency of the epitholial cells, they are more potential bodies than even the most firm believer in cell-powerfulness could have conceived. It is much more probable that the secretion comes at once from the vessels under the agency of a nervous current, or some polar force, excited in a reflex manner by the presence of the meal,—something in the same way that the galvanic current acts in producing rapid osmotic currents through animal membranes, apparently in opposition to the laws of endosmose. The character of the secretion is more probably due to the form of network and the size of the capillaries, as influencing the current of the blood, the anatomical and even chemical composition of their walls, and the peculiar character of the nervous currents, than to the protective and perhaps slowly-absorbing cells that lie upon the mucous surface. It is much more probable that the nervous current has far more influence than the epithelial cells in determining the decompositions and recompositions which make the secretions. If we could by any possibility discover the properties of the currents of all the nerves distributed to the several secreting organs, we might find that each has its own special character and property. The same description might apply to the salivary, the biliary, the pancreatic secretion, and even the secretion of milk, which, I grant, is one that offers some appearance of its taking place through the agency of epithelium. The only reason for this is the presence of milky fluid in the cells, and it is reasonable to believe that this fluid is quite as liable to be imbibed by their free as by their attached surface."

Mr MEADE contributes to the same journal four cases of *Inflammation and Abscess of the Prostate Gland*. We extract two of the cases:

"*Case* 3.—In May, 1855, Mr B., a gentleman about 35 years of age, of delicate constitution, who had been under my care several weeks for an attack of gonorrhœa, from which he had almost recovered, was seized, without any apparent cause, with symptoms of inflammation of the prostate gland. He first complained of pain and irritation at the neck of the bladder; but after a couple of days he referred his sufferings chiefly to the rectum; and on examination considerable enlargement and tenderness of the prostate could be felt by the finger in the bowel.

"Complete rest, warm hip-baths, leeches both to the perineum and round the anus, were tried, but without producing much benefit; and shivering and other symptoms of suppuration made their appearance. The patient continued to refer most of his uneasy sensations to the rectum, and there was little or no impediment to the passage of the urine, though a frequent inclination to make water. I could feel no hardness nor deep-seated fluctuation in the perineum; but one part of the prostate appearing boggy to the touch when the finger was introduced into the bowel, I determined to make an incision into it at once from the rectum, and thus try to prevent the matter from insinuating itself into the tissues of the perineum, or in other directions. For this purpose I introduced a tubular speculum into the rectum, with a good-sized lateral aperture, which I placed opposite to the middle of the prostate gland. The mucous membrane could be seen projecting into the tube, and distinct fluctuation could now be felt by the point of the finger. I therefore made an incision with the sharpened edge of a gum-lancet that had a rounded blade, and after cutting to some depth, about half-an-ounce of thick pus escaped into the speculum. Considerable hæmorrhage followed, but it was soon stopped by retaining the speculum (which had a closed extremity) in the bowel, and plugging it with lint. After thus opening the abscess all the symptoms rapidly subsided, and the patient was soon well. There never seemed to be any discharge of urine from the wound.

"*Case* 4.—In September, 1859, I was called in to see a gentleman, 34 years of age, who had just returned home ill from Scotland. He had recently been married, and had been seized during his wedding trip, while in the Highlands of Scotland, with severe pain in the rectum, accompanied with some obstruction of the bowels and difficulty in making water. He obtained slight relief from taking some castor-oil, and made his way as soon as possible to Glasgow, where he consulted a surgeon, who ordered some leeches to the anus, warm baths, opiate suppositories, &c., and recommended him to travel home as quickly as possible. I found him suffering from a dull pain in the rectum, increased by the sitting posture, from difficulty (but not pain) in emptying the bladder, and also from considerable sympathetic fever. On introducing my finger into the bowel, I found a good deal of enlargement, and great tenderness of the prostate gland. He told me that previous to his marriage he had laboured for some time under stricture of the urethra, from which, however, he had quite recovered; so I have no doubt that there had been sub-acute inflammatory enlargement of the prostate, such as is so frequently consequent upon long-standing stricture, and this had become aggravated by the excitement of the urinary organs consequent upon marriage, together with neglect of the bowels. I prescribed perfect rest in the recumbent posture, warm hip-baths frequently repeated, salines, with hyoscyamus, &c. These measures relieved the pain and general symptoms, but after two days considerable hardness and tenderness appeared on one side of the anus, and the inside of the rectum was very sensitive to the pressure of the finger, a little below the situation of the prostate, showing that the inflammation had spread from the gland to the cellular tissue surrounding the intestine. The prostate itself had somewhat subsided in size, and I could detect no feeling of fluctuation. I now began to fear that matter had formed, and was insinuating itself in various directions; but on the following day my patient told me that during the night something had burst into the bowel, which had given him great relief, and on feeling an inclination to have an evacuation, he had parted with a small quantity of transparent sticky fluid, something like white of egg, but of a yellow colour, some of which he saved to show me. With the finger I could now feel a depression and small opening in the mucous membrane of the bowel in the same situation (rather below the prostate) where I found a tender spot the day before. Small quantities of a similar fluid continued to escape for a day or two, and at the same time all the symptoms, both local and general, disappeared. The enlargement of the prostate also greatly subsided.

"On looking over these cases, do they suggest any points of special interest to which I would call the reader's attention? In the first place, I may remark that surgical authors generally seem to have had a great dread of the formation of either a natural or artificial communication between the urethra and rectum. In cases of abscess in the prostate, deep incision is recommended in the perineum, to prevent the matter from finding its way either into the urethra or rectum. I am anxious to show that this fear as regards the latter canal is in a great measure chimerical, and that it is often even advantageous to make a free opening into the prostate from the bowel, in case of suppuration in that organ, should fluctuation be perceptible, as the matter will be so much nearer the surface in that situation than in any other. The diffusion of matter into the surrounding tissues is thus likely to be prevented.

"The idea of treating chronic suppuration in the substance of the prostate gland by puncture from the rectum is due to Mr W. Colles, but he restricted the operation to a particular class of cases. In the 'Dublin Journal' for 1845 he says:—'There is a description of enlarged prostate in which surgery can render essential benefit to the sufferer, and that by a very simple operation. When we find a patient in advanced life complaining of unusual frequency of micturition, with more than ordinary straining, his urine depositing a good deal of muco-purulent sediment, and possibly a muco-purulent discharge from the urethra, we should make a very careful examination of the state of the prostate. If, under these circumstances, we introduce the finger into the rectum, and find the gland enlarged in either lobe, and, upon pressing on one particular spot, we feel the point of the finger sink, as if into a cavity; and particularly if we find this pressure causes the discharge, per urethram, of a quantity of this purulent fluid, to the amount varying from a few drops to a teaspoonful; here we may hope to render an essential service. The operation to which I allude is simply that of striking a lancet into this hollow soft spot, which will generally be found to contain some matter.'"

Mr CHAPPLE reports a case of *Hepatitis*, ending in abscess of the liver, bursting into the cavity of the abdomen, inducing peritonitis and death. Dr JOHN ALLEN contributes to the same journal a case of *Puerperal Convulsions in a Primapara*, in which peritonitis ensued. The patient recovered. And Dr FIGG concludes his papers on *Turning in all Cases of Labour*. We quote some of his remarks:

"In cases of version without chloroform, I met one instance where flooding occurred; with chloroform, some seven or eight. In no case, however, in a primipara. In that class of patients there is a tone in the uterus ensuring its contraction in defiance of the relaxing influence exercised by chloroform over ordinary muscular tissue. In the event of the uterus of a multipara being nearly imperceptible under the hand applied abdominally a few minutes after delivery, and ere the narcotic influence has passed away, I deem it advisable to rouse her by pinching, when, almost cotemporaneously with the deep inspiration of the waking moment, a manifest contraction of the uterus takes place. I then give an infusion of ergot, previously prepared, in preference to spirits. Whether the former acts in its emmenagogue principle, or, as frequently happens in anæsthesia, emetically, we realise the further contraction of the uterus, in the latter case by reflex action. My experience leads me to a conviction that alcohol suspends uterine contraction, though I confess that it is an excitant of the pulse. Thus the vessels from which the blood flows still continuing open, the evil is increased with the increased rapidity of the circulation. In throwing the uterus into contraction we not only occlude the torn vessels by closing the womb, but we effect the object of the stimulant, re-enforcing the circulation of the system with the surplus blood of the uterus, thrown back into the general current. Let me state, however, that in the darkest cases that I have witnessed, I considered the danger as more apparent than real. If the pulse was below the average tone of vigorous life, it was perfectly adequate to the maintenance of a passive vitality in a horizontal position; and if the expenditure of blood was occurring at the placental site, I knew that it was in accordance with the character of the pulse; that it was slowly flowing out and not violently driven out by high cardiac action. Should such a case present again,—not

having seen one for a long time,—I would no more anticipate a fatal issue than I would if a girl were nauseated under the abstraction of a few ounces of venous blood in my own consulting-room. I may candidly state that uterine hæmorrhage may be possibly produced under another combination of influences in delivery by version. Though, as all physiologists know, the impartation of alimentary principles and the process of fœtal depuration in the placenta take place, not by direct communication with the maternal circulation, but by endosmose and exosmose, I may remind the reader that the membranous cell-walls of the maternal system are not continuous with the lining membrane of the uterus itself, so as to expand over the surface from which the placenta is removed; but, on the contrary, that the terminal cells of the parent project into the parenchyma of the placenta, so that on the *post-partum* contraction of the uterus they are severed, while the placenta is detached.

"If the uterus contract equably beneath the placental mass, it is rapidly peeled off, while the same act of contraction constricts the arterial cells. But if any accident separate a segment of the placenta, the torn cells immediately beneath would close under contraction of the locality; but a terrific effusion might occur in the angle formed by the uterus and reflected portion of the placenta, gushing from the semi-divided cells across that diameter where the reflection ceased and the attachment commenced. In the event of a short or entangled cord, a portion of the placenta may be separated, exposing us to the evil detailed, which, however, has one extenuation. If easily produced, it is easily remediable: remove the whole mass and it ceases. It cannot be denied that, independently of uterine depletion, there is a circulatory depression in a majority of patients in versional delivery under chloroform, which, though transitory and not seriously important, may, under certain measures, be anticipated, or when manifest at once counteracted. If the conclusions drawn from several scores of anæsthetic deliveries can afford reasonable data, I would say that we should calculate the probability of the event, not in the pallid aspect or diminutive physique of the patient, not in the debilitative and sedentary system of existence to which she may have been habituated, but in an approximation to the blonde model of feminine organisation. A complexion where the pure rose alternates with the fair skin—where with light hair we have blue eyes, and a symmetrical rotundity of limb; the very perfection of whose development renders her less able to cope with the slightest shock to which necessity may subject her;—with such a patient I content myself with producing sleep, without the deep stertorous inspiration realised in women of coarser form and dark skin.

"A novice might suppose from the auspicious way in which I have spoken of version in head presentations, that artificial delivery in breech cases could be effected without the shadow of an obstacle. Up to a certain stage, however, they are the least manageable, and worst adapted for manual interference. If the nates present with the legs and feet continuously extended towards the shoulders, the case progresses with greater rapidity than when, as in the majority of instances, the tibiæ femora and trunk form three lines nearly parallel, because the conical form is more apparent in the former.

"When the head presents, the cranial power of resistance refracts, and, in one sense, reduplicates the expressive force of the uterus; but the soft nates yield under the peripheral agency of expulsion, their own dimensions being increased by congestion in greater ratio than the diameter of the os dilatation. From the fact of an infant's limbs being last developed, they are proportionately shorter than the trunk; hence, the nates being lower in position, are in advance of the feet in entering the pelvis. Any attempt to repress the nates, in the hope that the feet might be left on the lower level, would prove delusive, as the uterine parics in close contact with the flexed femora would carry up the feet by the same effort that raised the nates; but if the attempt at delivery were varied by a seizure of the feet, and an exercise of traction to carry them into the vagina, the project must ultimately be abandoned, from the impossibility of causing the femora to revolve the eighth part of a circle over the weakest portion of the uterus, of which circle the child's acetabula are the centres, and the knees the radial distance. Even when, by natural progression, the nates enter the pelvis, manual assistance is long precluded, from the circumstance of one pelvic femoral articulation being alone accessible, the nates obeying the law of the head, entering the pelvis laterally, and always retaining what in nautical phraseology is termed a 'windward' and a 'leeward' side.

"When, however, a stage is attained where the hands can be hooked into the pelvic femoral articulations, the extractive force is brought to bear equally on the fœtus, so as to insure its exit without the risk of femoral fracture, which, I am sorry to say, has occurred to me in impotent attempts to deliver by acting on one side alone. If my memory of Professor Simpson's Lectures fail me not, he recognises only two presentations of the breech. With all respect for the opinion of a man who, in obstetrics, constitutes the soul and centre of my professional faith, I think I have identified four, analogous to Naegele's four cranial; the infant's nates in the third and fourth making the ordinary sacro-iliac turn on the floor of the pelvis. In the practice of version in general labour I have met with four cases of twin births. In three both heads presented; in the fourth, the nates of the leading infant and the head of the second. In the cases where both heads presented, I found that the convex surfaces of the infants were in apposition with the concavity of the uterus—in other words, that the presentations were in each instance first and third, or perhaps second and fourth. My notes afford me no intelligence as to whether the pubic or sacro-iliac presentation was in advance in these cases, nor do I imagine, in the reduced size of each child in twin births, that it would signify. I did not experience difficulty with them, the heads not occupying the same grade,—that of the upper being opposite the umbilicus of the lower. I ruptured the membranes of the leading one and delivered, acting similarly in the second.

"In my early attempts at secret version, I resolved to exercise traction only on the occurrence of a pain, suppressing the effort when the contraction ceased. Though I still observe the pauses formerly mentioned, I deem it perilous to wait for pains that in all probability will not take place for hours after the rupture of the membranes and the alteration of fœtal position. In one instance, having brought the feet into the vagina while the head and neck remained flexed on the longitude of the body, I waited for nine hours for a repetition of contractions, and then, despairing of uterine co-operation, delivered. Having in another case advanced the infant to a similar point, I waited two hours and a half, and then delivered. Both infants and the former mother escaped with impunity; the latter was long an invalid." . . .

"In reference to the children, some cry instantly. The majority do not cry till about sixty seconds have elapsed. Some require bathing and persevering effort to resuscitate. In the delivery of children of this class, however, many Practitioners would have used long forceps, and in all probability extracted lifeless infants. One in fifty of the children may have moaned for an hour; in two I have seen a slight convulsive movement of the feet. In ninety per cent. of presentations of the third, the foot by which the extraction was conducted was slightly discoloured at the malleolus; in three days it spontaneously disappeared. I have only lost one infant during the past year. To form a statistical estimate of the preponderance of advantage or evil in the measure, it is necessary that I give a numerical account of the cases,—how many constituted the aggregate; how many might be distinctively designated impeded; how many natural. On the leading query I may state that I have a memorandum of 317 cases, extending over a period of twelve years. This, however, falls within the number, as I occasionally assisted students in difficult labours, not registering the instances in which it was then adopted. Respecting the second we know,—notwithstanding the admirable rules laid down by authors to guide us to a definite judgment as to what is and what is not an obstructed labour,—that every man assumes an arbitrary prerogative in the formation of his own idea on the subject. We also know from the annals of the Profession, that wherever there is an inclination for any particular measure, there is also a propensity to interpret the features of a case to justify its adoption. I am not prepared to exculpate myself from the charge of having acted under this influence. On the revival of the operation by Dr Simpson, I rigidly collated and compared the various evidences of abnormal difficulty in the instances in which I had recourse to it. Encouraged by success, the following year I relaxed the minuteness of my diagnosis, and included a wider circle. This in turn became too limited for the operation; and thus I progressed until forced to confess that I had crossed the line of demarcation between morbid and natural cases. This transgression of professional rule does not necessarily imply transgression of reason's law. I have only to couch the argument in logical form to ensure a verdict in its favour. That remedy which is equal to the major difficulty is greater than the minor. If version be adequate to safety of mother and child where abnormal complications darken the prognosis, imparting difficulty to the execution, will not the prospective advantage to the patients be materially increased where the obstructions are only normal? In my illustration of the subject, I have in the foregoing pages produced a scientific theory justifying the practice, and subsequently exhibited a practice ratifying the theory, reciprocal agents of truth in favour of my cause. I do not consider myself entitled to credit in the matter. It was not I who restored the operation, nearly obsolete from the Middle Ages, to popularity in the nineteenth century; but neither do I deserve uncourteous aspersion for the honest exhibition of my experience."

Quarterly Return of the Mortality of the Metropolis.—In the thirteen weeks that ended on September 29th, 12,916 deaths were registered in London. That this mortality is relatively very low, will be manifest when it is added that last quarter fewer persons died by 1150 than in the same period of 1856, fewer by 1343 than in 1857, fewer by 1429 than in 1858, and fewer by 3094 than in 1859. It will further be observed that, as the population has increased, the smallest number of deaths was obtained from the largest population. In consequence of the coldness of the summer, and the unusual quantity of rain, the diarrhœa that carries off many hundreds of young children at that season was comparatively idle. The mean temperature of the air in the quarter was 56·8, which is five degrees less than the average of four corresponding quarters (1856-59), and six degrees less than it was in the same period of last year. In concurrence with this decrease of heat, the deaths from diarrhœa and cholera, which were 2920 in the same quarter of 1859, fell to 788 last quarter. Certain other epidemics visibly declined; for in the same periods small-pox numbered respectively 287 and 99; scarlatina, 778 and 471; diphtheria, 190 and 71; typhus, 502 and 311; dysentery, 104 and 28; and remittent fever, 33 and 13. But several diseases in the same class (the zymotic) were more fatal; for, comparing still the summer quarters of 1859-60, measles rose from 230 to 579; whooping-cough, from 243 to 350; rheumatism and rheumatic fever, from 58 to 76. Instead of 172 infants who died in the summer of last year from want of breast-milk, only 100 died last quarter; and instead of 69 from thrush, only 30. The greater coldness of the weather increased the mortality of pulmonary complaints: the deaths from bronchitis, which in four corresponding quarters ranged from 474 to 562, were in the quarter that has just passed 667; and those from pneumonia, which ranged from 377 to 581, were 606. Those from diseases of the heart also rose considerably, and were 610. From a review of the above results of the quarter, it will be obvious that a great portion, if not the whole, of that improvement in the public health which is implied in a reduction of the total mortality has fallen to children, and these chiefly of tender age. Measles was considerably more fatal in the Eastern group of districts than in any other of the five divisions.

Pauper Insanity.—A return has been issued by the Poor-law Board stating the number of paupers of unsound mind chargeable to the poor-rates on the 1st of January last in England and Wales, with the exception, at least, of a few places from which returns have not been received, and which had an aggregate population of about a quarter of a million at the last census. The number of paupers in receipt of relief was 850,896, and of these 31,543 were insane—namely, 22,378 lunatics, and 9165 idiots; so that the lunatics constituted 2·63 per cent. of the paupers, the idiots 1·08, and the two together—the insane—3·71 per cent., or no less than one in every 27 paupers. But it must not be supposed that one in every 27 of the English population is insane; that would be a terrible state of things: pauperism is caused by insanity, and the insane are immeasurably more numerous among paupers than in the general population. The return indicates a greater prevalence of pauper insanity in the south of England than in the north. While it shows also that in this country generally above two-thirds of the insane paupers are lunatics, and not one-third idiots, the variations in this proportion in different parts of the country will be found very remarkable. In Wales half the whole number of the insane are idiots, and the proportion is nearly as large in the south-eastern and south-western counties of England; while, on the other hand, in the Metropolis and the manufacturing districts the proportion of lunatics is larger, and of idiots less. There are three Welsh counties—Cardigan, Carnarvon, and Denbigh—each of which had a population at the last census but little more than half that of the parish of Manchester, but each of them has double the number of pauper idiots that Manchester has, though scarcely a third of its pauper lunatics. The comparison with Liverpool is still more striking; and London, which at the census had nearly five-and-twenty times the population of either of these Welsh counties, has not five times their number of idiots, but above forty times their number of lunatics. The return shows also that there are more women insane than men—17,647 to 13,896. The expense of the maintenance of these 31,543 insane paupers is stated to be nearly 10,000*l.* a week, or 520,000*l.* a year. Above half of them were lodged in lunatic asylums; and of the remainder half were in workhouses, 5195 resided with relatives, and a few in licensed houses or in lodgings.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B.—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column		2l. 2s.	0d.
A Page or Three Columns		5l. 5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 24, 1860.

THE STAFFS OF THE LONDON HOSPITALS.

The efforts made by this Journal to reform the system under which the Medical Staffs of our Hospitals are regulated, have been followed by considerable success. We cannot conscientiously accuse our Medical brethren of being indifferent to the principles of justice that we have inculcated. Our voice has been heard and responded to, and we have moulded a professional opinion that must ere long effect the accomplishment of all the objects which, some years since, we indicated. It is true that the vested interests of individuals eminent for talent, reputation, and influence still present a silent and pertinacious opposition to our efforts; but, on the other hand, the Medical press of the country is on our side, and the younger generation of Practitioners is unanimous as to the necessity of important changes.

When we commenced this crusade, we were privately encouraged by the assurances of many gentlemen that we were doing a good work, and our attention was directed to particular Hospitals where it was thought that the comments of a public journal might be followed by beneficial results. The evil was thus confessed; but the men whose interests were most deeply engaged in the issue of the controversy were precisely those who were most unwilling to give publicly their assistance to the cause. Who can be surprised? Few men are patriotic enough to pit their principles against their career. For some time, then, the MEDICAL CIRCULAR carried on the argument without help; but soon one and then another of our contemporaries took up the weapons as they fell from our hand, and the question of Hospital Reform is now fairly in the lists of controversy.

There are two points in particular in connection with this wide and important subject to which we shall now advert. Those points are, the retirement of Medical Officers from active duty at the age of sixty-five, and a large increase of the Staffs. Our readers will, no doubt, say that these are old subjects of debate in the CIRCULAR. Truly; but we shall never cease to revive them from time to time until our objects shall have been attained. The resignation of his appointment at the Venereal Hospital of Paris by M. Ricord, in accordance with the regulations in force in the French Capital, at the age of sixty-five, and after twenty-five years of brilliant and useful service, affords us a fresh opportunity for renewing the agitation of this subject.

Our Journal last week recorded the fact that our distinguished Surgical veteran, Mr Lawrence, has recently paid a visit to the French Hospitals. Let us profit by the occurrence, and for a moment contrast his position with that of M. Ricord. On the one hand is M. Ricord, in the plenitude of his mental power and the acme of his fame, retiring from a post to which his genius has given an unrivalled celebrity, in order that other men might come into his labours, so that the great principles he has taught might be either confirmed and extended by the exercise of a fresh mind upon similar facts, or be corrected as future experience might warrant; but that, in either case, the cause of Science should be advanced. With all his perspicacity of observation and lucidity of exposition, Ricord has done his work, and he has retired in favour of a younger head. On the other hand, we see Mr Lawrence, who is at least twelve years older than M. Ricord, who for thirty years has done nothing for Surgical Science, who, with all his talent, never possessed the originality of mind which has characterised the Frenchman, and whose name will not be associated with any great principle in Surgery or any remarkable improvement of the art, and who is now by natural laws nearly superannuated from active duty—nevertheless clinging to his office with the pertinacity of a young man who has a fortune to make and a reputation to achieve. Even if Mr Lawrence were in the vigour of his intellect, we should object to his retention of office; but inasmuch as for very many years he has been to Science nothing but a name, we must protest loudly against his continued incumbency of such an important post.

In every Hospital of this country, there should be a law requiring the members of the Medical Staff to retire at sixty-five years of age. Although such a law might press at first with some unfairness upon a few of the present holders of office—and in whose favour exceptions might be made—yet the result would be that men would be elected to responsible duties at an earlier age, that the patients and pupils would have the benefit of their talents and energies in the prime of their manhood, and that there would be a quicker circulation of honours and emoluments among the rising members of the Profession. What is the case now? Many able men pass away their lives as Assistant-Surgeons until nearly sixty years old, being thus most unjustly deprived of those opportunities of practising and operating, by which means alone good Surgeons can be made, and until their energies have lost their spring, and the ambition to struggle to a first place in the ranks of Professional honour has suffered extinction. The wrong is further increased by the fact that, with rare exceptions, an Assistant-Surgeon to an Hospital never takes a lead as a Private Practitioner, and he is consequently kept poor by the selfish system which has already victimised his reputation.

Again, is it not the fact that the limited number of men constituting our Hospital Staffs bears no comparison to the large amount of duty they are appointed to discharge? We have frequently resorted to numerical calculations to convince our readers of the inadequate arrangements for attendance upon the sick; and we observed, a few weeks since, an article in one of our contemporaries in which the same method of exposing the anomaly was adopted. Another contemporary has adverted to another view of this matter, and has pointed out that it is impossible to carry out a proper system of Clinical Instruction in our Hospitals, in consequence of the smallness of the Medical Staffs. This is perfectly true. Clinical teaching, in its strict sense, does not exist in this Metropolis. We would say that a pupil should be *ground* at the bedside of the patient. If a Medical or Surgical Officer were appointed to each ward, or every twenty or thirty beds, he would have time to select some of his worst cases, and daily to demonstrate to his class the symptomological and pathological phenomena they might present. The stethoscope, the balance, the microscope, and whatever else might be necessary to explain the case, would be resorted to; and thus we should see instituted an effective system of Clinical teaching, and the grinder's occupation of inculcating words without meaning would be gone. Such a system, however, could not be carried out unless the numbers of the Staffs were largely increased. We must also add, that in order to encourage the labourer, a more equitable adjustment of the fees would be necessary. We have on previous occasions spoken upon this topic; but we advert to it now because there cannot be a satisfactory reform without the recognition of this condition. A distribution of duty should be attended by a distribution of emoluments. Under the present system, the lion's share of the fees goes to a few of the elders, who cling to their offices mainly, if not altogether, for the sake of their fees. Thus it is that one injustice breeds another.

We feel assured that the leading points in the Reform we desiderate will at no distant time be accomplished. Since we opened this question, we have seen the principle of superannuation at sixty-five years of age adopted in the Public Services; we have seen a

moderate extension of the Staffs granted in some of the London Hospitals, whilst in others the grades of Assistant-Physicians and Surgeons have been abolished; but the latter have been only concessions to a public demand, and not frank adoptions of a principle. We know, however, that the Governors themselves of the Hospitals are beginning to take an interest in this question; our own pages have contained several letters from gentlemen filling this influential position, and with their aid, and with that of the Press we have no doubt that we shall yet see a realisation of our demands.

SUMMARY OF THE WEEK.

MEDICAL STATISTICS OF THE PARIS HOSPITALS.

That which has been long desiderated in this country—viz., an organisation for collecting the facts, pathological and therapeutical, observed in our Hospitals, with a view to establish some authentic data for practice—is about to be carried out in Paris, under the auspices of the Director of Public Assistance. He will be aided by a Committee composed of the leading Physicians and Surgeons of the Hospitals. These gentlemen will prepare a plan upon which the proposed inquiries can be carried out. We have no doubt that the facts thus brought together from various fields of labour will prove, ultimately, to be of great value to Medical Science. The means it will afford of comparing, at regular intervals, the results of different modes of practice, will tend to prevent a protracted popularity for dangerous remedies. A similar system would be highly advantageous in this country, and has indeed been proposed. It could never be satisfactorily carried out, however, without the frank co-operation of the Medical Officers of the several Hospitals. It is a duty which the Medical Council might be most properly called upon to discharge,—a duty not less honourable to them than useful to science.

METROPOLITAN SLAUGHTER-HOUSES.

We are glad to see Dr Gibbon, the Medical Officer of Health for the Holborn District, offering a resistance to the establishment of Slaughter-houses within the area of his duties. This is one of the evils which it is quite within the power of the Medical Officers effectually to repress. They should protest against a single new Slaughter-house being established in their several districts; and they should enjoin such regulations for existing ones, that the unwholesomeness they are calculated to produce would be reduced to its minimum amount. We are aware that the present law does not empower them to close Slaughter-houses; but, short of this, it gives them such extensive authority, that it must be their own fault if these places become offensive to public health. The sale of bad meat is another subject that requires the utmost vigilance on the part of the Medical Officers. The Committee over which Dr Challis presided, produced an able report upon the subject; and if each man, in his sphere, give effect to that Report, much public good will be done. We hope that we shall see the time when London will be supplied exclusively with country-killed meat; and that this result is very probable, may be deduced from the fact that, within the last twenty years, the increase of country-killed meat has been so great that two-thirds of the entire consumption of London is now of that quality. There is a hope, then, that in course of time the practice of intra-mural slaughtering will be abolished. It will, however, be necessary in that event to give increased attention to that which may be sent into the market, and prevent the sale of "slipped calves," measly pork, and such other marketable abominations as Dr Gibbon and his colleagues warn us against consuming.

THE HEALTH OF THE INDIAN ARMY.

The Royal Commissioners who were appointed some months ago are about to issue printed Forms for Returns of the Sanitary Condition of the European and Native Troops in India. These Forms are very elaborate, and relate to every circumstance of soil, climate, regimen, diet, habits, discipline, &c., that can in any way affect the health of soldiers. We hope that the good attained will bear a due relation to the minuteness of the inquisition.

SAVORY'S NARROW-NECKED POISON-BOTTLES.

We wish to ask our brethren if they have yet commenced the use of these admirable preventives of poisoning? These bottles are so constructed that they suffer the liquid to escape only drop by drop, and being polyangular in form, they are recognised immediately they are touched. If these bottles were in general use, both for the storing and dispensing of poisonous substances, it would be scarcely possible that such a thing as accidental poisoning could occur. Two or three cases of this nature having been reported within the last month in the papers, we have thought it necessary to point out how easily they may be prevented. Where ordinary care fails, extraordinary resources should be resorted to.

THE STUDENTS AND THE MEDICAL COUNCIL.

Parents and Pupils have been much puzzled to solve the enigmas propounded by Dr. Hawkins with reference to the "commencement of Professional Study." Formerly this period was understood to date from the period of apprenticeship; but, for some years past, an apprenticeship in relation to the important purposes of a Medical Education has been regarded as a great sham, and the Medical Council has determined, as we announced last week, that the "commencement of Professional Study" shall date from the first entrance at a Medical School. That there may be no mistake, however, we quote Dr Hawkins' letter upon the subject:

"Sir,—I cannot answer your inquiries more definitely than by saying that professional study is considered to commence with the first entrance and attendance at a recognised Hospital or Medical School. Apprenticeship or pupilage is not of itself professional study. All students, therefore, who do not enter and attend at a Medical School or Hospital during the ensuing Session 1860-61, will be obliged to conform to all the regulations of the Medical Council, which will come into operation before the commencement of the following Medical Session 1861-62—*i. e.*, they must pass an examination in general education, must then be registered by one or more of the bodies named in Schedule (A) of the Medical Act, and afterwards pursue professional studies during at least four years. "I am, &c.,

"Francis Hawkins."

VIVISECTIONS.

The extent to which vivisections may be practised for the sake of prosecuting physiological inquiries has often been debated by medical casuists. The only answer to the question thus raised is—necessity. Every pang that is caused beyond that which is absolutely necessary for eliciting truth, with a view to achieving some higher good for man, is gratuitous cruelty, and ought to be decisively condemned. Operations are sometimes resorted to in cases where the required facts could be as easily obtained by a close and vigilant observation of the ordinary phenomena of living function: these operations, being unnecessary, should be equally censured. Man's rights over the animal creation are limited by his necessities; and those necessities are judged by the importance of the end sought to be attained to the well-being of man, and by the conviction that the end can be attained in no other way. When, therefore, we hear that at Alfort, and other veterinary institutions in France, horses are deliberately tortured with the knife, not simply to lay bare to the eye of the inquirer some obscure vital action, but to demonstrate physiological propositions to the pupils in the ordinary course of their instruction, we cannot withhold an expression of indignation at such heedless barbarity. Humanity is offended at such violations of her laws and instincts. Happily, British physiologists are not liable to reproach on this ground; they observe more closely and experiment less rashly, and we have yet to learn that their contributions to science are in any degree inferior to those of the *savans* of France. We hope that the Veterinarians of Alfort will respect the protest of Humanity, and refrain from the guilt of these needless and cruel operations.

Paris Hospital Statistics.—A measure of great importance has just been adopted by the Committee of Management of the Hospitals of Paris—viz., the appointment of Commissioners to propose a plan of general registration of cases, comprising all the nosocomial establishments of the capital. These Commissioners have been chosen from amongst the Physicians and Surgeons of the Paris Hospitals.

HOSPITAL REPORTS.

GUY'S HOSPITAL.—Oct. 2nd.

Excision of Tumour (Internal) of Cheek—Amputation of Tumour of Testicle.—Mr Hilton.

Tumour of Inside of Cheek.

The patient was a man, about forty years of age. The tumour had been a long time forming—had increased lately, and become very troublesome. He was placed under chloroform. Mr Hilton made an incision through the left side of the cheek from the angle of the mouth nearly to the ramus of the jaw, thus exposing the tumour, which he removed. It had no connection with the tongue or gum, and was limited anteriorly to the side of cheek alone. Posteriorly it had got hold of pterygoid process, which could only be reached by actual cautery; and this encroachment was then burned away. The edges of wound of cheek were brought together by pins and suture. This case bore some faint resemblance to the malignant case we reported two weeks since, which was operated upon at the Great Northern Hospital, and which, we hear, has for the present healed up very favourably.

Amputation of Testicle.

The patient, about twenty years of age, has had tumour of testicle so long as he can remember anything. For many years it gradually increased in size, but latterly has increased more rapidly, become very painful, and its great weight rendered it on that account the more troublesome. Hydrocele formed, which had been tapped some short time since. An exploratory puncture had also been made a few days since, when only arterial blood in some quantity came away. Mr Hilton proposed to make an incision over the tumour, to obtain the opportunity of examining its nature, conditions, and attachments, and proceed according to circumstances. This was done, the patient being subjected to chloroform. He made a section longitudinally through integuments over the tumour, from above downwards. The integuments were very much stretched, and tightly invested by the tumour. Mr Hilton then dissected them completely all round from before to the posterior part of the tumour, which was as round as a ball. During the process, numerous vessels required to be secured. The tumour, as we have stated, was globular, and about three inches in diameter. Upon its clean removal, the spermatic sheath and testicle lay exposed, the whole length behind untouched, and perfectly free from disease. Mr Cooper Forster, in presence of Mr Birkett, made a section through the tumour, dividing it into two. Each divided surface presented a beautiful specimen of fibro-plastic formation. It was expected to prove fibro-recurrent, but a more beautiful specimen could not be met with of this kind. It was intended to take a drawing of it; but from the strong refraction of rays of light from its almost coloured surface, a cold drawing would but imperfectly do justice to this beautiful specimen.

We have availed ourselves of Mr Cleveland Smith's notes of the following case of

Paraplegia.

Ellen Bushel, æt. twenty-four, married, residing at Chaldon, Surrey, was admitted Aug. 9th, 1860, in Mary Ward, under the care of Dr Gull. She is a widow, having lost her husband about two years back. Her habits have been temperate. She has enjoyed good health. One year eight months ago she was in Redhill Infirmary, having paralysis of extensors of wrist and paraplegia. She had been exposed to a good deal of cold and wet. She stopped at the Infirmary eight months, at the expiration of which time she was able to move about, and had recovered the use of her wrist. She says she has been gradually getting better. On admission, her features were regular and small; complexion ruddy, tongue furred, appetite moderate, pulse hard and rapid. She has paralysis of extensors of toes. No loss of sensation; no affection of upper extremities and trunk. Has a slight pain in her left side, and, when walking, a pain across the lower part of her back. Heart-sounds normal, breathing good; but there is dulness of right apex, with crepitation and rhonchus. She coughs a good deal at night, expectorating a frothy mucus, no blood. No catamenia last three months.

August 11th.—Sparks of electricity to be taken from her back three times a week. Inf. cascar., ℥jss.; pulv. rhei salin., grs. xv.: bis die.

Aug. 14th.—She says she feels better; coughs a good deal.

Aug. 17th.—Coughs more at night; has slight nausea.

Aug. 22nd.—Not so well; good deal of pain in chest; perspiration profuse at night; giddiness; back feels weak.

Aug. 28th.—She went out, on account of not having the sparks of electricity taken from her back as ordered, the machine being out of order; and she did not find herself improved.

Paralysis.

We have availed ourselves of Mr Cleveland Smith's notes of the following case of paralysis:

Eliza Coates, æt. twenty-six, married, residing in Lambeth walk, was admitted July 18th, 1860, into Mary Ward, under the care of Dr Gull. She is of rather a ruddy complexion, with an anxious countenance. Her general health has been good. She has no children, but has had two miscarriages; the first, fifteen months back; the last, eleven months. Her catamenia has ceased these last three months. She has a dark areola round her nipples. Her family are all healthy. She has never had fits of any description, nor rheumatism, but has been of a nervous temperament. She was first taken, three months back, with a prickling pain in the bottom of her back, which, she says, went down her thighs. Soon afterwards she felt a similar pain in her arms. She gradually lost the use of her extremities, and for the last three weeks has had no use in them at all, not being capable of doing anything for herself. She has more movement in her left shoulder than right. Has some slight power over extensors and flexors of right forearm, but none over those of left. Sensation not impaired. Muscles wasted; and she complains of a tingling sensation, and as if the palm of the hand was drawn up. She can move her lower extremities freely, but complains of the tingling sensation in her knee-joint. Her legs are not swollen, but the muscles are wasted. She can, by assistance, support herself on her legs, and walk a little. Sphincter muscles not affected, and does not pass her water involuntarily. She has three or four circular spots on her upper extremities of the nature of *herpes*. Her bowels are constipated; lips parched; tongue furred; breathing good; heart-sounds normal. Ordered julepi rosæ, ℥vj.; quinæ disulph., gr. j.: singulis dosibus bis die. Middle diet.

July 23rd. — Bowels relieved; not so much fever, no loss of sight, no loss of speech.

July 25th.—Pulv. ipec. co. gr. x., om. n.; julepi iodinis, ℥j.: ter die.

Aug. 4th.—Pernit. pulv. om. n., et julep. Troubled with bright *muscæ volitantis*. Speech slightly affected, from the want of free labial movement; lower jaw somewhat stiff, and somewhat drawn up on one side; bladder distended. Troubled yesterday with formication in hands and feet. Can distinguish which finger is touched; sensation is good. Breathing mostly superior thoracic. Some purpura at upper part of chest. Pulse, 136; respiration, 36.

August 7th.—Spt. æth. sulph. co., ℳ xxij.; aq. camphoræ, ℥j.: 6tis horis. Wine, ℥j.

8th.—Died. No autopsy.

ST GEORGE'S HOSPITAL.—Oct. 4th.

Amputation—Removal of Necrosed Bone from Stump.—Mr Cutler. Excision of Tumour from Shoulder.—Mr Hewett.

Amputation.

The patient, a farmer about twenty-five years of age, fat, ruddy, and full of condition, had had strumous disease of right knee-joint for more than three years. The disease had become more active lately, and matter was suspected to have formed in knee-joint, and that cartilage and synovial membrane had become destroyed. Under influence of chloroform, circular incision at lower third of thigh was performed. Ligatures and usual dressings were applied. Mr Cutler said that Mr Hewett would dissect the amputated knee, and report the conditions of disease.

Necrosis of Stump.

The patient, a man about fifty years of age, had his right leg removed at lower third of thigh for strumous disease some months since. Mr Cutler made a section down to stump-end of femur through the old cicatrix. He then exposed the necrosed bone, and, with the assistance of pliers, broke away a portion of the dead bone. To effect this required great force and some strength, necrosed bone being very difficult to remove. Mr Cutler said he had no doubt that matter had formed higher up in shaft of femur. He could pass a probe now through the canaelli its whole length. If required to remove more diseased bone, it may now be easily reached and brought away.

Tumour of Shoulder.

The patient, a young woman about twenty years of age, said the tumour had been about six months from its first being noticed. It increased of late; she punctured it a short time since, when a small quantity of pus escaped. Under chloroform, Mr Hewett cut down upon it. It consisted of a very hard, dense cyst, which, when opened, discharged blood and pus. It was of an *atheromatous* character. He filled up the emptied cyst with lint, to induce inflammation of sides, and thus obtain granulation from secretion of adhesive lymph to fill up the cavity. Mr Hewett stated that he had had a similar tumour lately in private practice, situated near the elbow. The tumou formed on the tendon and fascia of biceps muscle, and caused great inconvenience. By practising the same plan upon it, he obliterated the cyst, and cured the tumour.

Oct. 18th.

Amputation of Arm.—Mr Hawkins. Removal of Tumour on side of Knee.—Mr Cutler.

Amputation of Arm.

Mr Hawkins gave a clinical lecture upon this subject on Tuesday last, at which we were present. This arm showed a curious manifestation of degeneration of tissues, which had been going on for twenty-two years. The forearm was greatly swelled, but the disease was mostly developed at the carpal extremity, and had made great ravages amongst the carpal, metacarpal, and phalangeal tissues. Two or three of the phalanges were destroyed and gone. The patient, a female about fifty years of age, was placed under chloroform. The cutaneous and subcutaneous cellular tissues were all implicated; and a condition of inflammation, with deposition of fibrous lymph, not of a purulent character, pervaded the structures below the elbow, more characteristic of elephantiasis than anything else to which we can compare it. Mr Hawkins operated at lower third of humerus by circular incision in the usual way. The disease did not extend into joint of elbow or above it. The arm will be made into a preparation for the museum.

Removal of Tumour on side of Knee-joint.

The patient, a female about thirty years of age, had suffered great torture and excruciating pain about the knee-joint for two years. At length her health began to give way, and this operation is the consequence. Mr Cutler made a longitudinal incision of about four inches in length on the inner aspect of femur towards the knee-joint. He dissected carefully through the tissues until he reached the cyst. The cyst was found well defined, and remarkably thick and dense. He at length arrived at a semi-pellucid transparent substance, which, from its shining, refractive surface, looked like jelly. A distinct white speck was visible through its coat, lying at the bottom of this mobile, almost luminous substance, which was about the size of a field-bean. The tumour was reddish-brown in colour, and must be characterised as an aqueous or hydatid cyst. It appeared to be only about three parts distended with fluid, and altogether of a curious and nondescript character. Mr Cutler said that from the intolerably painful nature of the tumour, he was led to suspect it was one of those painful fibrous tumours which are occasionally found in the neighbourhood of joints imbedded in the sheath of a nerve. Mr Hewett observed that about two months since, in private practice, a lady had an exactly similar tumour. This female had suffered greatly for a long time. The tumour was seated very deeply on the back of the elbow-joint. The cyst, when removed, presented exactly the same character as the one removed to-day. It was similar in colour, size, transparency, and the white, pearl-like, almost luminous spot seated at the bottom of it. All the circumstances were the same, it being seated deeply embedded in a strong cyst. But this tumour was broken in extraction. Nevertheless, it consisted, or was surrounded by another cyst, and the white pearly matter was seen to remain at the bottom. In this case,

phlegmonous inflammation set in after the operation, and extended up the length of the arm. Large communicating sinues formed, but in the end the patient did well. Mr Hewett suspected similar results would follow the operation of today, and that deep-seated suppuration would set in, and extend amongst the tissues and muscles of the thigh. This, he stated, was a common result in operating upon deep-seated tumours in the neighbourhood of joints.

KING'S COLLEGE.—Oct. 12, 1860.

CURE OF HERNIA.—MR WOOD.

Since our report of two operations for the cure of hernia last week, another has occurred on this date. This patient, a strong healthy man, had been unsuccessfully operated upon about six weeks since, at this hospital, by Mr Hulke. This circumstance rendered more care necessary, to obviate the tendency of hempen ligature, which he had used and had recommended, to set up suppurative inflammation, and to act somewhat as a seton. Mr Wood on this occasion again used strong copper wire, silvered, as in the last operation we described. He said the copper wire favoured the adhesive inflammation and the secretion of fibrinous lymph, which in this operation, and in these parts, was so desirable to be obtained, and thus avoided the occurrence of empyema. The object, he said, was to obtain, at the upper part of the canal and ring, a hard cicatrix. This, when induced in these parts, presented a firm barrier against the possibility of hernia occurring again. Upon making an incision to invaginate, he remarked how very strong and hard the old cicatrix had become. It was this firmness and hardness which was so desirable to be induced in these tissues of the invaginated superficial fascia, and the tendinous structures above, to give a solidity and unyielding strength, through which no future rupture or obtrusion of gut could pass. The metallic ligature is more irritating and stimulating, and induces lymph adhesion instead of pus; the latter is more apt to occur with use of hempen ligature. Mr Wood gave great care, by passing an additional ligature in this case between the external and internal rings.

CLINICAL CASES.

The following interesting case is at this time under Dr Walsh's treatment, at University College Hospital:

CHOREA (SECOND ATTACK) CAUSED BY FRIGHT—MITRAL REGURGITATION, DISAPPEARING IN COURSE OF A FEW DAYS—TREATMENT BY ZINC AND BELLADONNA — NO IMPROVEMENT —TREATMENT BY ANTIM. TART.

Henry Kinchet, æt. 14, admitted 26th Sept., 1860. Four or five years ago had attack of chorea, lasting about three months.

History.—Fortnight ago his master severely scolded and discharged him; and in a few hours the convulsive movements came on. No previous rheumatism.

Present State (Sept. 27).—Height about four feet. General appearance: stunted growth; dark-brown hair; large eyes; head notably long, anterior posterior diameter; tongue clean; bowels open daily; no history of worms; notably nervous excited manner; choreic movements, bilateral; voice low; words uttered with difficulty and hesitation; not anæmic.

Sept. 27th.—Cannot count six consecutively; movements do not continue during sleep, but sleep is very much disturbed. On waking, the movements are greatly augmented; he cries out. Blowing murmurs, first sound; point of greatest intensity, left apex. Urine healthy.

℞ Zinci sulph., gr. iij;
Ext. bellad., gr. ½.
Ft. pil. ter die sumendus.

Oct. 1.—No improvement; pupils slightly dilated.

℞ Zinci sulph., gr. v;
Ext. bellad., gr. ½.
Ter die sumendus.

Oct. 4th.—Pupils widely dilated; movements slightly increased, especially at night. Omitt. medicam.

℞ Ant. potass. tart., gr. ½. 4tis horis.

Oct. 6th.—Slight improvement; no sickness. Sit dosis.

℞ Ant. tart. P.l., gr. ½. 5tis horis.

Oct. 8th.—Decidedly improved; no murmur audible at apex; slight cough, with some sonorous rhonchus; both bases here, and there both anteriorly and posteriorly; movements less marked; he sleeps much better, and counts without hesitation.

[Further notes of this case will be given in our next number. The above notes were kindly communicated by Mr Holland, Physician's Assistant at University College Hospital.—REPORTER.]

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 15TH, 1860.

Dr Richardson read a paper

ON THE PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF THE PEROXIDE OF HYDROGEN.

This substance, which was discovered by Thénard in 1818, is, in fact, water charged with oxygen in the active state. In his paper, Dr Richardson took up the following points:—The history of the substance; its preparation, with special regard to pharmaceutical applications; its physical and chemical properties; its relations to ozone; its physiological properties; its therapeutical value.

It was obvious from the Author's description, that some obstacles lie in the way of the application of the peroxide of hydrogen for medicinal purposes, owing to the difficulty experienced in its manufacture. This difficulty, however, Dr Richardson greatly simplified; and we should infer that any experienced pharmaceutist could supply the medicine after a short acquaintance with the process of making it, as readily as quinine or other remedial bodies in preparing which time and care are the most important requisites. It was shown, indeed, that if perfectly pure peroxide of barium were supplied to the Profession, every practitioner in the country could make his own solution of oxygen as he might want it.

The description of the chemical and physical properties of peroxide of hydrogen was unusually interesting. Passing over the facts relating to the influence of inorganic bodies upon it, those bearing on organic matter strike one most forcibly. Thus blood freed from fibrine absorbs the oxygen from the peroxide, and, if it is venous blood, it becomes arterial, with a rise in the temperature. Washed fibrine and cellular tissue in the fresh state evolve the oxygen. Albumen, urea, gelatine, fibrous membrane, and skin, produce no change. Grape sugar, and indeed all the sugars brought into contact with it, become decomposed, and evolve carbonic acid. Starch undergoes the same modification.

These observations refer to animal substances recently used; but when putrefaction has commenced, then the oxygen of the peroxide seems to act on all alike, and to produce rapid disintegration.

Another curious fact relating to the peroxide was, that its oxidizing power was easily prevented by the presence of certain bodies having a wide extension of names, but analogous characters. Ammonia in vapour or solution, tobacco, hydrocyanic acid, solution of aconite, and, in short, all the narcotics that are miscible with water, possess this neutralising property; the permanency of the result being decided by the physical character of the agent employed.

The section of the paper on the relations of the peroxide of hydrogen to ozone was an interesting one, and indicated a careful study of this debated question. It is clear that Dr Richardson looks upon the two bodies as one and the same. If he has any doubt, it is to the effect that in peroxide of hydrogen there is not any affinity at all between the two elements, hydrogen and oxygen. We pass the matter over to dwell on the physiological actions of the peroxide. These seemed to arrange themselves into the following brief propositions:—A weak solution oxidises blood; but this effect can be stopped by the action of the alkaloids and of narcotics. The peroxide supports the life of fishes; but the body of the animal causes rapid evolution of the gas. The solution injected into the left side of the heart of an animal restores the irritability, but appears to have an opposite effect on the right side. Injected into the arterial system immediately after death, it seems to restore to the muscles the power of contracting on the application of an irritant. It suspends to a considerable extent post-mortem rigidity, and it reduces spasmodic action, excited by such bodies as ammonia and hydrocyanic acid. On the therapeutical value of this powerful agent, Dr Richardson did not dwell long, but reserved this essential point for another communication. He showed, however, that as an antidote to the alkaloidal poisons, as an external application to decomposing sores, as an internal remedy in fever, where the patient literally dies from deficient oxygen, and in diabetes, the medicine might be used with the very best promises of success. In the way of a pleasant acid drink, one could give, said Dr Richardson, to the typhus-stricken man 100 cubic inches of active oxygen per hour. In diabetes, one fact had been made out also by the Author, that, under the influence of the peroxide, the quantity of sugar at once became less, and the excretion of urine decreased in a relative degree. After illustrating his paper by experiment, Dr Richardson concluded by stating that, in placing it on the annals of the Society, he would guard himself, once and for all, from any exaggerated suggestions as to the value of this new remedial agent. The subject, indeed, was so novel, that after twelve months' study of it he had feared to use a sentence that had not been considered over and over again. He did not pretend to know all the properties of the peroxide. He did not bind himself inviolably to any opinion offered on the present occasion; nay, experience might show that the substance discussed in a medicinal sense took new and even different directions from those with which he had opened the argument. His own intentions and objects would be served if he did but call forth investigation and fact, let the course of events bend in whatever way they might.

Dr GARROD, on the part of the Meeting, returned the thanks of the Fellows to Dr Richardson for his interesting paper. He had no personal knowledge of the action of the peroxide of hydrogen as a therapeutic agent, and, therefore, could give no opinion about it. He thought the permanganate of potassia possessed qualities somewhat of an analogous nature, and the permanganates, he found, increased the quantity of sugar in diabetes. He would be very happy to forward Dr Richardson's inquiries and experiments in regard to the therapeutical action of peroxide of hydrogen in diabetics, by submitting cases in the hospital to his treatment, and would wish to know if the peroxides and permanganates acted in the same way. He had not himself given it in diabetes. He considered the permanganate of potassa to possess more oxygen than peroxide of manganese,—that it possessed many of the qualities and properties of the peroxide of hydrogen.

Dr THUDICHUM said, the peroxide of hydrogen of Thénard possessed the smell of chlorine, which was very strong, and that it could not be freed from chlorine. The stronger the peroxide, the more chlorine; the weaker, the less chlorine. In the proportions which he had prepared, and which Dr Richardson had also adopted, there was no taste whatever, and no presence whatever of chlorine. On the contrary, the other possessed acidity, and presence of chlorine; and he suggested that it should be made with simple sulphuric acid process. The question should be taken into consideration, why this evolves more oxygen than the other,—which, in short, evolves none. In the one is hydrochloric acid, in the other there is none. Dr Thudichum stated, that a gentleman of Bonn—a private gentleman, brother of a Professor of that University—had published a book on Fermentation, broaching a new theory. He supported his theory by 500 experiment upon bodies capable of absorbing oxygen, which came across other bodies to which, in turn, they relinquished oxygen. He said, that indigo might be considered to be a decomposer of oxygen. He reminded Dr Richardson that among hi numerous interesting experiments he had omitted to give one—namely, the decomposition of fibrines.

Dr LANKESTER we understood to say, that one atom contained oxygen, and that the other atom was in the condition of ozone. He said, one set of gentlemen considered, or insisted, that ozone was a peroxide of hydrogen, and another set that ozone is a product of oxygen. The question still remains unresolved, What is ozone? But there is every evidence existing that it is a condition of oxygen. He thought the peroxide of hydrogen valuable for communicating

oxygen gas. Ozone is so interesting a matter of inquiry, that it might form a subject for a paper of itself. He wondered that it had been so long neglected as a therapeutical agent. Dr Lankester then reverted to topics connected with the hygiène of cities and the country, the air of each producing different influences upon the passive secretions and excretions. He had no doubt the peroxide of hydrogen might be converted to Medical uses. He said Dr Franklin had considered ozone was a peroxyde of hydrogen.

Dr RICHARDSON, in reply, referred to Thénard's statements about chlorine. In solution, it occurred through the presence of sulphurous acid. Peroxide of hydrogen very strongly resembles chlorine, and it is doubtful whether chlorine water may not be used in place of peroxide of hydrogen. Chlorine water would be able to sustain life in fish. One immersed in it lived nineteen minutes longer than another in oxygen. We understood Dr Richardson to say, that fermentation was a process of oxidation. He considered that he had answered Dr Lankester's question relative to peroxide of manganese upon fibrine. Ozone cannot be ignored; he considered it to be a modification of oxygen. Dr Richardson went further into this part of the subject than our space will permit to follow, in connection with organic life. He would recommend the peroxide of hydrogen to be given as a therapeutical agent where oxygen is deficient, and given alone. He had great doubts of experiments made upon active men, following the active pursuits of life. In such cases the loss of carbonic acid is always uncertain. He reverted to experiments of injecting the jugular vein of a hare: it transformed the blood on the arterious side to venous colour, and it also produced fluidity of the blood. He considers the two substances, the permanganates and peroxide of hydrogen, to be diametrically opposite. He would gladly accept Dr Garrod's offer, for which he thanked him, but the peroxide took so much time to prepare.

Mr BULLOCK had given great attention and perseverance to the matter, and incurred great labour in the investigation. He agreed with Dr Lankester that, shortly, enterprising chemists would prepare the peroxide at a moderate charge. (*a*) He recommends its therapeutical use, not in connection with other medicines, but to be given alone. He considered peroxide of hydrogen and the permanganates quite different. In the permanganates the oxygen was combined; in peroxide it was substantially free. He believed that a direct relation might be discovered between chlorine and oxygen.

OUR NOTE BOOK.

ON THE QUESTION OF QUANTITIES IN TOXICOLOGY.

M. Louis Orfila says: When by chemical analysis the expert has determined the presence of poison either in the cadaver or in the matters vomited, he is required to declare whether the quantity of poison found or the quantity swallowed is sufficient to cause death, or produce the symptoms observed. In order to establish the sense in which the expert should reply to this question, we may take a rapid survey of the data upon which he should rely.

1. The whole quantity of a poisonous substance which has been swallowed is not absorbed, save in exceptional cases. A portion, usually the most considerable, is rejected by vomiting, or, after traversing the digestive canal, passes off by stool. When death takes place promptly, a portion may still be found in the canal. The remainder is absorbed, that is, it is carried into all the tissues. 2. The portion absorbed is not distributed uniformly through the various parts of the organism. Daily experience shows that, with the same weights, the liver always yields to analysis a much larger proportion of poison than all the other organs. 3. Elimination commences a short time after absorption, and the investigations which have been made up to the present time show that, as regards certain of these poisons, arsenic for example, it may be completed fifteen or twenty days after ingestion. It is therefore evident that the amount of poison remaining in the organs, where it has been carried by absorption, continues diminishing from the period of its ingestion; so that if life be sufficiently prolonged, the entire quantity of poison absorbed may have become eliminated prior to death. Thus, a month after the ingestion of an arsenical preparation, the organs will contain no trace of arsenic. Chemical search will not discover it, but yet death has been none the less the result of the disturbance which it has caused. It is obvious that the presence of the poisonous substance in the organism until the last moment is not necessary for the production of death. The blow was struck at an early period, diseased action has become developed under the influence of the poison, and death is the termination of such disease. 4. When the rejected matters are not handed over to the expert, and when the alimentary canal is completely empty, chemical research can only be directed to certain organs or portions of them. It is a rule for the first experts to retain a portion of the matters handed over to them for ulterior research. It is easy to understand, then, especially with the more or less considerable losses rendered unavoidable in so difficult an analysis, that the quantity found constitutes but a very small fraction of that which has been swallowed, or even of that which has been absorbed. 5. Finally, it is highly important to note that for no poison do we know the quantity sufficient to induce the accidents of poisoning. By observations, whose rarity restrains their significance, we know, in general, the limit beyond which doses should in general be regarded as poisons: but this limit is incontestably very superior to the reality. Thus, we know that 50 centigrammes of arsenic will induce poisoning in all cases, save in very rare exceptions; but no one can decide, in a given instance, whether five, ten, twelve, or fifteen centigrammes will not suffice to cause death. The action of poisons is so variable, and we are so little acquainted with the causes which give rise to their variance, that we cannot, without risking to expose ourselves to serious error, determine what is the minimum dose of a poison sufficient in a particular case to give rise to death or to the symptoms observed.

From the above data, it results—1. When the vomited matters and the stools have not been submitted to chemical analysis, it is impossible to ascertain even approximatively the quantity that has been swallowed, and, consequently, to declare whether the quantity ingested has been sufficient to cause death. The quantity absorbed, moreover, by reason of the unequal dissemination through the various organs, and the elimination which may have taken place, cannot be estimated by the amount found in certain organs or portions of organs. Such amount is but a minute fraction of the portion absorbed, which itself is but a fraction of the quantity swallowed. It may be insufficient to induce death, although the quantity ingested or even that absorbed may be more than sufficient. 2. If there have been neither vomiting nor stools, and if the digestive canal contain no poison, the quantity ingested has been all absorbed; and, for the above reasons, there is no means of judging by the quantity found of the amount which has been swallowed. 3. If the vomits and stools have been analysed, or if (in their absence) the matters contained in the canal comprised the whole of the poison swallowed, except the portion absorbed, it is possible to declare approximatively the amount ingested. In such a case it is desired to establish whether the quantity ingested is sufficient to determine death. It is only when the quantity swallowed has been much greater than that which would be really sufficient for this purpose that the expert can reply affirmatively. Under other circumstances, by reason of our ignorance concerning the conditions which modify the action of poisons, the greatest reserve is peremptory. The reasons for doubt, dependent upon the actual state of science, should be stated; and this conclusion brought out that, in general, even when the quantity ingested has been really larger than that which is necessary to induce death, we are still not in a condition to affirm that it has induced it.

It is very desirable that this question of quantity should be reduced to exacter proportions, and that it should no longer retain the exaggerated importance which is now attributed to it. The symptoms and the lesions of tissue, combined with the detection of poison in the organs, are the most valuable elements for forming a decision whether poisoning has taken place; while the question of quantity, so far from bringing out the truth, will only conceal it in the great majority of cases. When a poison exists in organs or in matters which should not contain it, its quantity, save in some exceptional cases, cannot be insisted upon as a proof of poisoning. The great bulk of crimes of this kind would escape detection if such a proof were considered necessary. In order to exhaust this subject of quantity, and of the conclusions to be arrived at by experts respecting it, we may state two particular cases in which dosage is daily referred to. 1. Has the poison which has been detected resulted from the substance having been administered medicinally? An instant's reflection will suffice to explain that except in the case wherein the poison has been found in the matters of the alimentary canal, the vomit, or the stools in quantities much larger than the highest therapeutical doses, the consideration of quantity will in no wise elucidate the problem. The portion absorbed, which, moreover, it is impossible to determine, will never be sufficiently considerable to allow of a sure deduction being made. 2. But it may be said, when we have to do with poisons which also exist in the animal economy in a normal state, is it not of service to have recourse to the consideration of quantity, in order to determine whether a poison discovered in the organs does not result rather from this normal combination than from a criminal introduction? When there exists in these organs a much larger quantity of poison than has been found in the normal condition (and thus far experience has taught us very little on this matter), we may be authorised to admit poisoning as probable, supposing that all other objections have been previously refuted. But when the amount discovered is not very considerable (and, judging from the preceding considerations, this will be the usual case, inasmuch as it can be only a portion of what has been absorbed), the embarrassment is just as great, and the question of quantity is of no significance.—'Gazette des Hôpitaux,' No. 60, and 'Medical Times and Gazette.'

(*a*) The peroxide of hydrogen may be procured of Bullock, and likewise of Perrins and Barnitt.

MEANS OF DETECTING THE PRESENCE OF ALCOHOL IN CHLOROFORM.

M. Lepage, a Pharmacien, has been examining the different methods which have been proposed for detecting the presence of alcohol in chloroform. He especially recommends two: the first, that namely of M. Soubeiran, is easy of application, but it is not very delicate, as it will not detect a smaller quantity than 5 to 6 per cent. It consists in shaking the chloroform in a tube with sweet oil of almonds: the mixture remains transparent if the chloroform is free from alcohol; in the contrary case it becomes more or less milky. The second process was proposed some time back by M. Russin. It consists in the employment of the binitrosulphide of iron, which is obtained by mixing a solution of nitrate of potash with sulphide of ammonium, then, while the mixture is being agitated, dropping in a solution of protosulphate of iron. The whole is boiled, evaporated to dryness, and treated with alcoholised ether, filtered, and the solution crystallized. It is stated by the author to be extremely delicate. The experiment is made by introducing several grammes of chloroform into a tube or stoppered bottle, then adding a few centigrammes of the binitrosulphide, shaking the mixture, and allowing it to settle. If the chloroform is pure, it remains clear as water; but if it contains alcohol, it assumes a brown tint, more or less deep, according to the proportion present. The presence of ether, aldehyd, methylic, and amylic alcohols, are also detected by this re-agent, which is excessively soluble in all these compounds.—'Pharmaceutical Journal.'

ATRASIA ORIS.

Many cases of the disease atrasia oris, or closure of the mouth, present themselves to the notice of those attending the medical charities of Calcutta. It would appear that there are two forms of this disease: one in which the mucous membrane covering the front of the ramus of the lower jaw has been inflamed, and subsequently contracting, causes closure of the teeth, without narrowing to any considerable degree the opening of the lips. If the history of these cases be traced, it will be found that they have generally resulted from the cutting of the last molar or wisdom tooth having caused the gum to inflame. The other kind of closure of the mouth results from the indiscriminate and excessive use of mercury by native practitioners. The ulceration of the mucous membrane lining the gums and checks succeeds to the ptyalism so produced, and, on the inflam-

mation subsiding, the opposed ulcerated surfaces unite and cause the jaws to be closed, and the opening of the mouth to be contracted. Both Dr Fayrer and Dr Partridge are accustomed to remedy the first accident in the same manner, by dividing the firm contracted band of mucous membrane with a knife (one of the tenotomy knives is generally found to be most convenient) and then forcing open the jaw by an extending trivalve speculum. With a little attention to dressing this plan generally succeeds. In the other species of atrasia oris a similar plan was at first adopted. The adhesions were divided by a narrow knife, the jaws forced open by the speculum if necessary, and lint dipped in oil was pushed in to separate the recently-cut surfaces. But the disease treated by this way alone had so great a tendency to relapse, that in the recent case, Dr Fayrer, in addition to the above, divided the skin at the angles of the mouth in a direction downwards and outwards; and though at first this occasioned a most lachrymose expression to the man's countenance, it ultimately perfectly succeeded, and he left the hospital cured.—'Indian Lancet.'

ENEMATA OF ETHER FOR ASCARIDES.

Dr Ogier Ward says: Having read in one of the periodicals that injections of sulphuric ether had been of great service in ascarides, I determined to recommend its use to a patient who had long been troubled with thread-worms. It was used as directed—viz., in a dose of fifteen drops in one ounce of water, which was retained in the rectum, the patient going to bed immediately afterwards. The result was that the patient, a lady, aged thirty-six, was not annoyed again for above a fortnight, and then only very slightly; and a repetition of the enema kept her free for three weeks longer; so that she flattered herself she had met with something like a cure for this troublesome complaint; and I also entertained a similar idea, having found the treatment successful in another case of ascarides in the adult. This patient, like the other, found the ether most effectual at first, but it is now quite useless; and, with this feeling, I thought it a subject of sufficient importance to bring under the notice of the late meeting. Since that time, however, I find the thread-worms have returned, though not in such numbers as formerly; but it is a curious fact that the ether seems now to have lost its effect in this case, the lady being compelled to use it every night. As this patient complained that she tasted the ether in a few minutes after the injection, I tried its effects upon myself one night just before bed-time. In three minutes by my watch, I perceived a strong taste of ether; and, on going to bed, my wife asked if I were unwell, and had been taking ether! Another effect of the ether injection is, that it causes the patient to sleep very heavily, which property may be turned to good account in cases of sleeplessness in persons who cannot bear opiates. From the history and treatment of many cases, I am convinced that the common notion, that the habitat of the oxyuris is in the rectum, is quite erroneous. A single injection of quassia, salt, or even cold water, will completely empty the rectum of all its denizens, so that a repetition will not bring away a single individual; and yet the next night they will be as numerous as ever. Indeed, the fact that persons liable to worms are most troubled after the bowels have acted, may be taken as a proof that they are carried down into the rectum together with the fæces; which, however, may not contain a single specimen. I am therefore disposed to believe that the thread-worm resides in the sigmoid flexure, or in the cells of the colon; and I am supported in this view by having often found that a repetition of an injection will bring away the ova without a single worm. If my idea be correct, our treatment should not be directed to removing them from the rectum, but to destroying them in their dwelling-places by aloes and other bitter substances mixed with the food of the patient.

I may add, as an instance of apparent communication of worms from one person to another, that the husband of one of the ladies has been more or less troubled with the thread-worms ever since his marriage, seventeen or eighteen years ago. He has used the ether once, with the effect of relieving himself for some weeks from the ascarides; and though they have returned, yet they have given him so little annoyance that he has not cared to repeat the ether injection, as he dislikes its smell and taste.—'Brit. Med. Journ.'

SPONTANEOUS DISAPPEARANCE OF UTERINE POLYPI.

A recent case of a woman who had entered the Charité Hospital, in order to be operated upon for uterine polypus, and who was found at the time of operating to have lost her disease, gave occasion to M. Velpeau to state to his class that he had so frequently met with instances in which uterine polypi had disappeared spontaneously, either in consequence of suppuration, withering away, or even by resolution, that he would advise his pupils never to be in haste to operate in such cases, unless serious hæmorrhages or other accidents rendered the doing so a matter of urgency. A still more common circumstance sanctions temporization — viz., the disposition these polypi often manifest to become stationary, the hæmorrhages, which really constituted all their gravity, after a while ceasing, and the patient getting accustomed to their presence.—'Gazette des Hôpitaux,' No. 33, and 'Medical Times and Gazette.'

STATISTICS OF INSANITY IN THE UNITED STATES.

Dr Richard Dunglison says the census of 1850, and the Reports of Institutions for the Insane, furnish the materials for Dr Dunglison's essay. The first of these, from its imperfect character, affords but little useful information. However, by it, it appears that in every 100,000 of the population there are 67 insane, 68 idiots, 42 blind, and 42 deaf mutes. While deaf-mutism prevails more among the native than among the foreign population, insanity is far more prevalent among the foreign-born than among the native-born population. In the New England States, however, the proportion is nearly the same for both. Insanity is far more prevalent among the white and free coloured population than among the slaves, a difference to which the comparative absence of intemperance among the latter probably much contributes. As to the question of the increase of insanity in the United States, the Author declares that, although it is stated to be considerable, it cannot positively be affirmed to be so, owing to the discrepancies in the censuses of 1840 and 1850.

The information derivable from the Institutions for the Insane seems to be more reliable; and the Author has obtained returns from 51 of these establishments. The following are some of the results of their examination:—

1. *Sex of the Insane.*—Of 48,995 patients, 25,593 were of the male, and 23,402 of the female sex. Dr Jarvis, in 1850, concluded, from the examination of the statistics of 21 American asylums, furnishing 24,573 cases, that the proportion of insane males to females was 121 to 100; but, according to the Author's researches, founded upon nearly 50,000 cases, there are found 100 females to 109 males in asylums.

2. *Age at which Insanity first appears.*—This point is omitted to be stated in so many of the reports, that the Author is obliged to draw his deductions from 12,472 cases only; and from these it appears that more than 75 per cent. became insane between 20 and 50 years of age, while it seems highly probable that a greater number became so between 20 and 25 than during any other quinquennial period. But comparing the figures with the numbers of the population at given ages, it is found that the ages between 30 and 40 are those which are most liable to insanity. Comparing the two sexes with each other, it is found that men are more liable under 20, females from 20 to 30, both sexes alike between 30 and 40, females decidedly more liable between 40 and 50, and 50 and 60, while males assume a decided preponderance after 60.

3. *Marriage.*—From the records of 20 Institutions, this particular is thus specified in 25,721 cases: single, 12,462; married, 11,150; widowed, 2,092; and divorced, 17. A larger proportion of insane married females to the whole number of insane females exists, than is the case with males; the single males exist in a far larger proportion than the single females, and the widows are far more numerous than the widowers. Thus, of every 1,000 males, 555 were single, 393 married, and 51 widowed; and of every 1,000 females, 429 were single, 436 married, and 135 widowed.

4. *Occupations.* — Examining 7329 cases in which the occupation prior to the attack is stated, it is found that professional pursuits—especially the learned professions—are more liable to insanity than those not characterised by great mental tension; while the quiet life of the agriculturist is far less productive of the disease than is the harassed condition of the commercial world. The professional classes, compared with each other, observe the following order: artists, druggists, students, teachers, lawyers, physicians, dentists, clergymen, musicians, and engineers.

It must be remarked, however, that the total number of occupations returned is too small to furnish any trustworthy criterion of the comparative liability of these respective occupations.

5. *Hereditariness.*—Upon this interesting topic there is scarcely any information supplied by the Reports.

6. *Exciting Causes.*—The Author states that he has taken much trouble in classifying the moral and physical causes of insanity in 11,259 cases. Among *moral* causes are domestic difficulties, religious anxiety, political excitement, intense mental application; and among the *physical* causes are intemperance, ill-health, epilepsy, sensuality, &c. "It will be seen by the following table that the physical causes predominate over the moral,—a fact which is denied as probable when applied to many of the European institutions, but yet which has been previously recognised as true in regard to our own Insane Hospitals.' The Author places 4649 of his 11,259 cases under the column of moral causes, and 6610 under that of physical causes. "We cannot point out here the great defects of any such system of classification, but refer now merely to the fact that the moral causes constitute only two-fifths, and the physical causes three-fifths of the whole number of causes above given. A glance at the table shows the order in which causes, taken as a whole, and not as divided into moral and physical, are arranged as exciting to insanity, and exhibits that ill-health and intemperance rank first, domestic troubles and griefs next in order, next the conditions peculiar to women, &c." Of the 11,259 cases, the insanity is attributed to disappointment in love, ambition, &c., in 576; the loss of friends, in 585; to vicious habits and indulgences, in 514; to wounds and blows, in 250; to excessive study or application to business, in 165; to fear, in 126; to excessive use of opium, tobacco, &c., in 129; to exposure and loss of sleep, in 123; and to spiritualism, in 94. *Sex* exerts an important influence in the distribution of moral and physical causes. Thus, of 3118 moral causes in which the sex is stated, 1585, or 51 per cent., were females, and 1533, or 49 per cent., for males. "If we omit from the list of causes of insanity, financial difficulties, politics, and application to business, which are almost exclusively sources of insanity to males, we shall find, in the more delicate emotions and passions, that woman becomes insane from moral causes in 57 cases per cent., while man only suffers in 43 cases. The reverse is true of physical causes, and *à fortiori*, if we exclude from consideration diseases peculiar to females. Including all the causes of this class in both sexes, the males are to the females as 53 to 47, and, excluding the diseases of women, a proportion exists of 64 males to 34 females."

7. *Forms of Insanity.*—In 7,322 cases the following proportion of the various forms existed:—Mania, 3,789, or 51·7 per cent.; melancholia, 1,366, or 18·7; dementia, 1,265, or 17·3; monomania, 902, or 12·3. Examining the figures according to *sex*, it is found that, while each sex is attacked with mania in an equal proportion, men are more often the subjects of dementia than women, and the latter suffer more from melancholia.

8. *Influence of Season upon Admissions.*—Of 21,072 cases there were 20·6 per cent. admitted during the winter months, 26·6 during the spring, 29·2 during the summer, and 23·4 during the autumn months. May and June are the months which take the precedence of all the others.

9. *Duration prior to Admission.*—The details of 10,304 cases furnish the fact, that 60 per cent. of the cases admitted had been insane only for a few months, the majority being less than 6, and a few ranging from 6 to 12 months; while more than a quarter of the cases (about 2,600) have been insane from 1 to 5 years.

10. *Recoveries.*—After commenting upon the impossibility of obtaining accurate returns in

respect to the completeness of recovery and the proportionate mortality, the Author states that, in 15,235 cases *discharged* from American asylums, the recoveries were returned at 6,549, or 42·9 per cent.; while, in 58,607 cases *admitted* into thirty-three asylums, the number of recoveries was 24,937, or 42·5 per cent. Of 10,679 cases admitted, the proportion of females restored was 44·8 per cent. to 43·0 per cent. of the males; and of 17,838 discharged, the recoveries were 45·7 females, 44·5 males. "Recovery is, therefore, more probable among females than among males. This depends upon the form of the attack, &c., and sometimes on revolutions in the female system, which produce happy changes when the resources of Medical art have been ineffectual. Women suffer more from melancholia than men, while the latter are more subject to dementia. The latter being in the majority of cases incurable, some reason seems to exist in this fact why the female sex should recover more often from insanity than the male." The influence of the *form* of insanity on the recovery is seen in 6,306 cases, among which the examples of mania cured amounted to 73·2 per cent.; of monomania, to 59·2; of melancholia, to 55·8; and of dementia, to 16·6 per cent. *Duration*, too, has much to do with the prospect of recovery. Thus, in one institution, while the chronic cases only furnished 21 per cent. of recoveries, the recent cases furnished 61 per cent.

11. *Mortality.*—"In 33 of the United States institutions, the number of deaths based upon 56,405 *admissions* was 8638, or 15·3 per cent.; while in 15,235 cases *discharged* from 21 asylums, 3256, or 21·3 per cent., died. One reason of this disparity between the admissions and the discharges is obvious—a large number of those cases which have undergone no improvement remain in an asylum, and do not therefore swell the list of discharges. Compared with the recoveries, we have the following favourable or fatal results in a corresponding number of cases. Of those admitted 42·5 per cent. recovered, 15·3 died; and of those discharged, 42·9 recovered, and 21·3 died." The *sex* is given in 3557 deaths as occurring in 18,594 admissions, as follows:—20 per cent. in the male, and 18·1 in the female admissions; and in 2631 deaths, occurring in 11,857 discharges, 22·5 per cent. were male, and 21·7 per cent. female. In either mode of viewing the mortality, that of males was the larger. As to the *causes of death* in nearly 2100 cases, in 677, or nearly five-sixteenths, there were affections of the nervous system; more than two-eighths (613) were diseases of the digestive organs (this category being increased in some localities by the prevalence of the cholera); about the same proportion (604) consisted in morbid conditions of the respiratory apparatus, while fevers, accidents, suicides, &c. made up the rest.

15. *Recurrence of Insanity.*—The Author has been in a great measure baffled in his attempts at ascertaining what proportion of the cases admitted were not first attacks, but mere occurrences; while the statement, even when it is made, that the attack under observation is a first one, is not always to be relied upon. Of 5370 admissions at three institutions, 3790 (70·5 per cent.) are said to have been first attacks; while 1580 (or 29·4 per cent.) were other than first attacks. About 28 per cent. of the males were second and subsequent attacks, while the per-centage of females was 31. These returns cannot, however, be fully relied upon, so that deductions can only be very doubtfully made.—'North American Medico-Chirurgical Review,' July, pp. 656—692.

Births, Marriages, and Deaths.

BIRTHS.

KENT.—October 9, at Vienna villa, Ryde, Isle of Wight, the wife of Benjamin Archer Kent, M.D., of a son.

LEACH.—October 16, at Union street, Southwark, the wife of Henry Leach, Esq., M.R.C.S., of a daughter.

LEE.—October 14, at Savile row, the wife of Henry Lee, Esq., F.R.C.S., of a son.

PILKINGTON.—October 12, at Chorley, Lancashire, the wife of Wm. Pilkington, L.R.C.P. Edin., of a daughter.

ROGERS.—October 1, at Berners street, the wife of W. R. Rogers, M.D., of a daughter.

MARRIAGES.

BLACKMAN—WOODLEY.—October 17, at St John's Church, Brixton, Matthew Blackman, Esq., Surgeon, to Maria Louisa, third daughter the late Thomas Stamford Woodley, Esq., of Brixton, Surrey.

FISHWICK—BULLMORE.—October 16, at the Parish Church, Truro, Henry Fishwick, Esq., to Ellen, youngest daughter of W. H. Bullmore, M.D., and Surgeon to the Royal Cornwall and Devon Miners Artillery Militia.

DEATHS.

BAGOT.—Recently, at Honduras, of cholera, Charles Bagot, M.B. Univ. Trin. Coll., Dub., L.R.C.S. Ire., Assistant-Surgeon 2nd West India Regiment.

BURROW.—October 8, at Ventnor, Isle of Wight, William Thomas Holme Burrow, of Settle, Yorkshire, M.R.C.S. Eng., L.S.A. Lond., aged 34.

COULSON.—October 6, at Wyke House, Isleworth, Ralph Coulson, of Ilkeston, Derbyshire, M.D. St Andrews, M.R.C.S. Eng.

DU GARD.—October 12, at Shrewsbury, Marianne, widow of the late Thomas Du Gard, M.D., aged 71.

GÖRGEN.—Recently, Dr Görgen, an Austrian Physician, and the proprietor of a Lunatic Asylum, in which Count Szechenyi committed suicide. Dr Görgen by this occurrence incurred the serious displeasure of the Government, and was removed from his position on the ground of negligence. From that time his health gradually declined, and he at length died insane.

JAMES.—October 12, at Clifton gardens, Marion, eldest daughter of the late Hugh James, M.D., of Spanish Town, Jamaica, in her 91st year.

MACANSH.—October 12, at Doune, Perthshire, Andrew Macansh, Surgeon R.N., (seniority November 10, 1813,) aged 73.

MASTERS.—September 3, in Pembroke parish, Bermuda, West Indies (his native place, after a very painful illness, Bezin Reece Masters, M.D.

RATHKE.—Dr Rathke, the celebrated Professor of Zoology and Medicine at the University of Königsberg, died of apoplexy on the eve of the day on which he was, as President, to open the Meeting of German Naturalists in that city.

SEXTON.—October 15, at Ravenscourt square, Hammersmith, Archibald Alison, son of George Sexton, M.A., M.D., &c., aged 4 years.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following Members having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on the 17th inst.:—Alfred Coleman, Wandsworth; diploma of membership dated April 20, 1860; William Cooke, Tunbridge, Kent—April 5, 1822; Cooper Hayes Crawford, Stafford—March 7, 1856; Frederick Dawson, Islington—April 19, 1860; William Hicks Farrington, Ottery St Mary, Devon—April 15, 1859; Charles Grabham, Rochford, Essex—April 11, 1859; John Charles Harris, Chipping Norton—April 18, 1859; Robert Iliffe, Coventry—Aug. 2, 1860; Henry Colley March, Rochdale—April 20, 1860; Richard Hawes Metcalfe, Wensleydale—April 13, 1860; George Michael Nell, Colombo, Ceylon—March 14, 1859; John Smith Crosland Richards, Bedford square—Aug. 1, 1860; Barnard Edward Spaull, Hammersmith—April 6, 1856; William Williams, Penrhyn, Holyhead—Nov. 12, 1858.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, October 11th, 1860:—Octavius Dean, Manchester; Charles Furner, King's road, Brighton; Robert Hancock, Bath, Somerset; Charles Ferdinand Keele, Portswood, Southampton; Alfred Monckton, Brenchly, Kent; Eustace Henry Olive, Linton terrace, Hastings; Francis Samuel Worthington, Lowestoft, Suffolk. The following gentlemen also on the same day passed their first examination:—John Harward Hooper, Upton Warren, Worcestershire; Joseph Lees, Wolverhampton; Forbes Watson, Aldersgate street; Samuel White Duckworth Williams, Gloucester.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—The Half-yearly General Meeting of the members of this Society was held on October 10th. It appeared that during the first half of this year 38 widows and 22 children of former members had received half-yearly grants amounting to 869*l.*; besides grants towards self-maintenance to two children, 45*l.* A grant was specially made by this meeting of 30*l.* towards apprenticing an adult deaf-and-dumb son of a late member. Dr John Clarke having withdrawn from the office of Acting Treasurer, a warm vote of thanks was passed to him for his valuable services during the past five years. The following members were then elected Officers and Directors for the year ensuing:—President: Thomas Arthur Stone, Esq. Vice-Presidents: Martin Ware, Esq.; Everard A. Brande, Esq.; John Nussey, Esq.; Sir B. C. Brodie, Bt., F.R.S.; Peter M. Latham, M.D.; John Bacot, Esq.; Thomas Turner, M.D.; D. Henry Walne, Esq.; A. J. Sutherland, M.D., F.R.S.; Edward Tegart, Esq.; Ed. Stanley, Esq., F.R.S.; Geo. Burrows, M.D., F.R.S. Treasurers: John Miles, Esq.; James T. Ware, Esq.; G. Hamilton Roe, M.D. Directors: Robert Nairne, M.D.; William Cathrow, Esq.; Edgar Barker, Esq.; James Paget, Esq., F.R.S.; John Adams, Esq.; Fred. J. Farre, M.D.; A. B. Barnes, Esq.; Edward Dew, M.D.; John Love, Esq.; H. A. Pitman, M.D.; Chas. Collambell, Esq.; Benj. Travers, Esq.; B. G. Babington, M.D.; J. Wetherfield, Esq.; John J. Sawyer, Esq.; Thomas Brown, Esq.; C. J. B. Aldis, M.D.; Wm. Dickinson, Esq.; J. C. Salisbury, Esq.; Henry Blenkarne, Esq.; T. King Chambers, M.D.; John Clarke, M.D.; Daniel Scannell, Esq.; Prescott G. Hewett, Esq.

ASSOCIATION OF THE FELLOWS AND LICENTIATES OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.—The following is a list of officers for the Session 1860-1:—*President*, Dr Corrigan.—*Vice-Presidents*, Drs O'Reilly and O'Brien Adams.—*Council*, Drs Henry Kennedy, Lombe Atthill, Edward B. Sinclair, Alfred H. McClintock, and Robert Law.—*Treasurer*, Dr George A. Kennedy.—*Secretary*, Dr William Moore.—The meetings of the Association are held in the College Hall (Sir P. Dun's Hospital), on the evenings of the first Wednesday in every month during the session, at eight o'clock.

A LIBERAL OFFER.—A London merchant, whose daughter has derived great benefit from the climate of Torquay, has offered to give 500*l.* towards the completion of the Hospital for Consumption, provided 1000*l.* be raised for the same purpose within a month.

THE EMPEROR OF FRANCE AND THE HOSPITALS OF ALGERIA.—On the 28th ult. the Emperor, whilst at Algiers, decreed that certain lands in the three provinces of the French possessions of Northern Africa should be given to the civil hospitals.

ROYAL COLLEGE OF SURGEONS.—In analysing the newly-published list of Fellows, &c., of this Institution, we find that 249 Members of the College have been admitted Fellows by examination—an excess of only 16 over the number of last year. The number of Honorary Fellows amounts to 1018, being an excess of only 25 over the number published last year. The gross number of Fellows now amounts to 1267; and of Members there appear to be nearly 14,000. The Licentiates in Midwifery now amount to 769—just 60 over the number of last year. The persons who have received the Certificate of Qualification in Dental Surgery during the past year, and now for the first time published in the list of Fellows, Members, and Licentiates in Midwifery, amount to exactly 100.

TORQUAY INFIRMARY.—A wing has lately been added to this Infirmary for the reception of fever patients. Upwards of 1500 cubic feet of space is allowed for each patient. The wards are twenty-four feet wide and sixteen feet high, with windows carried up to within a foot of the ceiling on three sides, and the fourth is provided with ventilating screens of perforated zinc, controlled by flaps. In addition to this, an exhausting shaft passes over each line of beds above the ceiling, with ventilators at intervals, and these communicate with a flue carried up in the chimney stack. The heating is by open fire-places. The probable cost, including fittings and furniture, will be about 90*l.* per patient.

METROPOLITAN SLAUGHTERHOUSES.—Dr Gibbon, the Medical Officer of Health for the Holborn District, has presented a report to the District Board of Works from which we make the following extract:—"During the past fortnight, at your desire, I have given my attention to the slaughterhouses of the district. On a careful examination, I found that many of them had

lately been improved, in respect of their drainage and ventilation. Although some of them require slight repairs and alterations, as specified in the accompanying sheet, I believe that they are fully complied with. Notwithstanding the satisfactory state in which these establishments at present are, their presence in a densely-populated district must always be regarded as a serious sanitary evil. I regret, therefore, that Mr Cross, the large slaughterman of Red Lion alley, who has received notice that his present premises will be required for the Metropolitan Railway, has thought right to seek a licence to convert the Rose and Crown yard, 127 St John street, formerly used as a cattle-lair, into a slaughterhouse. Mr Cross is too good a man of business not to appreciate the value of cleanliness in conducting his extensive trade: he slaughters on the average upwards of 1,000 head of cattle every week. I must protest, on sanitary grounds, against the establishment of any fresh large abattoir, however well it may be conducted, in so crowded a neighbourhood. In this case there is no room for the usual pleas of the retail butcher for a slaughterhouse that he frequently wants,—a given joint at a short notice, and wants to slaughter for it especially; and that meat will not keep long enough in hot weather to bear the transit from a distant abattoir. Mr Cross slaughters not for any retail trade of his own, but for the wholesale salesmen of Newgate Market; and, in my opinion, his trade can be carried on with more advantage to himself, as well as to the public, in the spacious slaughterhouses connected with the New Cattle Market in Copenhagen fields. There is, I know, a very important objection felt, if not expressed, by slaughtermen to these abattoirs—viz., that they are constantly visited by City Markets and Slaughterhouse Inspectors, who have power and are specially appointed to seize any cattle or meat which are so diseased as to be unfit for human food. Now, we in this district have no power to seize such diseased meat unless it be exposed for sale in an open shop. When we see it in a private slaughterhouse, we are informed that it has been carefully slaughtered, and dressed for the use of pigs. Had we the power, I can assure you that there would be no lack of opportunity to seize slipped calves and cows in all stages of disease. When serving on a committee two or three years ago, to devise the best means of preventing the sale of unwholesome meat, I was struck by the evidence of the large number of unhealthy animals that are slaughtered for the London market. The conclusion I arrived at then was, that the consumption of such creatures for human food can only be avoided by a system of careful inspection by competent men, and by killing the total amount of meat required for the metropolis in some few authorized places where animals while living, and their organs after death, can be subjected to proper supervision. I do not intend these remarks to apply to Mr Cross, who generally kills first-class meat. However, this evil at present is so prevalent, and is fraught with such danger to the public health, that I trust your Board will hesitate before it sanctions such an application even from Mr Cross. According to the 55th section of the Building Act 1855, which provides—'That it shall not be lawful for any person to establish or newly carry on any such business, either in any building or vault in the open air, at a less distance than forty feet from any public way, or than fifty feet from any other such buildings of the first or dwelling-house class,' 18 & 19 *Vict. cap.* 122 *and* 55—this proposed slaughterhouse would be illegal, as it is within fifteen feet of the Charterhouse pensioners' dwellings, and within a less distance of the dwellings over Charterhouse mews. The carriageway to the Charterhouse Master's lodge and school passes close to the back wall of these premises. On these grounds, if on no other, I would recommend the Board to oppose the grant of this licence."

Queen's University in Ireland.—The Annual Meeting of the members of the Queen's University, for the purpose of conferring degrees, was held, with the usual formalities, on Friday the 12th inst. in St Patrick's Hall, Dublin Castle. Twenty-one gentlemen, including eight who had availed themselves of "a recent arrangement made by the Senate to facilitate the acquisition of Medical Degrees by Students who had completed the necessary courses of education, and might, for special objects in relation to the public service, desire to pass the required examination at the earliest period," were admitted by the Lord Chancellor of Ireland, Vice-Chancellor of the University, to the Degree of Doctor of Medicine. The following are the names of those thus admitted:—M.D.—James Valentine Browne, M.D., University of Aberdeen, *ad eundem;* Henry Burden, B.A., Belfast; William John Busteed, Cork; William H. B. Clapp, Cork; William Hill Climo, Galway; George Cooper, Cork; Richard B. Davidson, Belfast; Edward Divers, Galway; Usher Beere Eaton, Cork; Albert Augustus Gore, Galway and Cork; Francis Bernard Hurley, B.A., Galway; William H. Jones, Cork; William Kingsley, M.D., University of St Andrews, *ad eundem;* J. Henry Lawson, Galway and Cork; John Sampson Levis, Cork; Thomas B. Moriarty, B.A., Cork; Courtenay Nedwill, Belfast; Francis Ronayne O'Kearney, Cork; Matthias O'Keeffe, M.A., Cork; Richard Read, Cork; Isaac Cromie Saul, Belfast; Hugh Willis Thomson, Belfast; William James Wilson, Belfast. The following were announced as having passed the Previous Medical Examination:—Richard Barrett, Cork College; Acheson George Bartley, M.A., Belfast; the Hon. Barry J. Bingham; Edward R. Blackett; John R. Burke, Galway; Richard Carroll, Galway and Cork; John Norman Davis, Galway; Charles Evans, Galway; Valesius Gouldsbury, Galway; James Hutchinson, Galway; John Hamilton Moore, Galway; Robert L. Moorhead, Belfast; Stephen O'Sullivan, Cork; Robert Potter, Cork and Galway; John Henry Loftie Stoney, Galway; George Shannon, Belfast; James R. Swanton, Cork; Joseph Whitaker, Belfast. His Excellency the Lord-Lieutenant then bestowed the following Honours with the Degree of M.D.:—William H. Climo, Third in Order of Merit, Galway College; Edward Divers, Third in Order of Merit, Galway; John Sampson Levis, Third in Order of Merit, Cork.

Charity and Self-support.—A proposal to erect Baths and Washhouses at Cardiff has led to inquiries in other towns as to the working of these charities. The result, published in the 'Bristol Daily Post,' affords the following curious information, showing a pecuniary loss in every instance:

	Expenditure.	Receipts.	Loss.
Birmingham ..	..£2714 12 8	1752 10 4	962 2 4
Sunderland ..	.. 484 2 4	415 2 8	68 19 8
Do Hendon Road	.. 882 18 4	650 6 2	232 12 3
Bristol ..	.. 667 6 11	581 3 2	86 3 9
Halifax ..	.. 703 5 3	487 18 4	215 6 11
St George's, Liverpool	2501 19 0	1321 4 0	1180 0 0
Paul Street, do.	.. 1587 5 5	640 11 5	946 11 0
Cornwall Street, do.	3927 11 0	2333 5 10	1594 5 2
Hull	.. ——	——	332 2 6

Upon this the 'Journal of Gas Lighting' remarks that "Washhouses must be considered strictly as charitable institutions, and cannot be made self-supporting. But if they are charities, then the charges, the arrangements, and regulations must be directed toward inducing the class to use them who need them. They are certainly not needed in small towns where the population is not crowded together. They certainly ought not to be provided in any town for the use of the well-to-do. There are instances in which it will do as much good to give a ticket for washing as a ticket for soup. We suspect that the failure of a public washhouse will often turn on the management. Baths stand on a different ground. There is a steady increase in the love for bathing in all classes of English town residents. The taste, like all other tastes in England, descends. Thousands of workpeople could never wash at all in great towns without the use of public baths. We must be patient in teaching the working classes new ways. There is also a certain advantageous effect produced on the public mind by the construction of such buildings as baths and washhouses. The poorer classes see that they are cared for, and this is a moral consideration not to be forgotten."

The 'Indian Lancet' advocates the French system of the licensing and medical inspection of bazaar women, and the establishment of Lock Hospitals for the prevention of the frightful curse of venereal disease in the European Army. In all discussions as to the amalgamation and organisation, this point has been steadily ignored. The question *must* be grappled with. God's law is marriage, and till that is obeyed no system of prevention will succeed.

A Volunteer on his Mettle.—At the Banff County Meeting, Mr Gordon, of Cairnfield, in reference to the order of sederunt, said it was a question what might be the appropriate designation for Dr Whyte—whether they should not set him down as Captain Whyte, seeing he was present in the uniform of his Artillery Corps. (Laughter.) Dr Whyte—Mr Gordon, of Cairnfield, will be pleased to understand that, whether I am here in uniform or not, I have taken University degrees, which give me a right to take precedence of Mr Gordon, or any gentleman here, with the exception of Sir George Abercromby. (Laughter.) I insist on having my title of Doctor, and by virtue of that I rank next to Sir George Abercromby at this meeting in point of precedence, and insist on having that preference. (Laughter.) Mr Gordon observed that he certainly never intended, and never would offer, any insult to any of her Majesty's officers. (Laughter.)

We extract the following from the 'Carlisle Journal' of Friday last: "The Lunatic Asylum.—The appointment of Medical Superintendent of the new Asylum at Garlands was made on Wednesday by the Committee appointed at last Quarter Sessions. From a great number of candidates a list of eight had been selected, and these gentlemen were invited to meet the Committee on Wednesday at the Grand Jury room in this city. Six attended; and the choice of the Committee fell upon Dr Kirkman, at present Assistant-Superintendent of the Suffolk Asylum, of which his father has for many years been Superintendent. The unsuccessful candidates, and their friends, were of course disappointed, but we have not heard that there is any reason to suppose that the appointment was made on other than fair and honest grounds. There was, however, some justifiable dissatisfaction at the shabbiness of the magistrates in refusing to pay the expenses, or part of the expenses, of the candidates whom they invited to come to Carlisle. Hundreds of pounds have been shamefully wasted by them upon the building, and we can only hope it is compunction for this which has drawn them into this paltry saving."

The 'Indian Lancet' contains a notice by Dr Frazer, of H.M.'s 88th, of the boil or ulcer peculiar to the districts of Delhi, and called by the natives 'Aurungzebe' after that emperor, who was a victim to it. In ten months, 114 soldiers of H.M.'s 88th, besides officers, women, and children, were afflicted with Delhi boils all over the body. In three months after their arrival in the city, the sores made their appearance. They disfigure the appearance of the patient, and appear on the same spot, in many cases, four times, leaving behind the trace of a deep wound. Dr Frazer agrees with the theory of the natives, which ascribes them to the water of the district impregnated with salts. A similar disease appears in Sind and Mooltan, where the water is the same. It appears most after the rains, when the wells have been filled with water percolating through the saline soil.—'Friend of India.'

The will of Thomas Addison, M.D., of Berkeley square, late Consulting Physician to Guy's Hospital, was admitted to probate on the 4th inst., and the personalty sworn under 30,000*l.* by one of the executors—namely, John Addison, Esq., of Banks House, Cumberland, the testator's brother; power being reserved to Alfred Brooke Barnes, Esq., Surgeon, of King's road, Chelsea, also an executor. To his relict he has bequeathed his freehold estate and residence at Brighton, together with the furniture, and has left her an annuity of 350*l.*, and his shares in the Indemnity Mutual Marine Assurance Company; and to her son and daughter he has left an annuity of 100*l.*; these annuities to be free of legacy duty. The presentation of plate made to him from various parties, both public and private, he leaves to his said brother, to be held by him as heirlooms in the family. He appoints his said brother, John Addison, Esq., residuary legatee of his estate, real and personal. The will bears date September 26, 1855, and a codicil in 1858.

The State of "The Diarrhœal Districts of England."—Diarrhœal diseases, though generally preventible, are increasing in this country, and their epidemic aggravations are sometimes of appalling severity. It has been truly said, that probably since the days of the great plague, death has never so scared an English population as in the cholera epidemic of Newcastle of 1853, and in the Golden-square outbreak in 1854. Now, diarrhœal diseases prevail with extraordinary inequality in different parts of the country; and it is to be recollected that

the endemic causes of diarrhœa are the causes of much other disease. It was therefore determined to begin authorized local inquiries in cases of excessive preventable mortality with an examination of the disproportionate localization of diarrhœa in particular districts. Accordingly, eight large towns were selected last year which habitually suffer a very great excess of mortality from this cause, and Dr Greenhow was commissioned, as a temporary inspector, to inquire into their sanitary condition. The towns are Coventry, Manchester and Salford, Nottingham, Birmingham, Dudley, Leeds, Wolverhampton, and Merthyr Tydvil. It was necessary to find a fair standard for the rate of diarrhœal disease. There are districts of England in which endemic diarrhœa is unknown; but, leaving these, it was thought reasonable to take two considerable groups of contiguous rural districts, one in the north, and the other in the south—districts by no means so faultless as to be unapproachable, but in them the annual average diarrhœal death-rate during the years 1847-1855 was only 29 in 100,000 of the population. In the eight towns just named the mortality from this cause is from three to nine times as great. In all of them Dr Greenhow found it coincident with one or other of these two circumstances—the habitual drinking of impure water, or the tainting of the atmosphere with the products of organic decomposition, especially of human refuse. In other words, in districts which suffer from high diarrhœal death-rates, the population either breathe or drink a large amount of putrefying animal refuse. He traces street by street, showing how diarrhœa, visiting cleanly districts but slightly, is especially grouped round those spots where there is an accumulation of night-soil infecting the air in the midst of a dense population, or so placed that the exhalations penetrate into the houses, or can be but slowly dispersed into the general atmosphere. The comparative immunity of other districts resembling these in all respects, save the absence of this fæcal impurity, is found to be so constant, that it seems impossible not to admit the relationship as one of cause and effect; and the Medical men affirm that diarrhœal disease is not only more prevalent, but also more unmanageable, in ill-conditioned places. Without producing the unsavoury details which Dr Greenhow has had to record, a single sentence concerning Birmingham tells the tale of all the towns:—"Not only has diarrhœa most prevailed, and proved most fatal, in streets where these causes of atmospheric impurity existed; but, as has been shown in the history of particular streets and courts, it has selected as its victims persons much exposed to these causes, to the comparative exclusion of others." It has often been shown that these causes produce diarrhœa, but their investigation has hitherto been limited to epidemic epochs, and especially visitations of cholera; it is here demonstrated that their influence is more constant; and Dr Greenhow remarks that the occurrence of epidemic epoch may arise from peculiarities of season giving greater efficacy to these local causes, or possibly from the products of decomposition at such periods being different from those at ordinary times. How preventable this disease commonly is, may be judged from the success of sanitary improvements in almost all those very districts in reducing the local prevalence of diarrhœa. But, though much has been done, the report shows that it is very far from enough; and it may surely be hoped that the authorities of these towns will take means for removing from their administration "the reproach of preventable but unprevented disease." There is a motive that should especially stir the great manufacturers, whose unparalleled wealth is acquired in these districts. A very large portion of the deaths from diarrhœa are those of infants: above half this mortality occurs under one year old; and this is attributable, partly at all events, to the extensive factory employment of female labour. A mother has to leave her infant at three or five weeks old to the care of a little child or of a hired nurse, and hurry home heated to breakfast and to dinner, with little time in which to nurse her child and get her own food, and in her absence her child is fed on unsuitable diet, and has its cries of hunger and distress quieted by those opiates which are in such request at the centres of our manufacturing industry. Mr Simon remarks that the evil may be averted, or at least greatly mitigated, by arrangements which, however, the labouring classes themselves have not the power of organizing.—'Medical Times and Gazette.'

APPOINTMENTS FOR THE WEEK.

Wednesday, October 24.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, October 25.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

Friday, October 26.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 27.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, October 29.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON.—8½ p.m.

Tuesday, October 30.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Reformed Roman or Oriental Baths of Britain. Second Edition. By Jas. Tucker, M.D.

On Myalgia. By Thos. Inman, M.D. Second Edition. London: John Churchill.

The Volunteer's Manual of Health, &c. By Henry Smith, M.D. London: Ward and Lock.

On the Reparative Process in Human Tendons. By Wm. Adams, F.R.C.S. London: John Churchill.

Further Observations on Several Parts of Surgery, &c. By Benjamin Travers, F.R.C.S. London: Longman and Co.

Case of Ectopia Cordis. By Edward Daniell, Esq. London: T. Richards.

NOTICES TO CORRESPONDENTS.

H. H.—You ought to apply to have the qualification registered. A fee of five shillings must be paid.

CHIRURGUS.—The tungstate of soda is reputed to be the best agent for the protection of dresses against fire. It will not obviate their destruction, but it will prevent a blaze, and so give time for the extrication of the person in jeopardy. It is said that the tungstate of soda does not injure the material or interfere with the colour. There are more than 3,000 deaths from burning registered annually in this country. The use of a preventive means becomes, therefore, a matter of importance.

Mr HARRISON.—1st. No.—2nd. No.

Mr TURNER is thanked.

Dr WALKER.—We are obliged by your communication.

FUMUS.—We have no room for your *jeu d'esprit*,—especially as it is evident to us that your inspiration was derived from a narcotic source, and it might possibly produce a kindred effect upon your readers. Sir Benjamin Brodie did not absolutely condemn smoking; he only protested against its abuse.

IOTA.—You will come under the existing regulations.

KING'S COLLEGE. — 1st. Certainly. —2nd. It is a matter of convenience.

Mr HENRY E. B.—Mr Acton's book contains the latest information. We can recommend it.

W. H. R.—1st. There is much difference of opinion as to the propriety of having recourse to the customary stimulants in the treatment of delirium tremens; the majority of physicians are in favour of them. Nevertheless, numerous cases get well without alcoholic stimulants; and in the reports we have seen, the distinction does not seem to be borne in mind that some cases of delirium tremens occur immediately upon a course of hard drinking; other cases occur from the absence of the habitual stimulant. In the first form, the alcohol should be prohibited, and, at first, a *smart purge* given; then absolute quiet observed: in the second form, alcohol is frequently necessary.—2nd. No.

A SUBSCRIBER (Cardiff).—It shall be attended to.

MEDICUS X.—No Medical Practitioner is justified in calling upon the patient of another practitioner, after having been by him introduced to the patient as a professional aid, unless in company with the regular attendant; and no Medical Practitioner of proper feeling would do so. A. was certainly wrong.

M.R.C.S. ENG., and L.A.C.—Either of the Medical agents will inform you.

Dr TUCKER'S note, with second edition of his *brochure*, received.

Mr GEO. CALDWELL.—You should apply to the Registrar-General; or the Return may be obtained, upon payment, from the Parliamentary Publishers in Great Turnstile, Lincoln's-inn fields.

Dr GASON'S last communication has been received, and shall be inserted.

Dr FREKE.—Received.

Mr J. Q. RUMBALL.—Note received, and shall be attended to.

To Gentlemen.—Mr Miles,

(Alfred Webb Miles,) Established 18th February, 1841,

Originator of the WORLD-FAMED TROUSERS, at 10s. per pair, has the pleasure to inform thirty thousand customers that his stock for the forthcoming Winter is now replete with all the new and best designs for Over-Coats, Morning and Travelling Suits, Vests, Trousers, at prices as heretofore. Gentlemen who have not already favoured this establishment with their interest and support are most respectfully informed that it is distinguished not only by the extent, variety, and quality of its patterns and materials, but it excels in the cut and workmanship.

CAUTION.—Mr Miles is not connected with any person imitating and advertising in the same name; his only address is 73 Brook street, Hanover square, and he has no other establishment in London or elsewhere.

Kent's Pharmaceutical

PREPARATIONS OF BRITISH MEDICINAL HERBS.—These Preparations have received universal approbation, and gained first Prizes at the London Great Exhibition in 1851, the Paris Exhibition of 1855, and also the New York Exhibition. They may be obtained of Mr W. Kent, Walsham-le-Willows, Suffolk; or of his Wholesale Agents, Mr W. H. Bucklee, Chemist, 86 New Bond street; or Mr C. F. Buckle, 3 North place, Gray's-inn lane, London.

University of St Andrew's.

—Notice is hereby given, that the next EXAMINATION for the DEGREE of DOCTOR of MEDICINE will commence on THURSDAY, the 27th of DECEMBER.

Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin; of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for Examination.

Every Canditate is required to communicate by letter with Dr DAY, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for Registration on or before Wednesday, the 26th of December.

(By Order of the Senatus Academicus)
JAMES McBEAN, M.A., Secretary.

St Andrew's, 16th Oct. 1860.

Nervous and Mental

DISORDERS.—Shillingthorpe Hall, near Stamford. —Dr GARDINER HILL, formerly of Lincoln, and late of Wyke house, Isleworth, has fitted up the above [illegible], with its extensive and park-like pleasure-grounds, for the reception of Ladies and Gentlemen mentally afflicted, who will reside with his family, and be under his immediate superintendence.—For Terms, apply as above.

Leeches.—J. Teasdale and Son,

the ORIGINAL PONDERS of LEECHES.—Established 1815.—BEST HAMBRO' SPECKLED LARGE, 15s.; LARGE MIDDLE, 13s.; BEST GREEN (Hungarian), 7s. and 8s.; all of the very best quality, free from mixture with French and other inferior sorts. Importers of Leeches, Manufacturers of every variety of Court and Isinglass Plaister, Medical Plaisters of all kinds, on every description of Fabric.—WILLIAM STREET (continuation of Thames street), and 5 and 6 WATER STREET, Blackfriars, E.C.

Goods free to all parts of London and all trains daily.

A NEWLY-INVENTED APPLICATION
OF
CORALITE GUM-COLOURED INDIA-RUBBER,
AS A BASE FOR ARTIFICIAL TEETH, GUMS, AND PALATES.

BY HER ROYAL LETTERS MAJESTY'S PATENT.

1860, Just Published, Post Free Three Stamps,

Gabriel on the Loss and

ONLY EFFECTUAL MEANS OF RESTORING THE TEETH explains their patented system of supplying artificial masticators, which are warranted to prove successful when all other methods fail, without springs, wires, or metal, and without any operations; and also shows how the best materials with first-class workmanship may be obtained at less than half the usual charge.

MESSRS. GABRIEL,
DENTISTS TO THE PRINCE D'OTTAJANA,
ESTABLISHED 1815 (SEE DIPLOMA),
110 REGENT STREET, London, and 33 and 34 LUDGATE HILL, City, London;
134 DUKE STREET, LIVERPOOL.

*** Particularly observe that the entrance to the City Establishment is up the PRIVATE PASSAGE between the State Fire Insurance Office, and Benson's, the silversmith.

Just Published, Cloth Bound, direct of the Authors, by Post 12 Stamps, or through any Bookseller,

A PRACTICAL TREATISE ON ARTIFICIAL TEETH, and the only effectual Mode of Supplying them.

HUMAN TEETH,
The Diseases to which they are liable, and their Remedy.

IMPORTANCE AND VALUE OF TEETH IN RELATION TO HEALTH.

American Mineral Teeth warranted, from 4 to 8 guineas per set.

BY MESSRS. GABRIEL,
Surgeon-Dentists (Established 1815),
110 REGENT STREET, next Mechi's; 33 and 34 LUDGATE HILL, City.

TWO CASES OF PURPURA HÆMORRHAGICA.

By JOHN GASON, M.D., &c.,
Member of the Society of Quirites at Rome.

The following account of two cases of Purpura Hæmorrhagica—one complicated with confluent small-pox (called by some authors "black small-pox"), the other with pulmonary apoplexy—have lately come under my care, and will be read with interest.

Miss O., for more than twenty years residing at Pisa, æt. thirty-six years, of a nervo-lymphatic temperament, had for several years previous to this attack a tendency to prolapsus uteri, accompanied by leucorrhœa and large monthly evacuations. The heat of the summer months had considerably debilitated her nervous system, and for the two last years of her life she had great mental anxiety. About a week previous to her illness, July 1st, 1858, she passed through Pisa Hospital, where there was a case of small-pox, on her way to see a patient in whom she was interested. The following history of her case previous to my seeing her was given by the English and Italian medical attendants:—For the two first days she was supposed to have gastric fever, accompanied by her usual monthly sickness; her breathing was very quick, and the fever ran very high. It was supposed that the pericardium was affected, together with "a complication of diseases," and it was decided on to take blood from the arm. There was no change on the third day. On the fourth, an eruption appeared over the body: it presented the appearance of gnat-bites, which, however, gradually increased in size, and of a dark purple appearance. The report of the case further says, that "after this day no change took place, save a gradual increase in the size of the pustules and evident exhaustion of the whole frame." I was sent for and saw her for the first time on the 8th, being the fourth of the eruption. I found her in the following state:—The face, head, and arms were thickly loaded with pustules of a black colour. For the last two days she had discharges of blood from the vagina, anus, and bladder, which coagulated immediately on being passed: that from the bladder came mixed with the urine. She was quite sensible, and aware of her state. Pulse 130, full and bounding; abdominal respiration. On consultation, it was resolved on to give 15 minims of spts. terebinth. every fifteen minutes, acid drinks, wine, cold broth, &c. At midnight she asked for a drink of broth, turned on her side, shortly afterwards became comatose, and died in an hour. No post-mortem examination took place.

The second case is that of a young lady who had an attack of fever, followed by pulmonary apoplexy and purpura hæmorrhagica.

Miss A., æt. eighteen years, of a sanguineo-lymphatic temperament. Some years since had an affection of the spine, which appears to have been of a nervous character, and subsequently an attack of chorea. Her menstrual periods were regular, but the amount of discharge each time small and of short continuance. A few days previous to her being taken ill at Rome, she came from Naples, where a fever of a malignant character had prevailed for some time. I saw her professionally for the first time March 16, 1860. She had then been complaining for some days of lassitude, slight headache, accompanied by shivering, pains in the limbs and constipation of the bowels, but not so ill as to be confined to the house. For the first eleven days there was no urgent symptom, except pain in the head and giddiness in the head when she rose from the bed: the pain was completely removed by the application of six leeches behind the ears. Her pulse, which had been 130 and full, gradually fell to 92. The skin, however, continued hot and dry, and never showed any signs of perspiration. On my expressing a desire for her to encourage perspiration, she replied, "It is quite useless for you to expect it: I never perspired but once, and that but slightly under the arms after violent exercise. When I ascended Mount Vesuvius," she continued, "all were bathed in perspiration but myself: I felt very hot, but did not perspire." The treatment which I adopted up to this time consisted in aperients, refrigerants, and sudorifics, viz., liq. acet. ammon., with potass. chlor., &c. On the eleventh day of her illness she was seized with pain in the lower part of the right lung, increased by making a deep inspiration or by turning in the bed. On examining the chest, I found considerable dulness on percussion along the anterior, lateral, and posterior inferior third of the lung; slight crepitus on deep respiration; occasional cough, but *unattended* by expectoration; foul tongue; hot, dry skin, and flushing of the face; pulse 106. Ordered ten leeches to the side, and the bleeding to be encouraged by fomentation. In the evening she expressed herself much relieved of pain, but continued faint for some hours from the loss of blood, which did not exceed six ounces. The blood extracted by the leeches was florid, and formed a coagulum, from which no serum separated.

29th.—Has passed a restless night; complains of more pain in the side. Her nose bled considerably during the night. Has expectorated, without difficulty and without cough, a small quantity of mucus tinged with dark blood. Skin hot and dry; bowels well opened; pulse 110; urine scanty, but not high-coloured. Ordered blister to the side.

30th.—Has passed a good night; slept well. Epistaxis continues, but not very severely. Dulness on percussion over the inferior portion of the right lung. Respiration more distinct anteriorly. Crepitant rales over a larger portion of the lung. Œgophany distinctly audible in the inferior portion of the side. Pain on pressure between the ribs.

Evening.—Epistaxis from anterior and posterior nares; urine contains blood; skin hot and dry. Ordered plumbi subacetat., ergotine, and ext. rhatani et opii, in pills—acid drinks, and spts. terebinth. ℥ xx., every hour. Mustard poultices to be applied to the calves of the legs, and cold application to the head and neck. I plugged the nose this evening.

31st.—Passed a good night. Says that she feels the side much better, and complains of but slight pain on making a deep inspiration. Skin hot, dry, and rough over the chest; noise in the ears at times; is very pale. Blood oozes through the plug in the anterior nares, but it has ceased flowing from the posterior; it leaves a brown stain on the towel. The surface of the blister is quite black from the effusion of blood beneath the cuticle. There is one small black ecchymosis on the lower lip. Continue the same treatment.

Evening.—Called Dr Deakin into consultation, who recommended a dose of calomel with opium, to be followed in two hours by a dose of castor-oil. As soon as the bowels had been acted on, to have large and repeated doses of tinct. ferri chlor., and turpentine fomentations across the loins.

April 1st.—Has passed a tolerable night; wanders when first waking. Bowels acted three times after the medicine; the motions contained a large quantity of very fluid dark blood. The discharges from the bowels and bladder resemble water in which coffee-grounds have been mixed; there was no offensive effluvia from them. Vomited once during the night, throwing up some blood mixed with the contents of the stomach. The abdomen is less distended than yesterday. She lies without pain or difficulty on the right side; changes occasionally to the left, but prefers lying on her back. The legs are œdematous. Takes a great deal of nourishment.

Evening.—Is weaker this evening. During the day, spots of purpura appeared on the neck, breast, and arms; blood of a brownish colour still oozes through the plug in the anterior nares; roof of the mouth, fauces, and tongue covered with spots of purpura.

2nd.—Raved a good deal during the night; evidently sinking; her senses quite collected up to her death, at four a.m. of 3rd.

Post-mortem Appearances thirty hours after death, in which I was assisted by Dr Deakin.—On the neck, breast, arms, and lower extremities were spots of purpura about the size and shape of a split pea. Over the region of the left kidney were three vesicles, of the size of walnuts, containing a clear pinkish fluid. The surface of the blister over the posterior surface of the right lung was quite black from the effusion of blood beneath the cuticle. A great thickness of adipose tissue lay beneath the skin which covered the chest and abdomen. The muscles were small and wasted. On opening into the anterior mediastinum, about one ounce of clear fluid flowed out. The cavity of the right pleura contained upwards of three pints of a thickish black fluid, apparently blood, and similar to what was passed from the bowels and kidneys; that from the latter, however, evidently containing urine. The inner surface of the pleura was mottled with petechiæ of a very dark colour. The upper and middle lobes of the right lung were quite healthy, of a greyish colour and very pale, emphysematous to the touch; did not contain any tubercles, and when cut into were quite bloodless. The posterior portion of the inferior lobe was of a liver-like substance; its appearance, when cut into, was as if ink had been strained through it, leaving all the sediment behind. No blood oozed from it, or could be forced from it when pressed with the scapel; and its cut surface resembled that of the liver. The cavity of the left pleura contained about six ounces of the same dark liquid as that on the right side. The lung itself was pale, but healthy; and the pleura was also mottled, but to a much less extent than that on the right side. The pericardium contained about two ounces of clear liquid. The heart was small, pale and flaccid, and had a good deal of fat deposited between its muscular substance and the pericardium, at the point of union of the auricles and ventricles, and along the trunks of the coronary arteries. The stomach and small intestines were distended with gas. The internal surface of the stomach was mottled over with purple spots. About four inches of the lower part of the small intestine was of a pinkish colour, evidently caused by congestion. The liver was much paler than natural, but otherwise healthy. The gall-bladder was of a light yellow colour, and contained a small quantity of yellow bile. The spleen was of a dark slate colour, but healthy. No liquid of any sort was contained in the abdomen. The right kidney small; its cortical substance of a light brown colour, resembling that of the liver; the tubular substance injected, and of a bright red colour. The infundibula contained some dark grumous blood. The left kidney was nearly double the size of the right; its cortical and tubular substances were of the same colour throughout, of a much deeper brown than the right, and appeared very much congested. The urine passed two days previous to her death gave the following signs:—It was of a very dark colour, and contained a brownish sediment when allowed to stand for a short time. On filtering it and subjecting a portion to heat, a quantity of separate red globules were deposited, and an albuminous substance (which was not affected by the addition of nitric acid) appeared floating through the fluid. On the addition of a solution of hydrarg. bichlorid. to another portion of the urine, a copious deposit was thrown down, which was in like manner unaffected by the addition of nitric acid. The specific gravity of the urine was 1·002.

Miss A., during health, had a great dislike to vegetables, of which she ate but very sparingly. However, she was fond of oranges, of which she partook every day.

(To be continued.)

CLINICAL REMARKS ON THE MEANS OF FACILITATING THE EXPULSION OF THE PLACENTA,

SO OFTEN DIFFICULT IN CASES OF ABORTION IN THE THIRD OR FOURTH MONTH.

By M. A. LIZÉ,
Of the Hospice de la Maternité du Mans.

When miscarriages occur about the third or fourth month, parturition may be attended with serious difficulties. These are dependent on the firm union which the placenta—already voluminous—has with the internal surface of the uterus, which cannot contract with energy sufficient to overcome the manifold utero-placental adhesions. When repeated uterine contractions have ruptured the amniotic bag, which forms near the os, the waters escape, and the embryo is expelled, and there escapes no inconsiderable quantity of blood in a liquid or coagulated state. The uterus, disencumbered in great part of its contents, becomes contracted, and, if there is no intervention on the part of the accoucheur, the os,

contracting at the same time, may incarcerate in the uterine cavity both the placenta and the membranes. The introduction of the finger in such cases becomes impracticable; and in spite of the authority of Professor Velpeau, who directs the use of ergot of rye with the view of overcoming the obstacle, I believe, with Cazeau and Pajot, that success does not often follow the administration of that substance. A wiser course is to wait, and watch the symptoms that may arise from retention of the placenta. Nevertheless, should active intervention be deemed necessary, the use of uterine douches, lately recommended by M. Pajot, may be effectual in removing portions of putrid placental *débris*, and producing so much dilatation as to allow the introduction of the mole-forceps. If hæmorrhage occurs, plugging, and the use of refrigerants, would be sufficient.

But the state of things is not always so bad; and when the practitioner arrives some time after the expulsion of the fœtus, he often finds the uterine orifice partially open, and embracing some portion of the placenta. In such cases it is sufficient to seize the presenting portion with the index and middle fingers, in order to remove the placental mass; and in cases where the index and middle fingers do not suffice, the mole-forceps of Levret, or Duges's hook, will be successful. When the numerous adhesions of the after-birth cannot be overcome by these means, and there is threatening hæmorrhage, there are distinguished accoucheurs, Cazeau and Chailly for instance, who recommend plugging, and the use of ergot of rye. Without wishing absolutely to proscribe this medicament, as M. Pajot has done, I yet fear that it might induce spasmodic retraction of the internal orifice, and I do not think of using it till I have introduced a finger into that aperture. In this way the index finger, if kept *in situ*, opposes the retraction of the uterine orifice, and serves as a plug till increasing uterine efforts finish the expulsion of the after-birth. These considerations are applicable to the cases where the practitioner has not been present from the first, or witnessed the progress of the absorption, but has yet been able to ascertain that the fœtus only has been expelled, and that the secundines remain in the uterine cavity. But when the practitioner arrives immediately after the expulsion of the fœtus, he ought, says Bandelocque, to introduce one or two fingers into the uterine orifice, to prevent further contraction and to favour dilatation; for when this is effected, expulsion follows in a very short time without any other precaution. Recent obstetrical treatises declare plainly enough the rule to be followed when professional aid arrives some time after the expulsion of the embryo, but they are silent as to the *modus, operandi* to be followed by him who has been present during the various stages of the abortion. The recommendation of Baudelocque, however, should be immediately put in execution, if it be wished to avoid that firm contraction of the neck of the uterus which leads to retention of the placenta, and to its unpleasant consequences. I must nevertheless add, that introducing the index finger as directed does not always suffice for the easy and expeditious extraction of the placenta. In order to hasten the detachment of the placental nerves, it is advisable to associate the use of ergot with the means recommended by Bandelocque.

Let us now see whether obstetric practice lends its sanction to these precepts.

Case 1st.—Madame D——, a primapara, twenty-six years of age, of a highly sanguine temperament, was seized at four in the afternoon with copious discharge of blood, towards the end of the third month of pregnancy, exactly at the menstrual period. From the arm were taken 125 grammes of blood, and three small opiate enemata were administered, allowing half-an-hour between each; when the sanguineous discharge ceased. Twenty-eight days later, Sept. 8, venesection repeated to the same amount, and absolute repose enjoined: but, notwithstanding these necessary precautions, a very copious hæmorrhage took place on the 11th, at eight o'clock a. m., and acute pains, beginning at the umbilicus, announced the commencement of labour, which was met by appropriate treatment. On the 12th, at five o'clock p. m., the fœtus and numerous clots of blood were expelled: but there was retention of the placenta in the uterine cavity. My first visit was ten minutes after the expulsion of the fœtus, when blood continued to flow in abundance. The os was partially open, and contained a considerable portion of the placenta, which I now endeavoured to remove, but tore. I again introduced the index finger, keeping it *in situ*, and two grammes of ergot of rye were given in divided doses. The uterine efforts, aided by friction over the hypogastrium, at the end of twenty-one minutes effected the expulsion of the placenta, together with a quantity of coagula; after which there was prompt receding of the uterus, and complete cessation of hæmorrhage.

Case 2nd.—November 26th, towards ten o'clock p. m., Madame B——, a primapara, thirty-one years of age, of a nervous temperament, miscarried at the end of the third month. At my first visit, the following morning at nine, I readily ascertained the presence of an embryo embedded among the clots of blood which I examined. A manual examination revealed the following:—A cavity formed at the expense of the cervix uteri; the external orifice much dilated; the internal orifice spasmodically contracted, so as not to admit the tip of the index finger. A portion of the placenta was embraced by the latter. There is no hæmorrhage *per vaginam*, but meteorism and pain of the hypogastrium. Mercurial frictions over the abdomen, and injections *per vaginam* with infusion of the leaves of belladonna. At eight o'clock p. m., the same day, violent shivering, accompanied with extreme restlessness; skin hot and dry; pulse 115; frequent vomiting; great sensibility of the abdomen, which is now tympanitic. To this part twenty-five leeches were applied, and twenty centigrammes of calomel were directed to be given in ten doses. Next day, the 28th, at ten in the morning, a consultation with Dr Leconteux. The abdomen is less distended, and less painful on pressure; abundant evacuations, and pulse 104. Efforts to overcome, with the index finger, the resistance presented by the internal orifice, resulted in detaching the portion of placenta still remaining in the cavity of the cervix. Prolonged hip-bath; vaginal injections with decoction of cinchona-bark, and a potion containing two grammes of the dry extract of the same substance was next directed. The same day, at three p.m., vomiting, with sharp pains in the abdomen. The antiseptic potion discontinued; four pills, each containing one centigramme of thebaic extract and half a centigramme extract of belladonna. Mercurial frictions to the abdomen, and frictions with belladonna.—29th. The peritonitis almost gone; a reddish fluid, mixed with putrid *débris*, begins to flow from the vagina. There is still the same resistance of the internal orifice of the cervix. Prolonged hip-baths, and uterine douches in place of vaginal injections.—30th. *Evening.* The abdomen soft, and the tumefaction gone; no fever; slight oppression, of a spasmodic nature; the internal orifice, now relaxed, allows the introduction of the index finger and a large elastic sound, by means of which tepid water is gently thrown into the cavity of the uterus, expelling a quantity of putrid matters. Use of cinchona renewed, with beef-tea. During the next and some subsequent days, the vaginal discharge and the injections continue to bring away portions of the placenta; and the state of the patient becomes more and more satisfactory; and by the 5th of December she had quite recovered.

There is one thing that strikes us in this case—the rapid putrefaction of the retained portion of the placenta. In eleven hours the effects of putrid absorption were seen in the peritonitis that followed, which yielded to antiphlogistic treatment; and it will be observed that the general state of the patient improved in proportion as the uterus became disencumbered of its putrid contents. There would have been imprudence in trying to introduce the finger or mole-forceps through the os in order to remove the remaining portion of placenta; and if, after the subsidence of the abdominal inflammation, ergot had been given with a view to accomplish the same end, the symptoms, far from being ameliorated, would only have been much aggravated. The vaginal injections and uterine douches alone contributed to relax the cervix, and to produce so much dilatation of the aperture as to give free passage to the placental *débris*. The absence of hæmorrhage in this case is, no doubt, owing to the uterus having sufficiently contracted after the detachment of the after-birth.

(See an article on this subject in Our Note Book.)

ON

PERVERSION OF THE MORAL AND AFFECTIVE FACULTIES

IN THE PRECURSORY STAGE OF GENERAL PALSY.

By M. BRIERRE DE BOISMONT.

(Read before the Academy of Sciences.)

Thirteen years ago, I published in the 'Gazette Médicale' the following notes, accompanied with two cases in illustration:—"Of the authors who have written with real ability on general palsy, no one has spoken of the precursory stage of this singular disease, which, in a moral and medico-legal point of view, is a subject of the greatest interest. This stage, which in some cases can be traced as far back as six, seven, or more years before insanity bursts out, is characterised by *perversion of the moral and affective faculties*, without rendering the subjects of these changes less fitted to discharge the duties of social life, or their employments. Their families, surprised and distressed, murmur at the commission of acts of indelicacy, fraud, and debauchery, for which they were not prepared by any antecedents. Injuries are extenuated, damages paid, complaints silenced, till this secret and long-continued martyrdom is put a stop to by the appearance of general palsy."

The following is a case of this kind:—I was called in consultation in the case of a ministerial officer, whose purloinings at a sale made much noise some years before. A charge had even been made, and an order issued for his arrest. As his act was inexplicable, the complaint was withdrawn; but he had to resign his charge.

The cases I had already collected having reference to this subject, led me then to believe that this person was under the influence of this precursory stage of general palsy; and the interview greatly excited my curiosity. I was all but convinced that I was going to see an insane paralytic. On entering his cabinet, and before any information was given me, the first words this person uttered revealed to me the nature and lengthened existence of his malady. His utterance was embarrassed, there was manifest incoherence, his physiognomy as if petrified, and his gait heavy and tottering. Eight years had elapsed since his purloinings had been discovered, but only a few months since his mental malady had become apparent.

This case, and others, had arrested my attention; and in a hundred which I have myself recorded, and communicated the results to the

Medico-Psychological Society, I have noted all the changes of humour and character that could throw light on this subject. The change most frequently observed, and that may be seen in three-fourths of the cases, is a greater or less degree of irritability—bursts of impatience, anger, or violence. In a more restricted number of individuals, the disease, on the contrary, is preceded by a state of placidness, indolence, and apathy. Such persons reason well; admit that they should be occupied, should act and take their part; but between their admissions and the actions that should follow, there is always an impassable abyss which they cannot clear. In place of angry irritability and reasoning apathy, or of one of these without the other, we observe perversion of the moral or of the affective faculties. Persons who had hitherto shown themselves to be religious, pure in their moral conduct, upright, &c., exhibit contrasts the most opposite. It is the more important to be acquainted with this symptom, that it happens often that the faculties seem intact, and that the relatives and friends have no suspicion of the actual disturbance. Of these perversions the most striking is a mania for stealing, which may be referred to a disposition of mind very common in those who suffer from general paralysis, leading them to believe themselves rich, powerful, and masters of all they see. This mania for grandeur and riches, this exaggeration of self, some would greatly restrict; but in one hundred cases, we have ascertained its existence in sixty-four: and at the last sitting of the Academy, M. Baillarger said that it is one of the principal signs of the disease. These notions of riches and power, by which these patients are led to commit larceny, in the belief that everything is their own, often involve them in the most troublesome consequences. People of business, having suspicion of their unsound state, and the mental weakness which is its result, entangle them in disastrous undertakings; and it was but a few years ago that one of my patients had to defray a balance of a hundred thousand francs. At the termination of the sitting in which I read this paper, one of my friends, whom you all know, said to me, "Had these cases been made public, my son-in-law would not have lost eight hundred thousand francs, ruined his wife, and left five children to my care."

The early approaches of general palsy develop not only the inclination to purloin, but may also lead to shameless abandonment. A bankrupt merchant was placed in my establishment, who was supposed to simulate madness. His friend told me that several months before his admission, he began to go from home without ostensible object, and in a mysterious manner; and that after being some time watched, it was clearly ascertained that he frequented houses of bad fame—a practice altogether opposed to his principles and previous conduct. During eighteen months that he was under my observation, and was examined at various times in order to obtain exact information of his intellectual state, he ensconced himself in a kind of mutism that seemed strange, and that stayed legal proceedings. When pressed with questions, he contented himself with saying, "I have done what people in business do: all will be explained and justified." One morning, at our visit, he came to me with smiling looks, and asked me, with much stammering, *to lend him four millions.* From this time general palsy made rapid progress, and in two months this patient sank into the last stage of dementia.

It is, then, certain that general palsy may produce striking changes in the character and conduct of individuals, and give rise to eccentric, reprehensible, and evil actions. No doubt such facts are seen in ordinary life, and are accounted for by the seduction of passion; and then they come within the province of the magistrate. But more frequently it happens that these sudden and unlooked-for falls are the result of mental disease, and especially of general palsy. Now, in cases of this kind, there are frequently precursory symptoms, or *fore-runners*, as they are well designated by Forbes Winslow—a celebrated English mad-doctor—in his remarkable book on 'Obscure Diseases of the Brain and Disorders of the Mind.' These are the early symptoms that must be sought out and brought in evidence. The index that should first guide the physician is the idea of disease. In most cases, in fact, where these transformations of humour, character, and conduct are remarked, there is reason to fear general paralysis; where the age is between thirty-five and forty-five, where there are sexual excesses with intellectual excesses, and hereditary predisposition combined, the presumption acquires still greater strength.

Independently of the characteristic symptoms now mentioned, we must overlook a circumstance very common,—and that is cerebral congestion. This may consist in simple stupor or vertigo, or may pass unperceived, though usually observed, and has serious consequences. This congestion produces feebleness of the intellectual faculties, absence of mind, and forgetfulness. The mind no longer possesses its accustomed distinctness, precision, and firmness; and if you engage your patient to give you an account of some transaction where explanatory illustrations are required, you remark trenchant differences between this task and those he has been in the habit of executing. His benevolence is more than ordinarily expansive, and he mingles with his discourse a degree of confidence which at a later period becomes ambitious mania. At other times, but more rarely, we observe a state of sadness, with tendency to melancholy or hypochondriasis.

But disorders of the muscular system are the criterion of the disease. Of these there is one that may be considered as very important, and shows itself by passing tremor of the lips, a scarcely sensible degree of embarrassment in the speech, hesitation in pronouncing some letter or word, and not recurring but at long intervals. This symptom, taken alone, cannot suffice, though it is one of great value; but when it is joined to diffused diminution of motility—which you can ascertain by desiring your patient to stand on one leg, or to press firmly your hand—the certainty of general palsy grows stronger. To these symptoms must be added inequality of the pupils, powerlessness or exaltation of the sexual functions, diminution of cutaneous sensibility, certain tremblings of the muscular fibres, the results of analyses of the urine, and the application of electricity.

On reviewing the cases in this work, and the observations to which they conduct, we think we can of right conclude:

1st. That individuals who, at a period of life already advanced, manifest a change of character and conduct, and commit acts that are quite at variance with their principles and antecedents, give reason to suspect an alteration of their intellectual faculties.

2nd. That this probability becomes certainty when we find also the existence of the characteristic symptoms which we have enumerated.

3rd. The uncertainty that may still in some measure attend the disease disappears with continued observation, because in ninety-five out of every hundred cases the tendency of general palsy is to increase, and terminates fatally in the same proportion.

4th, and lastly. The symptoms described have a real importance, for they put us on the track of general palsy when it has not yet declared itself.

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' commences with a continuation of Mr Hilton's Lectures on *Pain*. This article is followed by a paper by Dr W. Hughes Willshire, on a *Case of Diabetes*. The article is interesting; we therefore quote it:

"Gentlemen,—There is a female patient, named P. E——, in the Clinical Ward, to whom I am desirous of directing your attention. I have already incidentally referred to her, but as her case is one of much interest, and as she has now been some time in the hospital, and we may possibly soon lose her, I wish to enter into some details about her whilst she yet remains with us.

"The patient is twenty-nine years of age, married, and has one child. She was admitted into the hospital as far back as the 12th of May. She then told us—or at least my clinical clerk, Mr Belcher, who took the case down—that a few months after having had ague, in 1857, she began to be troubled by intense thirst, and by being very frequently obliged to micturate. The amount of both thirst and urine had been increasing ever since. In March, 1858, she first noticed her eyesight to become affected; there was a dazzling, afterwards a kind of mist or smoke seemed to pervade everything, and the power of vision gradually went away, leaving her blind in both eyes. The catamenia had stopped eight months back, and had not reappeared. Latterly her skin had become dry, and inclined to scale off in the winter. During the previous summer, however, she sometimes perspired freely. Her appetite for the last six months had become ravenous. She had suffered from thirst ever since she had ague in 1857, but of late her desire for drink had much increased. She has long been obliged to rise several times during the night to pass urine. The bowels are usually very costive, being occasionally confined for a week together; but sometimes she is liable to a slight attack of diarrhœa. She is very emaciated, but has a rather florid colour, and seems happy and resigned in mind. She has not any cough, and does not look phthisical. She entered the hospital to have her eyesight remedied by Mr Hancock.

"Soon after her admission, my colleague kindly referred the medical department of her troubles to my clinical service. It was not a difficult matter to arrive at the nature of the sufferings of thankful and happy-minded P. E——. You have heard that she was very hungry, very thirsty, and very thin; that her skin was dry and scurfy; her bowels confined, and that she passed a very considerable quantity of urine. We found her so weak that she was forced to lie in bed, yet hinting that she could *eat* a little more if more was offered her. We smelt her breath, and noticed that it had a very marked sweet-apple or chloroform-like odour, though not such a strong one as had another diabetic patient of mine upstairs, the approach to whose bed was something like going near an unstoppered bottle of chloroform. There is no exaggeration in this statement; some of the last session's students will bear me out in what I say, as they were witnesses to the fact.

"Now these were general and vital signs, all pointing to the presence of sugar in the patient's urine. Well, then, we examined her urine. We found it voided in quantity between eleven and twelve pints in the day. It was of a very pale straw colour, sweetishly faint in odour, clear, and having a specific gravity of fully 1040. Upon applying the tests of Trommer, Moore, and using the solution of Barreswill, we found the presence of sugar abundantly demonstrated. Some of you will recollect that we afterwards put some yeast to the urine, and so availed ourselves of the fermentation test. This test we also had recourse to again only the other day. It was clear, then, that this woman had glucosuria, and was passing a considerable amount of solid matter in the urine during the twenty-four hours. We examined her lungs, but could not detect that she had that common accompaniment of diabetes—viz., phthisis. But if she was not consumptive, she was *blind*. Mind, this is a point of great interest in this case. She was blind, I say; she had *cataract*, and cataract of both eyes. Before, however, I touch further upon this matter, let me tell you what we did for the diabetes. I ordered her a grain of quinine and a grain of opium three times in the day, an occasional warm bath, and purgatives when necessary. All vegetable matters, except coarse brown bread with the bran in it, and which is made, I may remark, purposely for us by one of our governors, (Mr Robb, in St Martin's lane,) were prohibited. A rigorous embargo was laid against sugar, but *four* meat diets, with extra milk and eggs, were allowed her to make up for these denials. Soon after this plan of treatment was put into force, the patient began to improve; she got much stronger, the quantity of urine lessened, and the gravity of it became often much lower. She ceased to rise to micturate in the night, the bowels became more manageable, and the thirst much less intense. Sufficient for me to say, she now passes (Oct. 15th, 1860) four pints and a half of urine during the day, the specific gravity of it being from 1038 to 1040. This quantity, with an occasional lower degree of gravity, has been the rule for some months past. Once the quantity went down to three pints, and had a gravity of 1026, but sugar was still contained in it. Then both quantity and gravity rose again, and do what I may, I cannot get it less than four pints, with a gravity of 1038, for any length of time. The only addition to her treatment up to quite recently has been, that the opium and the quinine were each increased to

two grains three times in the day. Once for a few days the patient felt so well, that she could not refrain from eating some potatoes. The urine rose in quantity and gravity, and she had a slight attack of diarrhœa. But she has undoubtedly gained flesh since she has been under the treatment I have mentioned.

"Now to revert to her blindness. You hear the patient had cataract of both eyes, for the relief of which she had sought Mr Hancock's skilful assistance. Let me now inform you that an American physiologist, Dr S. Weir Mitchell, published in January of the present year a memoir showing that cataract could be produced in frogs by introducing sugar into their system; and his further experiments proved that a peculiar form of cataract was a pretty constant attendant upon 'sugar-poisoning.' This paper coming across the notice of a gentleman whose genius for physiology is only equalled by his acuteness and persevering energy—namely, Dr B. W. Richardson,—served at once as a hint to him for undertaking what he has called the 'synthesis of cataract.' From March last up to the present time, I believe, he has been more or less occupied in its investigation. He first began by introducing syrup-of-cane sugar into the living system of fishes and frogs, and, as a rule, it may be said that 'sugar-poisoning' and opacity of the lenses were produced. Dr Richardson then experimented with grape-sugar and with syrup-of-milk sugar, and the like results followed. He then passed on to mannite, and the effects were the same; but in his next experiments with liquorice there was a want of agreement. A grand point now with Dr Richardson was to be enabled to introduce true diabetic sugar into the living organism. I am glad to think that my colleague, Mr Hancock, and myself were enabled to place our patient, Phœbe E——, at Dr Richardson's disposal for this purpose. We had the pleasure, some of you will recollect, of seeing Dr Richardson at this hospital during the early part of the summer. He obtained from us several pints of the patient's urine, with which, to use his own expression, he 'made numerous interesting experiments;' some of these, I may add, were performed at Bedford on June 15th, before the members of the South Midland Branch of the British Medical Association. As a rule, again, symptoms of 'sugar-poisoning' were produced, and the cataractous condition was 'markedly brought out.' Other series of experiments have also been continued by him, but for further information about this gentleman's inquiries I must refer you to his papers now publishing in Dr Brown-Séquard's 'Journal de la Physiologie.'

"Attention was now directed to the chronicles of *pathology*, to discover if they gave any support to this physiologic view of a causal connection between diabetes and cataract. The most concise *résumé* of what is to be obtained in this field you will find in the last volume of Guy's Hospital Reports (Third Series, vol. vi., p. 266), in a paper by Mr J. F. France. He there tells us that he himself drew attention to 'diabetic cataract' in January, 1859, in the Ophthalmic Hospital Reports, but that Dr Mackenzie of Glasgow had alluded to it in 1854. More recently Messrs Duncan, Wilde, Walton, Veasey, Sloane, Newman, and Barton have instanced cases bearing upon the point. These you will find specifically alluded to in Mr France's paper. I have referred to Schauenburg's 'Ophthalmiatrik' (p. 114); there I find it stated that diabetes is very often followed by soft cataract, and Unger's name is brought forward in support of the assertion. In 'The Lancet' of April 28th, 1860 (p. 424), there is a note to the effect that Graefe had stated, in the 'Deutsche Klinik,' that diabetes was very frequently the cause of cataract. It is right to mention, also, that Dr Richardson admits both Dr Mitchell and himself have been forestalled by Kunde, who some years ago travelled far in the same direction—the synthesis of cataract ('Journal de la Physiologie,' p. 450). With regard to 'diabetic cataract,' Mr France generalizes thus: the cataractous condition is symmetrically developed upon both sides; the lenses increase very largely in their antero-posterior diameter; the cataracts are of soft consistence; the ocular affection comes on only after the diabetic state has existed for some time, and there has not in any case been reason to suspect further disease of the eyeball. (*Op. cit.*)

"With regard to our patient, I may remark that Mr Hancock first operated upon her on June 9th; and he informs me that the cataracts were double and of soft consistency, and that he did not observe that the lenses were larger in any direction than usual. He likewise says that absorption did not by any means proceed so rapidly after the operation as it usually does. The operation performed was that called 'breaking up.' Mr Hancock again 'broke up' the lenses upon October 8th, and he tells us that although the lens in either eye is not as yet absorbed, the patient is beginning to see very satisfactorily, particularly with the left eye; so that the result of the operations may be considered favourable. Soon after the last operation was performed, some inflammation of the left eye occurred, followed by a slight adhesion of the iris. Mr Hancock and myself had some talk together about suspending the quinine and opium, and giving a little mercury. Although not without some misgivings regarding the possible effects upon the diabetic condition, the last-mentioned drug was had recourse to, and certainly with benefit to the visual organs. I have been very anxious about the urine, therefore, and have several times examined it. To-day we made some inquiries, you will remember, about this excretion in the wards. The specific gravity of the urine we found to be 1040; the quantity rather more than four pints; and the presence of sugar was indicated by the various tests we employed. The patient told me to-day that she felt weak, and was obliged to rise during the night to pass urine. When I inquired if she had an appetite for her four meat diets, she smiled, and said, 'Oh dear, yes!' as if it was a very easy matter for her to dispose of our commissariat allowance. As I intend, with my colleague's permission and assistance, to inquire into the state of the urinary secretion of his cataractous patients at our neighbouring Ophthalmic Hospital, it is probable you may hear something more from me upon this matter."

Dr Chas. J. Hare reports in the same journal a *Case of Secretion of Milk from the Right Axilla.*

"The following rare case of the secretion of milk from the axilla came under my observation amongst the out-patients of University College Hospital.

"Mrs M. S——, aged thirty-seven, was admitted an out-patient for slight dyspepsia at the end of April last. On a subsequent visit, on May 14th, she informed me that she had a small swelling under the right arm, which for some while past had given out a white milky-looking discharge, presenting exactly the same appearance as the milk from the breasts. She was a woman of middle or slightly below the middle stature, of good conformation, somewhat thin, hair dark; her general health had been good. She was confined of her seventh child on February 2nd; had suckled all her children, and at no period of her former lactations, or at any other time, had she observed any swelling in either axilla. On this last occasion she had as good a supply of milk as usual, and had reared this child also at her breast. It was on the night of her confinement that she first observed a swelling in the right axilla, which she described as being (when she first noticed it) 'nearly the size of half a walnut.' It did not increase much in bulk, but became harder, and caused some pain as low down as the elbow. It was not until the end of a month that it discharged a little fluid, which was then, as it had continued to be up to the time of my seeing her, of a decidedly milky appearance. The discharge of the fluid gave relief to the pain. Though the oozing had continued, and had always been of the same character, it had varied somewhat in amount. If she did not exert herself or use the arm much, less was discharged; but as she attended to her domestic duties, enough generally escaped to moisten the linen, and sometimes even more than this. By pressure she had always been able to force out more of the fluid.

"On examining the axilla, I found an irregularly ovoid prominence situated rather nearer the posterior and outer than the anterior and inner part of that region; it was nearly an inch in length, and more than half an inch in breadth, and its longer axis was placed somewhat obliquely with regard to the axillary space. Though the prominence was distinctly visible, yet the mass felt thicker than it appeared to be, as a notable portion of it lay buried in the cellular tissue of the axilla. Its entire bulk was about that of a large filbert or a small half walnut; its outline was but moderately well defined, and not perfectly regular or circumscribed, for the little mass seemed somewhat blended with the loose cellular tissue of the axilla. Its substance was firmish, but by no means so hard and resisting as an enlarged gland usually is in that situation; indeed, by moderate pressure, its shape could be readily altered, though it instantly resumed its original form on the pressure being removed. The skin over the swelling presented no redness, nor any different appearance from that of the rest of the axilla; there was no trace of a nipple, and indeed so extremely minute was the aperture through which the fluid escaped, that it was impossible to say at what point it made its appearance until the surface had been wiped dry, and a fresh portion was forced out by pressure. It was then found that there was but one orifice, which was situated near the outer and posterior end of the mass, and which seemed scarcely, if at all, larger than that of one of the sweat ducts; there was no papilla or elevation of any kind at the opening. On pressure, the milky-looking fluid readily trickled out, as much as the fifth or sixth (at least) of a drachm being collected in a test-tube in the course of a minute or two; but, even of this quantity, the first portion came away more readily than the last few drops. As already stated, the fluid had all the usual appearances of normal human breast-milk, being a thin, bluish-white liquid, rather sticky when rubbed between the fingers. The small quantity collected in the test-tube, being allowed to remain undisturbed, was found after a few hours to form on its surface a layer of cream. A drop of the fluid being, as soon as collected, placed under the microscope, it was seen to be rich in the well-known, variously-sized oil-globules of milk, without any other observable form; nothing resembling a pus-globule was detected."

In the course of some remarks upon the case, Dr Hare observes that the evidence is all in favour of the small mass in the axilla being a portion of mammary substance, and not lymphatic gland.

Dr Joseph Rogers reports a *Case of Idiopathic Tetanus.* We extract it.

"Having been sent for on the evening of the 2nd of this month to the Infirmary of the Strand Union to attend a case of hæmoptysis, my attention was drawn by the nurse to a patient admitted in the course of the afternoon, stated to be suffering from stiff neck and sore-throat. She informed me that shortly before, she was at his request raising him in bed, when he was suddenly seized with a fit of convulsions, and his arm being round her neck, it closed upon her with such force as almost to strangle her. On inspecting him, I found him stretched at length on his bed, bathed in sweat, with a pulse of 120; the fingers were still rigidly closed upon the hand. On inquiry, he informed me that he was about fifty years old; that he had been ill some days under the care of Mr Jones, the out-door medical officer, and that, getting worse, he had been sent into the house. He complained of stiffness about the neck and jaws, and some pain at the epigastric region, the abdominal muscles being unusually hard and resisting; and on my requesting to see his tongue, he said he could not put it out, as he could not open his mouth. I was enabled, however, to see it by the fact of his having lost all his front teeth, and his jaws being kept slightly asunder by the molars of each side. It was large, and covered with a creamy mucus. He said he could swallow but imperfectly. He denied having any wound or other injury about his body, but referred his sufferings to exposure to wet, &c., in his occupation as a street-sweeper in St James's. His bowels had been opened that day, but he had had no sleep the previous night. The fits, as he called them, came on at intervals of two or three hours. The countenance was peculiar. He seemed to be neither laughing nor crying, but a mixture of both, and being nearly deprived of sight, owing to disease of his eyes, his appearance was unprepossessing. Diagnosis, probably tetanus, of idiopathic type. His intellect was perfectly clear, but he was garrulous in the highest degree, his remarks being wholly directed to his sufferings and previous pursuits in life. Ordered powdered opium, five grains; powdered camphor, twelve grains; mucilage, sufficient to make four

pills, one to be taken every two hours ; mustard plaster to be applied to the whole length of the spine for twenty minutes.

"Oct. 3rd.—Nine a.m. : The patient appeared better ; had slept from four to five hours. He had had two convulsive attacks since last night, which evidently, from the description of the nurse, were opisthotonos ; jaws still firmly closed ; pulse 120, small and weak. Ordered, large gruel enema, with oil of turpentine and olive oil ; extract of purified cannabis indica, four grains ; camphor, twelve grains ; mucilage, sufficient to make four pills, one to be taken every fourth hour ; beef-tea, a pint ; wine, five ounces.

"4th.—Nine a.m. : Same as yesterday ; had slept but little ; had had about six attacks, coming on generally after any attempt to raise him in bed. Enema brought with it no fæcal admixture ; a small quantity of high-coloured urine had been passed ; pulse 120. Pills to be repeated, and two drops of croton oil ; enema to be repeated.

"5th.—Half-past nine a.m. : I was requested by the attendant to go into the ward immediately, as he was in a fit. On my arrival, it had nearly passed away. He was lying at his full length in bed, bathed in sweat ; pulse extremely weak and rapid ; breathing hurried ; countenance cadaverous ; slight froth about his mouth. In about four hours after he died.

"Owing to the necessity of obtaining the consent of friends previous to an autopsy, (*vide* Poor-law Regulations on this head,) the examination was delayed until the evening of the 8th, eighty hours after death. Cadaveric rigidity of his limbs still existed. On cutting down upon the spine, the veins were found extremely gorged with fluid blood. On exposing the membranes, the dura mater was evidently congested. On raising this, there was noticed opposite the fourth cervical vertebra, upon the pia mater, or within its meshes, a small quantity of bloody serosity, the pia mater being extremely injected the whole length of the cord as far as the cauda equina. The cord was removed, and on cutting across it, its vascularity was found much increased, especially in its cervical portion. The membranes of the brain were similarly injected, and the brain itself congested. On cutting it across, the puncta vasculosa were more than usually conspicuous. Its base was also congested, especially near the pons ; a small quantity of fluid in the lateral ventricles. The medulla oblongata was pale by comparison with the other parts of the brain and cord. The cerebellum was also much congested. Abundant mucus, thick and tenacious, hung about the mouth and upper part of the larynx. The whole of the lower lobe of the left lung was extremely congested, felt hard and heavy, and was black in colour : portions of the right lung similarly congested. The heart was flabby ; the right side contained imperfectly-coagulated blood. On the left side, at the angle of junction of two of the aortic valves, and extending backwards to the base of the same, was a calcareous deposit, about the size of a large pea ; commencing atheroma of the artery beyond them. The kidneys were diseased, having undergone partial atrophy, but, like the other organs, were extremely congested. Nothing else unusual was discoverable.

"Perhaps some of the readers of the 'Lancet' would be able to throw some light upon the causes in operation that led to the attack of tetanus. For my own part, I have no opinion to offer, save that possibly some relationship existed between the kidney disease and the spinal irritation upon which the tetanic spasm depended."

Mr Furnell reports, in the same journal, a *Case of Chronic Hepatitis* with considerable enlargement yielding to the use of the seton, the reappearance of acute hepatitis, the formation of abscess, early puncture, and recovery.

The 'Medical Times and Gazette' opens with Dr Goodfellow's Lectures on *Bright's Disease*.

Dr Hobson, the Medical Missionary in China, contributes an article on the *History and Present State of Medicine in China*. This article is written in the elaborate essay style, and consists of general remarks upon the characters of various peoples and the writings of Hippocrates. The part relating to the subject described in the title is as follows :

"I wish I could say as much of any Physician in China. The most celebrated is one Hwa-to, who was contemporary, or nearly so, with Galen. It is reported of him that he performed several surgical operations, and effected many wonderful cures, which are handed down as trophies of medical skill, but which none of the present day would presume to undertake. Without knowing much about him, or what he knew, he has been placed prominently forward as the great patron of the healing art in China, and he and a few other celebrated ones have been honoured with the designation of the 'Nation's Arm.' The highest compliment that was considered possible to be given to a European Surgeon after performing some surgical operation was that of his being 'a second Hwa-to!' It is difficult to speak with any certainty when and how the healing art commenced in China. Medical books in the present day are very numerous ; but they are all based on the supposed superior light and experience of the ancients ; and there seems no desire to improve upon them : hence the state of Medicine is now what it has been for many centuries past. It is not encouraged by the Government : there is no Medical College except at Pekin, and it has no examining powers, nor does the law require any one to study there, except those who are designed to take care of the Emperor's sacred person. The dead body is regarded by the Chinese with a superstitious dread, and from this cause, and the respect enforced by Confucius to be shown to deceased friends, there is everywhere in China a deep-rooted aversion to touch a corpse, still more to cut or maim it in any way, even for purposes of medical inquiry. The Doctors unite extremely well on medical jurisprudence, and in case of sudden or suspicious death they are obliged by law to examine with all possible care the probable causes of violent death ; but, while the external examination is most minute, it stops there : the direction, depth, and consequences of a penetrating wound are left unexplored ; such a thing as probing a wound, whether the person is alive or dead, is never practised. It is easy, therefore, to conclude that when there is no encouragement or legislation to favour the study of Medicine, where anatomy and physiology are scarcely known, and, finally, where the books treating upon the nature, causes, and treatment of disease are based, for the most part, on mere theory and speculation, which have been handed down from time immemorial, the Medical Art in China must necessarily be in a very low and imperfect state. And such is the case ; its people are observing people in all matters readily cognizant to their senses, but not one seems to have been gifted with sufficient powers of observation to have drawn the deductions which Hippocrates did 2,200 years ago ; and, although he was born in a family in which the practice of Medicine was hereditary, was reputed to have been a lineal descendant from Æsculapius, had access to all the records in the schools of the Asclepiadæ of the isle of Cos, and enjoyed the advantages of travel in neighbouring countries, yet he had no opportunity, it is believed, of acquiring a correct knowledge of the structure of the human body, the relation of different parts to each other, the existence of the nervous system, or the true circulation of the blood ; but, though deprived of this knowledge, by the abhorrence with which the dissection of the human subject was regarded at that time (and in this respect he did not enjoy greater advantages than the Chinese), yet he did what they have never done, —he examined animals, and thus by comparative anatomy and the study of disease, based not so much on theory as careful observation, he attained to a degree of medical experience and knowledge which greatly surpasses anything to be found in China even at the present day."

We extract the following from a series of cases of *Clinical Midwifery* by Dr Robert Lee :

"*Case* 662.—On February 3rd, 1854, Dr Richards requested me to see a patient in Stanhope street, Regent's park, who had been upwards of thirty hours in labour with her first child. The pains had almost entirely ceased, and there was great exhaustion. The head, much swollen, was firmly impacted in the brim of the pelvis. An ear could not be felt. We waited eight hours to see if the pains would return, but they ceased completely, and it being obvious that the head would never be expelled by the natural efforts, we resolved to deliver by craniotomy. After the brain had been entirely removed, great and long-continued exertion was required to extract the head with the crotchet. In removing the placenta, which was retained within the uterus beyond the usual period, I ascertained that the base of the sacrum projected forward unusually. The hæmorrhage and faintness which followed ceased, and the patient recovered favourably. After the labour had been happily completed, Dr Richards expressed his surprise, how any Practitioner in Midwifery could venture to apply the forceps to the head firmly impacted in the brim of the pelvis, where there was no room for the blades to be introduced. I stated, as the result of my experience, that fatal contusion of the soft parts was often the result of this injudicious proceeding, sloughing, and vesico-vaginal fistulæ, &c.

"*Case* 663.—On April 14, 1856, I was called by Mr Ridley to see the same patient in her second labour. It had commenced at two in the afternoon, had continued all that night, the whole of next day and night, till the following morning. The head was still above the brim of the pelvis, and there being no hope that it would ever pass, I again performed the operation of craniotomy, and the recovery was most favourable.

"*Case* 664.—The catamenia ceased in the same patient on January 1, 1853. On August 1, having ascertained the exact position of the os uteri with the right index, I passed along this the fore and middle fingers of the left hand, which had been introduced so that the top of the middle finger touched the os, and could be passed into it. The stiletted catheter was then slid along, these passed readily into the uterus two or three inches. The stilet was then pressed forward, and the liquor amnii immediately began to escape. Labour soon followed, but the child was extracted dead. The patient again recovered favourably.

"*Case* 665.—On February 12, 1854, Mr Cathrow requested me to see a patient near the Hampstead road, who was far advanced in pregnancy, and had suffered from repeated attacks of convulsions, with insensibility, but not complete. Symptoms of labour commencing, I perforated the membranes, when a great quantity of liquor amnii escaped. The convulsions ceased, and the labour went on favourably."

"*Case* 667.—On April 24, 1854, I was requested to see a lady at ——, who had been long in labour with her first child. The labour had commenced on the Saturday morning ; had lasted all that day and night, all Sunday and Monday to six o'clock. The soft parts were enormously swollen ; pains entirely gone ; pulse rapid ; complete exhaustion. The common midwifery forceps, without leather or any other covering, had been attempted to be applied at a time when it was certainly known that the child was dead. The bones of the head were overlapping one another ; very fœtid discharge. I opened the head and extracted it after considerable exertion ; the shoulders passed with difficulty. Sloughing and contraction of the vagina followed ; but the patient recovered, and has since been delivered of a living child. On November 1, 1856, this patient was safely delivered of a living child by the natural efforts. As the head advanced, the contracted part of the vagina offered comparatively slight resistance ; the chief trouble was at the outlet. The child is very feeble. The mother doing well. This report was furnished to me by her medical attendant."

"*Case* 669.—Mrs K., aged thirty-eight, May 15, 1854, delivered of her first child in 1848, after a severe labour, during which chloroform was given to her by her medical attendant, contrary to her wishes. She was not wholly insensible, but felt as if delirious. Was not perfectly conscious at the time the child was born, and only remembers that her child was brought to her three days after. She was not able to suckle her child, and an attack of 'incoherence,' or puerperal mania, followed. The perineum was extensively lacerated during the labour, and a portion of the sphincter ani has been destroyed. This was not discovered till long after. She has suffered ever since from a painful sense of bearing down, and has not been able to walk. Dr Lever had been consulted, and recommended an abdominal supporter, from which little benefit has been derived."

"*Case* 671.—Mrs S., aged twenty-nine, Friday, 9 p.m., July 7th, 1854. Being near the full period of pregnancy, the liquor amnii began to escape fourteen days before. Pains did not commence till Thursday the 6th, the day before I saw the patient. Mr —— had made an examination,

and 'found the cavity of the pelvis exceedingly small posteriorly; a projection, but whether a projection of bone, or an accumulation of feculent matter,' he could not ascertain. 'The os uteri still very high up, and slightly dilated; pain still continuing.' I found the hollow of the sacrum blocked up greatly by a mass which was not bone, but, whether ovarian or uterine, I could not be certain. The head of the child was distinctly felt through the abdominal and uterine parietes, which were extremely thin. On carrying the finger up immediately behind the symphysis pubis, I ascertained that the os uteri was high up, and widely dilated, and that an extremity presented, whether upper or lower it was not possible to tell, but my fingers were covered with what seemed meconium. It was impossible to ascertain the presentation without passing the whole hand into the vagina; and this being the first child, a good deal of difficulty was experienced in effecting this. The left hand was found to be the most convenient. With the fore and middle fingers I ascertained that it was a lower extremity, and in a few minutes it was in the vagina; in a few minutes more I had the nates, and the other lower extremity, drawn through the outlet of the pelvis. The crotchet was required to bring down the left arm; the right was brought down without much trouble, and no great force was required to draw the head through the pelvis. The placenta soon came away, and the delivery, which appeared at first so formidable to Mr —— that he thought the Cæsarian operation would be necessary, was safely completed in an hour and a quarter. The tumour after this could scarcely be felt in the pelvis. It was probably ovarian, and had ascended above the brim; but of this I am not yet absolutely certain."

"*Case* 674.—On July 30, 1854, about two a.m., I received the following note: 'Will you be so kind as to come with my assistant and see a patient whom I consider in a dangerous state?' Mr —— informed me that he was called to Mrs J. at seven a.m. The os uteri was dilated to the size of a shilling, and the head presenting. All was going on well, with the exception of a slight cough, and crepitation of the lungs, which she said she had once before suffered from when frightened by a fire. She suffered from attacks of palpitation of the heart, but the husband stated that during pregnancy she had enjoyed good health. I found the patient sitting, or rather supported or held up, in a state of urgent distress from difficulty of breathing; livid lips; cold, clammy extremities; rapid, feeble, irregular pulse. She could not lie down, and it seemed very probable, if not immediately relieved, that she would die undelivered. Mr —— said he contemplated using the short forceps. The patient had taken ℥iij. of ether without relief; ℈j. of sulphate of zinc had been given without vomiting being induced. No relief had followed these remedies. A mustard poultice had been applied over the chest. The distress could not have been greater, and it seemed probable she would speedily die if not delivered. We had no doubt about the necessity of immediate delivery. The os uteri was not more than half dilated, and the head had not passed into the pelvis. Only the top of the head could be felt. I stated that the idea of using either the long or short forceps was entirely out of the question, because the os was not fully dilated, and because the head had not passed through the brim of the pelvis. The patient could not lie a moment on the left side. She was brought to the edge of the bed; the feet were placed upon a chair. I had some difficulty, being upon my knees, in reaching the head with the perforator, but I succeeded in opening it and evacuating the brain without much difficulty, and extracted the head with the crotchet. No difficulty with the shoulders, and the placenta soon came away, a little traction being made on the cord. No binder or pressure over the uterus could be borne. In a very few minutes relief took place. The lips became less livid, the breathing and the pulse better, and in twenty minutes she was smiling, and able to express her gratitude for the relief she had experienced. On the following day she was as well as could be expected. The countenance was still turgid; dyspnœa slight, especially when asleep. Six leeches applied to the chest. The day following, still breathing with some difficulty; wheezing in the chest; irregular action of heart; pulse rapid and irregular. A blister had been applied. A Medical Practitioner who saw the patient yesterday suggested that the sudden attack of difficulty of breathing might be puerperal convulsions falling upon the lungs. Recovery complete in a few days."

"*Case* 676.—On August 20, 1854, I saw a young married lady who had been seized with convulsions at the commencement of her first labour. The liquor amnii had escaped three days before. The os uteri being rigid, and the fits recurring, ℥xxiv. of blood were taken from the arm. Labour went on, and the child was born alive, but the fits returned at longer intervals. Some hours after her delivery, when I first saw her, she was completely insensible, but could swallow; pupils little dilated; pulse rapid and feeble; ℥xx. of liquor opii sedativus had been given; ten leeches were applied to the temples, and ice in a bladder to the scalp; the fits gradually ceased, and consciousness returned.

"*Case* 677.—At eleven a.m. on September 7, 1854, I was called in great haste to a patient near Islington in labour, who was represented to be in extreme danger. When I arrived at her residence, I found her dead. She had been delivered at nine a.m., two hours before, with the forceps. The perineum had been extensively lacerated, and I suspected that other parts, of still greater importance, had been injured, but I was not permitted to ascertain the exact state of the parts. There had been no hæmorrhage to account for the death. The labour had been protracted, and the forceps had been applied without a consultation with any other person. I had not previously met the Medical Practitioner who had the care of this unfortunate patient; but the unconcerned way in which he spoke of 'clapping on the forceps,' rather led me to fear that, in this case, the necessary caution had not been observed in the employment of the instrument.

"*Case* 678.—Monday, September 25, 1854.—On Thursday week Mrs B. had an abortion at the third month. The embryo came away, but not the placenta and membranes. The os uteri was found closed by Mr ——, and it could not be removed. The following Wednesday, hæmorrhage took place, and Mr B. was called to see the patient, her medical attendant having been necessarily absent. It was stated to Mr —— by the nurse that she believed the placenta had come away. The ordinary medical practitioner returned, and has been in attendance since, and has acted on this impression. The patient had been seized with fever and vomiting, and champagne had been freely given. The pulse was rapid, tongue furred, with constant sickness and vomiting; fetid discharge. I asked who had seen the placenta, but it appeared it had not been seen by any one. I requested the patient to turn on the left side, and found the whole mass of the placenta in a very decomposed state in the upper part of the vagina and os uteri. I removed it completely, but in pieces. The vagina was washed out with warm water, some aperient medicines given, and the patient was soon quite well."

The 'American Medical Monthly' contains an article, by Dr FOUNTAIN, on the *Treatment of Phthisis by Chlorate of Potash, with Observations on Oxygen and Ozone as Therapeutic Agents.* The Author believes that chlorate of potash is a useful remedy in phthisis by supplying oxygen to the blood, and cites some cases. We quote the following:

"*Case* II.—Mr M——, aged twenty-five, family consumptive on mother's side, applied to me for treatment, Nov. 5, 1859. Had been living for about two years in Omaha, Nebraska. Health usually good during a number of years past, until within the three or four months previous to calling upon me. Has been coughing for three months, during which period he has expectorated blood several times. Strength gradually failing, losing flesh, and appetite entirely gone. He assured me that for two months he had not taken nourishment sufficient to support properly the strength of an infant; and his emaciated and bloodless appearance corroborated the statement. He had some soreness in the throat, and complained of pain occasionally on the right side. Cough very frequent night and day, but very seldom any expectoration. His debility was so great, that he fainted from the effort of standing erect to permit a physical examination of the chest. The left lung appeared to be perfectly healthy, but there was appreciable dulness over the middle and upper lobes of the right. Over this region of dulness the respiratory murmur was very feeble and indistinct, and the expiratory sound nearly equal in duration. His respiration and pulse were increased in frequency on the slightest exertion, and he complained much of great oppression in breathing. He had not the slightest desire to eat at any time, and seldom more than tasted food.

"*Treatment.*—In this case I decided to test the chlorate of potash alone before giving anything else, that I might not confound the effect of different remedies, and thus be able to determine more accurately the properties of the one under investigation. I therefore prescribed half an ounce to be taken daily in the same manner as in the preceding case. This was on Nov. 5.

"Nov. 8th.—Decided improvement; cough less; oppression greatly relieved.

"10th.—Still improving, and beginning to have a little appetite.

"Satisfied by this time that the chlorate was having a decided effect in the manner I anticipated, I now thought it proper to aid the treatment by prescribing iron and quinine in small doses daily, and continued the chlorate of potash the same, half an ounce each day.

"6th.—Cough very slight; no pain in the chest; full inspiration taken with less difficulty; general appearance decidedly better.

"19th.—Improvement continues unabated. From this date I reduced the chlorate of potash to three drachms daily.

"23rd.—Patient considers himself almost well. Appetite good; no cough; gaining strength and flesh quite rapidly; still a slight degree of dulness on the right side; but respiratory murmur more natural. Continue the chlorate of potash in drachm doses three times a day, and omit the iron and quinine.

"Soon after this he left on business for the East, and on January 18th following he addressed me a letter relating to his health from Washington City, D.C. He had continued taking the chlorate of potash most of the time. He invariably felt worse by omitting it, and renewed strength and general improvement when he returned to its use. In this letter he says: 'I have no cough, but occasionally some difficulty in breathing; but not near so much as when you first saw me at Davenport in the fall. My strength has improved a great deal, and generally my appetite is quite good.'

"*Case* III.—Mr H——, aged thirty-four, placed himself under my care early in Nov. 1859. He had the appearance to every one of a man sinking under the influence of confirmed phthisis. To this he was predisposed from his father, who died young with this disease—mother still living and well. A gradually-increasing cough and failing health had been gaining upon him for the past five years.

"Once during this period he had improved under the use of cod-liver oil and phosphate of iron. Free, and quite profuse, hæmorrhage from the lungs once, and slight traces of it a number of times during the past year. When he applied to me, he was conscious of losing strength very fast. Marked emaciation, and unhealthy expression of countenance; very frequent cough, but seldom any expectoration; no appetite; respiration hurried and oppressed; pulse seldom below 90; moderate dulness on the right side, over the infra-clavicular region; no râles, but respiratory murmur indistinct and irregular. As he had once been benefited by cod-liver oil and the phosphate of iron, I first prescribed this same treatment, thinking it might again have a similar effect. This was continued faithfully for about two weeks without any material benefit, when I directed it to be discontinued, and prescribed the chlorate of potash alone, half an ounce daily, as in the above cases. In less than a week he assured me that he felt a decided benefit from the treatment. The improvement continued steadily from this time, and he completely regained his health and strength in less than three months. *He took half an ounce of the chlorate of potash daily for six weeks,* and two drachms each day for the succeeding four weeks; since which time he has taken it only occasionally, and in smaller quantity. At the present time of writing (April, 1860), he is actively engaged in business,

in good strength and flesh, having no cough, except a trifle from a recent cold; complexion perfectly healthy, and appetite good. His own feelings and general appearance indicate a perfect restoration of health.

"*Remarks.*—Although these cases are not sufficient to verify the prediction which I ventured to make nearly a year ago, they certainly furnish strong presumptive evidence in its support. Of themselves they are sufficiently striking to merit the attention of the Profession, irrespective of any particular theory which prompted the treatment. But cases reported can be regarded as contributions to science only as they sustain or reveal some principle of general application. In these cases, although the treatment was purely experimental, it was not empirical; for the chlorate of potash was given on the assumed principle of *conveying oxygen to the blood*, by which I expected to relieve the lungs of a portion of their task; increase the vital power of the blood, and render it more capable of faithfully performing all its functions; and by which tubercular deposits might be arrested, and absorption of those already formed promoted. So far as I have yet been able to test the practice, the results have more than realised my anticipations, and sufficient at least to justify me in laying the subject before the Profession. Whatever may be the result of a more extended experience, some important facts are established by the foregoing cases, and others which have been elsewhere reported.

"1. The chlorate of potash can be given in large doses every day, for a long period, without injury.

"2. It aids the functions of respiration by supplying the blood with oxygen.

"3. It operates as a natural *tonic*, *alterative*, and *blood depurant*, by increasing the supply of that element which is the most active agent of nature in the chemical changes which take place in the laboratory of the human system.

"I will now add, that in the practical application of these principles, it is my belief, which may or may not be confirmed by the experience of others, that it is a peculiarly appropriate remedy for the *early stages of phthisis*, by which the resolution and absorption of incipient tubercles may be effected, and their further deposit arrested. Even where the disease has progressed to the second stage, I have found patients derive great benefit from the use of this remedy; more, indeed, than from all others, single or combined. I cannot, however, expect it be of permanent benefit, only in the early stages of the disease, before there is any disorganisation of the lungs or suppuration of the tubercles. To all who are labouring under the symptoms of this disease, before it has progressed to such an extent, I would recommend the liberal and constant use of the chlorate of potash, aided by appropriate hygienic treatment, in which exercise and pure air hold the rank of first importance. Half an ounce daily is the quantity I usually give, when I wish to produce a decided effect for any purpose, and this can be taken certainly for many weeks with impunity; but when I have occasion to give it for a long time, I find three drachms a day can be depended upon as sufficient in most cases. After all symptoms of phthisis have been arrested by this treatment, it should still be continued for a time in moderate doses, and always resumed as soon as the slightest symptom of its return is manifested. In addition to this treatment, I would recommend as a daily beverage a trial of liquids artificially charged with oxygen gas."

The Author does not consider oxygen gas as an appropriate remedy for phthisis. His views of the nature of ozone are thus expressed:

"I shall venture to affirm that *ozone is simply oxygen in a nascent condition, produced naturally by electrolytic decomposition of the vapour of water in the atmosphere.* It is a law in chemistry that all gases, when in a *nascent* condition, possess properties and powers which are peculiar to that state. In this manner gold is dissolved by the nascent chlorine generated in the *aqua regia*; and the bleaching power of chlorine is due to its strong affinity for hydrogen, by which the water of the dampened fabrics is decomposed, and the oxygen liberated; and this nascent oxygen, or ozone, is the true and proximate bleaching agent. As a disinfecting agent it probably acts in the same way, by decomposing the vapour in the atmosphere and liberating the oxygen.

"Electrical currents are constantly and silently passing around the earth, following the direction of the sun; and upon the combined effect of the degree of intensity of these currents, the discharges of electricity from the clouds, and the amount of vapour, depends the varying proportion of ozone in the atmosphere.

"It is not oxygen electrified or hydrated, but oxygen generated from the decomposition of water or the vapour of water; and it is ozone only at the time of this decomposition. It is not a thing of itself, which can travel with the air and be separated from it, but a manifestation of peculiar properties of oxygen when in a certain condition, which may be termed *dynamic;* and these properties can be manifested only at the time and place of the liberation of oxygen from some chemical combination. This will explain why it is that ozone cannot be produced in an atmosphere which is *perfectly dry*, and also why it is not found within a dwelling or under the shade of the forest. The currents of electricity at all times flowing through the atmosphere are interrupted and pass to the earth through the medium of any prominent structure or forest-tree. They pass down through the walls of our dwellings and circulate not in the atmosphere of our rooms, and therefore we find no ozone there; and the trees of the forest also act as conductors to these electrical currents, and thus prevent the development of ozone beneath them.

"In the laboratory, by means of phosphorus, the phenomena of ozone can be made to appear without the aid of electricity, *but never without water.* And so in the atmosphere, ozone can never be produced by natural agencies without the presence of the vapour of water."

The 'Dublin Medical Press' contains the following observations by Mr Hugh Croskery on the *Intermittent Fevers of the West Indies*, and on the action of Quinia as a specific in the treatment thereof.

"I have always found that the exhibition of a full mercurial purgative, which, if necessary, may be repeated, will materially assist the legitimate action of the quinia, while it will remove from the system quantities of morbid matter. Where the tongue continues furred and loaded, and the mouth parched, the calomel should be repeated, and followed up by a cooling draught of sulphate of magnesia, so that all morbid secretions may be removed. If this be neglected, the quinia will act prejudicially, and the fever may assume a typhoid character. I have lately heard of a case where the paroxysms were complicated with strong convulsions, alternated with low muttering delirium, and where, although the intermission was perfect, and quinine was administered in quantities, the paroxysm returned with increased severity, and with a fatal result. In this case, doubtless, the secretions were in the most depraved condition, and the quinia had an opposite effect to what was intended. Had remedies been administered with the view to preserve internal organs from injury, and to remove morbid secretions during the paroxysm, the result might doubtless have been different.

"But this practice of giving quinia indiscriminately cannot be too loudly condemned. Where a foul tongue and insatiable thirst exist, with a tendency to apoplexy or coma during the hot stage, the secretions are in the most vitiated condition, and no time should be lost in thoroughly clearing out the bowels, and in removing all morbid accumulations. If such active treatment be neglected during the fits, local affections will certainly be established by the smallest quantity of quinia given during the intermission. Quinia is, certainly, a safe and certain specific for intermittent fever, when the system is kept saturated with it, without irritation or inflammation of any internal organ being superinduced, and when its legitimate action is not impeded by the presence of morbid biliary or alvine secretions.

"By getting the quinia quietly and gradually into the system, a very large proportion of it (from forty to sixty grains) can be administered without causing the slightest unpleasant sensation, while a single ten-grain dose will produce violent head symptoms (in most cases), without *affecting the system.* The consequence is, that the dose cannot be repeated with safety, and that the paroxysm returns as before. If, however, the system be gradually and quietly saturated with the salt, as it most certainly will be, after the exhibition of forty or sixty grains, and this effect be kept up by continuing its administration every third, or fourth, or fifth hour, the fever will be entirely eradicated, and the paroxysm will not return; or if it should do so, it will be in a very mild form, and will continue for only a very short time, as will be seen in Case 4 of this paper. In this, and all such cases, however, where there is even the slightest return of the paroxysm, either the system had not been sufficiently saturated during the intermission, or the effects of the salt have been allowed to subside too soon. In order to insure complete exemption from a return to the fever, the action of the quinia must be kept up by the continued exhibition of small doses at longer intervals, after some decided effect has been produced on the cerebro-spinal system; and I maintain that, if this effect be only kept up, and not allowed to subside, the paroxysm cannot possibly return. Such has been my experience, and this opinion is advanced, not hypothetically, but as the result of actual practice. Like mercury, quinia produces a disease *sui generis*, in which the cerebro-spinal system is principally affected, and which, while it continues, is directly antagonistic to the affection for which it is said to be a specific. To produce, then, this effect, we must proceed cautiously, lest the system be overpowered by too large a dose, and a violent and sudden action be the result. What is wanted, is complete saturation of the system, and the continuance of this condition, until the period of two or more paroxysms has elapsed, without much cerebro-spinal excitement being induced. This is especially to be avoided, as, while it lasts, the administration of quinia must be discontinued, and its action allowed to subside before another dose can be given. In such a case, there would not only be a possibility, but an absolute probability of a return of the paroxysm. If, as Muller says, intermittent fever is essentially a nervous disease, and quinia causes, when given in large doses, intense cerebro-spinal excitement, surely it is almost madness to attempt to cure such a disease by the administration of such doses of this salt, during the intermission, as will convert a healthy—for such is the intermission—into an unhealthy and morbid action?

"The day will yet come, and, I hope, is not far distant, when it will not only be in the power of every physician to cure the most aggravated cases of this most troublesome and dangerous malady, but also of the non-medical public, at least of a country like Jamaica, where, in some districts, one man has to minister to the medical wants of ten thousand inhabitants, to put an effectual check to the disease, whenever it appears amongst them. So frequently does this disease attack even the most acclimatised, that there is scarcely a single house of any respectability in the island of Jamaica where an ounce or half-ounce bottle of sulphate of quinine is not to be found in the medicine-chest!

"I have shown, and I will give further proof by reports of cases, that even the most aggravated attacks yield to proper treatment.

"Drs Bailie and Pitcairn recommend the administration of calomel, in doses of one grain every night, as an adjuvant in the treatment of intermittent fever by any of the preparations of bark: my experience, however, will not allow me to agree with these gentlemen, as I have seen the worst results follow this practice. A brisk mercurial purgative is, however, a very considerable adjuvant to the action of quinine, as it clears away morbid secretions.

"As far back as the 17th century, it was found out that bark, or any preparation of it, could not be administered with safety or advantage during the paroxysms, as it not only produced cerebral congestion and excitement, but actually prolonged the period and increased the violence of the fit: hence it was that Sydenham, after long and deep reflection, 'diu multumque apud se agebat,' proposed the aphorism 'to administer the bark in the intervals, instead of in the paroxysms of a fever.' This excellent advice was not given hypothetically, as Sydenham, at one period of his life, was directly opposed to the administration of bark at all in fevers, from seeing the bad effects of it when given either in large doses or during the paroxysms, but after long and earnest trial, and when he had practically convinced himself that its failure, as a specific, depended, not on the bark itself, but on the improper administration of it. This rule holds good, even at the present day; and if fevers are not cured by quinia, it is because some medical men will adhere to doctrines condemned 170 years ago, and will not be convinced of the impropriety of their practice. During the fit, there is a determination to particular organs, according to the idiosyncrasy of the individual or his habits of life, and, in most cases, the head symptoms predominate. So that, if this be the case, and if quinia tends to excite the cerebro-spinal system, surely even the smallest dose will have a mischievous effect if given during the existence of a paroxysm.

"Again, if the paroxysm be associated with a cerebro-spinal affection, or any tendency to it, and quinia be given in large doses during the intermission, surely there is every chance of this cerebro-spinal complication becoming either exaggerated or developed during each succeeding paroxysm, as it is well known that large doses of this salt have a tendency to inflame congested organs? Of late years, medical men have been in the habit of prescribing quinine in much larger doses than formerly, although Bretonneau and others have called attention to dangerous results which frequently follow this practice."

Five cases in illustration are then reported.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 31, 1860.

THE MEDICAL OFFICERS OF THE INDIAN ARMY.

Two years have now elapsed since Her Majesty issued her Warrant to improve the position and pay of the Medical Officers of the British Army. It was expected, as a thing of course, that the Royal Warrant would command obedience in every region where the Royal Troops were acting in the service of their country. It could not be anticipated that Her Majesty's authority would be limited by temperature, geological strata, conventionality of administration, prejudices of class, or any of the thousand obstacles and refinements which occasionally impede the fulfilment of the designs of her humbler subjects.

It has been well said that the sun never sets upon the Queen's dominion. Her Royal mandates fly to the uttermost parts of the earth, and are supposed to strike high-spirited Governors with awe, and to astonish refractory natives into submission. We fondly believe that our Queen is the supreme embodiment of British sovereignty, that Victoria is a name to conjure with, that the Chinese Mandarin holds it in profound respect, especially when pronounced by the stentorian lips of a sixty-eight pounder, and that the African Black considers it to be the only articulate name of the great spirit that is the overruling Providence of his destiny.

Like many other sublime notions, it appears that this is an illusion. The Queen of Great Britain is not so paramount as we suppose, and the Right Hon. the Earl Canning is a much more important personage—at least in India. Events seem to make this conclusion too clear.

We are informed by the 'Indian Lancet,' that the Medical Officers of the British Army serving in the Bengal and Bombay Presidencies have recently memorialised his Lordship, requesting to know "the reason why" Her Majesty's Warrant has not yet been acknowledged in India, and become the law of the Service. This is a very reasonable request. The Indian Army is an integral part of the British Army. It acknowledges the same head, fights under the same flag, is liable to the same perils, and undergoes even greater hardships: why, then, should there be any unnecessary difference in its internal administration?

Her Majesty's Warrant "has been recognised and acted upon in every country acknowledging British supremacy," except India; and here the Medical Officers have enjoyed none of the advantages of rank, consideration, and pay which the Warrant was intended to confer. The Medical Officers of the Indian Army are placed under greater difficulties, perform at times more important and responsible functions, and are more liable to wearing anxieties and physical trials, than their brethren in the regiments at Home Stations. In consequence of the nature of the climate, their routine duties are heavier and more oppressive, and their health and lives are in more imminent peril. Surely, then, these gentlemen have a strong claim to justice. It seems strange to us that they should condescend to argue their case upon any other ground than that of their *right!* They are entitled to the same pay and privileges as their brother-officers—and nothing less. Every other claim but that of plain, even-handed justice is beside the case, and weakens it.

The *injustice* of their case, as it at present stands, is very apparent. The Assistant-Surgeon of a home regiment has the substantive rank of *Captain*, and draws the pay and allowances of that rank; he is ordered to India, and directly he puts his foot upon that inhospitable soil he is virtually degraded, being recognised and paid only as a *subaltern*. Englishmen will not long submit to such wrong without complaint.

This is not, however, the whole of the grievance. The Government of India, having regard to the exigencies of the climate, the expense of living, and incidental social necessities, has granted an increase of pay of from two to five times that allowed at home to all commissioned officers, except those of the Army Medical Department! The result is, that the Assistant-Surgeons of the Indian Forces lose, by serving in India, "from four to seven pounds sterling per mensem," not including in this loss the allowances which are granted at home, but not permitted in India.

Such is the case of the Medical Officers of the British Army in India. These are real grievances, and demand instant redress. Service in India, under present circumstances, is a penalty, and must be regarded with aversion by every Medical Officer. We have often noticed a complaint that there is a deficiency of candidates to fill up the vacancies in the appointments to the Army Medical Service; and much surprise has been expressed that such noble prizes should invite so few competitors. We now see what the real value of these appointments is; and so long as the injustice we have described continues, so long will the junior members of the Profession be reluctant to engage in so arduous and ill-requited a service. It is for the interest of the Army itself, as well as for the honour of the Indian Government, that the grievances of the Medical Staff should be redressed, and these gentlemen placed in every respect on a footing of equality with their brethren serving in England and her dependencies.

SUMMARY OF THE WEEK.

SIR BENJAMIN BRODIE AND THE ROYAL SOCIETY.

It is with regret we have heard that, in consequence of his continued impairment of vision, Sir Benjamin Brodie has deemed it necessary to resign his post of President of the Royal Society. Though this resignation was not wholly unexpected, it has nevertheless caused much pain among the Fellows, and accordingly, at a recent meeting of the Council, it was agreed that a request should be made to Sir Benjamin to allow himself to be nominated again for the Presidency. His incumbency of office during the past two years has given much satisfaction, and it is hoped that in a short time his sight will have so much improved as to enable him to discharge the duties of the post. We most sincerely hope that this expectation will be realised, and that the career of his usefulness will be extended.

SUICIDE BY VERMIN-POWDER.

A domestic servant of the name of Ann Collins lately destroyed herself at Cheltenham, by taking "Broad's Vermin-Powder." Strychnia was discovered by Mr Horsley in one of the powders, so that there can be no doubt about the poisonous ingredient of this vermin-killer. We should like to know how this girl obtained the powders, and what were the precautions used by the druggist who sold them? We fear that the sale of this and similar articles is unguarded by any adequate precautions, and that any servant-girl who is love-sick, and has a fancy to kill herself, can do so at any time at the cost of a penny expended upon the purchase of vermin-powders. At one time, arsenic was the favourite poison for this purpose; but the Legislature put a prohibition upon its sale, by requiring it to be mixed with charcoal, and imposing certain restrictions. Until legislation be carried out in the same spirit with reference to other poisonous articles, the papers will continue to report cases of suicide by their use. The salutary effect of past legislation should encourage Parliament to take other steps in the same direction.

STRANGE DOINGS IN THE MARYBOROUGH DISTRICT ASYLUM FOR THE INSANE, IRELAND.

The newspapers of the sister-country have been affording astonishment of late to the general public, by reason of revelations of a

most extraordinary nature in connection with the management of the above-named establishment; and all evidently arising out of the insane practice of permitting an extern functionary, designated a "Visiting Physician," to exercise an authority greater than that of the really working and responsible officer, the Resident Superintendent Physician. It naturally surprises us in this country to learn of such an arrangement as the above, which was so properly brought under the consideration of the "Association of Medical Officers of Asylums and Hospitals for the Insane," at their last annual meeting, and, after a full discussion, was unanimously denounced by that body as wrong in principle and bad in practice. The proceedings now in question must necessarily, we conclude, give a deathblow to a system so pregnant with evil to the best interests of our public institutions for the treatment of insanity in the sister-country; and all having their welfare at heart should rejoice that such an *exposé* has been made as must compel the proper authorities to "mend their ways" in a matter so grave and so deeply important. A reference to the condensed report contained in our pages to-day of the investigation at the Maryborough Asylum will, no doubt, amaze our readers on this side of the Channel; for it "a tale unfolds" of oppressive misrule and interference, by a merely extern functionary, of the most marvellous nature in all its bearings. The redoubtable "Visiting Physician" of tho "Maryborough" would appear to be a genuine Ishmaelite, in direct line from that "wild man" of the desert whose "hand was against every man, and every man's hand against him." The poor lunatics themselves, even, held him in such estimation that the services of a body-guard had to be put into requisition ere he could venture amongst them!! Officers, attendants, and servants were constantly kept in scalding hot water by the unprecedented course of proceedings which he has been permitted to pursue with so high a hand in this devoted Asylum. What, let us ask, was its Committee of Visitors, the Government Inspectors themselves, and the Executive Government of the country about, that such a miserable and disorganizing state of things was permitted to run riot so long? It is to be hoped, if a continuance of the same be not at once and thoroughly provided against, that the whole matter will be brought before Parliament by some independent Member, and the Irish Asylums freed, for all time to come, from the baleful presence of extern officers whose delight, as in the present instance, was in exercising authority—such should never have been given—in a manner so as to "embroil everything" within the walls of the Asylum. We have only, in conclusion, to remark that Dr Burton was a man in a thousand, to put up so long with the treatment pursued towards him.

MR BAKER BROWN AND DR EBEN WATSON.

A few weeks ago, Dr Eben Watson forwarded to us an angry letter reproaching us for having permitted the insertion of some remarks prejudicial to his Professional character, and lecturing us on the proper mode of discharging our Editorial duties. We thought that it would be but kind to Dr Watson not to publish his rash epistle; we therefore contented ourselves with simply noticing it in our column to Correspondents, and expressing our regret if his feelings had been wounded by inconsiderate remarks. It is not in our power, however, to arrest the arm of Nemesis. Other men have characters as well as Dr Watson; and although we may care little about what men like Dr Watson may think or say of ourselves, we must, as the guardians of scientific truth and professional courtesy, protect the reputation of all cultivators of science who have been wrongfully aspersed. Our readers will see from a letter in another page, that Mr Baker Brown's practice has been carelessly and unwittingly, we trust, but, nevertheless, most egregiously misrepresented by Dr Eben Watson. Instead of nineteen cases upon which that gentleman had operated up to the time of Dr Watson's article, there were actually twenty-nine; and instead of four unsuccessful cases, there was only one. As to the "special pleading,"—for it can be called nothing else,—about twenty-five operations in one case, and adding these to the aggregate number of operations for the express purpose of diminishing the degree of success, we leave that to the common sense and fairness of our readers. We now hope that when Dr Eben Watson next engages in scientific investigations, he will see the propriety of being more accurate in his research, and more temperate in his judgment; and that when he indites an epistle to the Editor of a Journal, he will deem it expedient to be more charitable in his opinions, and more gentlemanlike in the language he may please to employ.

WANTED AN EDITOR!

The 'Association Journal' must be in a bad way, for we observe that its friends are advertising for an Editor. Dr Wynter has resigned his charge, as Dr Cormack, Dr Ranking, &c. &c., did before him; and now who will be bold enough to take service under two thousand masters? This resignation affords a fair opportunity to adopt the suggestion of one of the members, to the effect that the Editorship should be put in commission, and that each of twenty-six gentlemen should write two leading articles a year. It would be a pity that the Society should lose the chance of developing such a phalanx of editorial ability. In a short time, Editors will become as cheap as stale mackerel, and the Association will be able to satisfy its literary needs at a small cost. Before Dr Wynter leaves the 'Journal,' we advise the twenty-six gentlemen to give the subscribers a specimen of their abilities. We shall have no objection to act as umpire; but we beg to intimate beforehand that we shall insist upon the observance of nine essential conditions: first, that the writers do not expatiate on Medical politics—or, if by a special indulgence they do so, they must take care not to offend Sir Charles Hastings or Dr Richardson; secondly, they must never treat of Medical Science, because it's dull, and the 'Journal' is dull enough already; thirdly, they must not joke, for that's vulgar—nor be grave, for that's pedantic; fourthly, no gentleman must puff himself, for that's derogatory—nor his friend, for that excites envy; fifthly, they must not reprove anybody, lest they should lose a subscriber—nor have a single opinion of their own, lest they should bring down upon them a shower of hostile communications; sixthly, they must do as they are bid; and seventhly, eighthly, and ninthly, they must write, not with ink, but with a nicely-flowing pale-blue, neutral milk-and-water. If they fulfil these conditions, they shall be invested with our authoritative commission to write leaders for the 'Association Journal.'

REVIEWS.

The Surgical Diseases of Children. By J. Cooper Forster, F.R.C.S.

Mr. Cooper Forster has produced a very useful book, which, without any pretension, gives a brief and lucid account of all and each of the affections susceptible of surgical treatment to which children are liable. We have many treatises devoted to the elucidation of the diseases of children; but all these works, having been written from the Medical point of view, treat largely of the hygienics of infantile life, and are copiously interlarded with prescriptions. Mr Forster has eschewed this form of work, and has confined himself to a practical treatment of his subjects. He has noticed every affection, however trivial or important, from tongue-tie to calculus, and has directed attention to some forms of disease which are not common, but when occurring in the course of practice are difficult to manage. For instance, he has described a strumous ulceration of the face, "frequently of one or other cheek; irregular in shape, apparently inclined to heal in one part while spreading in another; the edges thin and eroding; no appearance of granulations; the surface of the sore smooth and shining, as well as the surrounding integument; the discharge watery, rarely purulent; a part of the sore has frequently scabbed over; and if a part has healed, there is a puckering of the new skin." This disease is generally associated with evidences of strumous disease in the glands or joints. We quite agree with Mr Forster that escharotics are injurious; indeed, we have seen this peculiar affection spread from the irritation they cause. Our reliance must be placed upon time, and the general improvement of the health by appropriate remedies. It is unnecessary to quote from a work which is characterised by the brevity of its descriptions, and the purely practical nature of its remedial recommendations; but it is a work we can recommend to the notice of the young Practitioner.

On Eruptions and other Forms of Cutaneous Disease requiring the use of Mercury, &c. By Thomas Hunt, F.R.C.S. Third Edition, revised and enlarged.

Having noticed the earlier editions of this work, it is unnecessary to do more now than to state that the Author strenuously urges the use of the mercurial treatment in the syphilitic forms of cutaneous disease.

On Organic Polarity. By H. F. Baxter, M.R.C.S.

We gather from our Author that there are two schools of electrical philosophers—one represented by Mr Grove, and the other by Professor Faraday, and that the Author has come under the influence of Faradisation. We must confess that, without knowing much about the subject, we, too, go for Faraday. We must, however, let the philosophers settle it. With respect to Mr Baxter, we may state his views to be, that the actions which take place in the living body, whether of secretion, absorption, or nutrition, are accompanied with the manifestation of *current force*, and therefore present the marked characteristic of *polarity*. Eschewing the phrase *vital* force, Mr Baxter styles this *organic* force. The "consequential results" deduced from these investigations are, *first*, that the blood is in an opposite electrical state to the secreted product, as well as to that of the muscular and nervous tissue, and that this state is *positive*. Out of these opposed electrical states the phenomena of irritability, sensibility, contractility, &c., arise. Mr Baxter says:

"The questions which physiologists will have to decide appear to me to be reduced to the two following: 1st, Is the electric condition of the nerve merely a condition necessary for the manifestation of nerve action? or, 2ndly, Is the electric force *converted* as it were into nerve force *during* nerve action? Now if the *decrease* in the nerve current, which I have observed to take place under these circumstances, be due to a *loss* of the electric force, and not to a disorganisation of the tissue, which I have supposed it to be, then we get evidence of the *conversion*, as it were, of the electric force *into* nerve force. We need not expect to have any great effect upon, or any great loss in, the nerve current, as an *equivalent* during this conversion. The quantity of electricity associated with a grain of water, and evolved during its decomposition, its *equivalent*, when existing in the static form, as in a charged Leyden jar, equals that of a violent thunderstorm; and so in regard to nerve force the electricity manifested as nerve current, a loss only of 3 or 4 degrees might be equivalent to its conversion into nerve force, but then I think we have a right to expect that the *decrease* in the nerve current, to whatever amount it might be, ought to be sudden and definite."

As an illustration afforded by Mr Baxter of a philosophic muddle, as well as of the peculiar views of the Author himself, we extract the subjoined paragraphs:

"Dr Carpenter, in a valuable paper 'On the Mutual Relations of the Vital and Physical Forces,' speaking of the term *germ force*, as employed by Mr Paget to designate the power which each germ possesses 'to develope itself into the perfection of an appropriate specific form,' adds, 'so far from regarding the whole force which produces the evolution as being possessed by, or as residing in, the germ, it will be the Author's object to prove that it is of *external* origin.' . . . 'That the vital force which causes the primordial cell of the germ first to multiply itself, and then to develop itself into a complex and extensive organism, was not either originally locked up in that single cell, nor was it latent in the materials which are progressively assimilated by itself and its descendants; but is directly and immediately supplied by the Heat which is constantly operating upon it, and which is transformed into vital force by its passage through the organized fabric that manifests it.' Now the influence of external agencies upon the development of an organism is not to be denied; but when we speak of Heat being converted into vital force, or that Light is converted into vital force, that Heat and Light are absorbed as it were and converted, we are then considering these *forces* as entities; not that Dr Carpenter goes to that extent, for he speaks of the necessity of a *material substratum*; but the language employed leads to this conclusion. The error arises from the employment of the term *conversion*, which expresses inadequately the meaning that is intended to be conveyed by it. When we speak of electricity being converted into magnetism when a current of electricity traverses a helix, the two forces, magnetism and the current, are produced and exist at the same time; there is no change of the electric current into magnetism. Conversion implies a change, a loss on one side and a gain on the other.

"Faraday commences the 'Nineteenth Series of his Researches' with stating, 'I have long held an opinion, almost amounting to conviction, in common, I believe, with many other lovers of natural knowledge, that the various forms under which the forces of matter are made manifest have one common origin; or, in other words, are so directly related and mutually dependent, that they are convertible, as it were, one into another, and possess equivalents of power in their action.' Dr Carpenter observes, 'starting with the abstract notion of Force, as emanating at once from the Divine Will, we might say that this force, operating through inorganic matter, manifests itself in electricity, magnetism, light, heat, chemical affinity, and mechanical motion; but that when directed through organized structures, it effects the operations of growth, development, chemico-vital transformations, and the like; and is further metamorphosed, through the instrumentality of the structures thus generated, into nervous agency and muscular power.' It appears to me, that we should be justified in considering this Force which Dr Carpenter speaks of to be Polar Force, and that the different *forms* under which the various forces are made manifest, as electricity, magnetism, heat, light, &c., are merely different manifestations of this one Polar Force, and therefore have a common origin. One great object experimentalists have to determine is the polar character of the phenomena, and to point out the connecting links which bind these different phenomena together.

"From the facts recorded in the present essay, we can come to no other conclusion than that *the force manifested as organic force in organized beings is a polar force*. The influences which these external forces, heat and light, have over organic development is not so *direct* as would at first sight appear; their influence is not to be doubted, but they appear to be excited in inducing changes of a chemical nature. Heat and Light without moisture and food would have no influence over organic actions; and it is questionable whether there is any loss of heat or of light indicating a conversion, as it were, of those forces into organic force during the development of the organism. The connection, the relation that exists between organic forces and physical forces is manifested by the polar character of the phenomena, by the manifestation of current force during organic actions; and perhaps it would be more correct to say, that the chemical force of inorganic bodies is converted during nutrition and absorption of food into organic force; and, consequently, the same influences may be expected to be exerted by heat and by light over organic actions, as are exerted over ordinary chemical actions."

Such of our readers as may feel an interest in following out the experiments and arguments which form the basis of these conclusions, must refer to the little treatise itself for the gratification of their curiosity.

An Expository Lexicon. By R. G. Mayne, M.D.

This is the tenth part of this admirable work, and well sustains the character of its predecessors.

Obstetrical Society of London.—On Wednesday, November 7th, at eight o'clock p.m., Dr Tyler Smith will read a paper entitled, "An Inquiry into the Correctness of the Doctrine of William Hunter in regard to Retroversion or Retroplexion of the Gravid Uterus."

READINGS FROM FOREIGN JOURNALS.

LARYNGOSCOPY.

Laryngoscopy goes on pursuing its investigations, and, with patient industry, accumulates elements which will one day contribute to a complete history of the affections and lesions of the organ of voice. While waiting till science shall be in a position to derive from this new mode of exploration all the advantages the practitioner has a right to expect, we shall continue our exposition of such results as come under our notice, and now give some extracts from the cases seen by Czermak and Tavernier conjointly, in various subjects, in whom the voice was either changed or quite suppressed, leading to the presumed existence of organic disease of the larynx.

Honorine F., twenty-two years of age, of a lymphatico-sanguine temperament, for seven years had suffered from hoarseness, and had become almost aphonic two years ago, after a masked ball, where she danced much, and drank all sorts of refreshing beverages. On leaving, the cold seized her, and from that time she lost her voice. An examination by the laryngoscope discovered an excrescence the size of a small pea lying in front of the right arytenoid cartilage. The vocal chords were slightly redder than in the normal state. This patient submitted willingly to the examination three different times, nor showed the least repugnance.

Julie B., aged thirty-two and a half years, has for ten years suffered from hoarseness; but for five years the voice has been completely broken down—a diminution which she ascribes to suppression of the menses. These two successive accidents were followed by affections of the throat, to which abscess succeeded. The laryngoscopic examination showed that the epiglottis, in this person smaller than natural and that looked as if shrivelled, was thickened, and was red and bluish in colour. At the posterior part of the larynx, Czermak and Tavernier saw a small yellowish-white mass projecting into the interior of the glottis, and this seemed to be the cause of the extinction of the voice, by hindering the approximation of the chords.

N., twenty two years of age, suffers from severe coryza, which alternates with failure of the voice, produced, she says, by the cold she suffered during an abundant fall of rain when on a journey so long that her clothes became dry ere she reached its termination. The laryngoscope exposes a marked swelling of the vocal chords, and excrescences, two millimeters in height, on the anterior part of the left arytenoid cartilages. During the second examination, two days subsequently, the mirrors exposed a patch of redness at the angle of insertion of the vocal chords, the borders of which are undulated.

Adèle L., twenty-two years of age, of a lymphatico-nervous temperament, suffers from hoarseness, which she cannot attribute to any certain cause, and has existed for two months. The examination (August 21) shows a high degree of redness, with thickening of the membrane covering the epiglottis.—August 28: Another examination. The voice is improved, and the inflammation diminishes under the treatment prescribed.—September 8: Third examination. Sensible improvement of the voice, and the redness is evidently disappearing.

Rose S., twenty six years of age, has for five years suffered from coryza, which persists throughout the year, with exacerbations in winter, when there is complete aphonia. The patient ascribes her disease to a quantity of snow falling on her chest and shoulders as she was leaving a ball. An examination shows thickening of the membrane of the inferior vocal chords, with redness and turning down of borders.

Mlle. C., thirty-two years of age, has been affected since March last with severe coryza, which she caught when travelling by rail. This patient is tormented with a violent cough, accompanied with a feeling of burning in the chest. Laryngoscopic inspection shows the inferior vocal chords to

be red and tumefied; their borders are unequal, preventing them meeting perfectly.

Marie C., twenty-four years of age, has for a fortnight suffered from coryza, brought on by exposure to cold at an open window when occupied with her toilette and covered with perspiration. The most minute examination could discover nothing beyond simple inflammation of the membrane covering the epiglottis and chords, manifested by a vivid degree of redness and some degree of thickening.

M. A., of R., affected with complete aphonia, and acute pain in the whole of the buccal, laryngeal, and pharyngeal mucous membrane, desired the attendance of M. Tavernier, who, with M. Czermak, saw him on September 4th. After learning the state and antecedents of the patient, they began an attentive examination, which disclosed the following particulars: the tongue shows patches of redness, and is denuded in different parts; the epiglottis is red and purple, thickened and corroded, showing on its upper surface especially manifest tumefaction; its edges are irregular, and the inferior border red; the arytenoid cartilages are pale, œdematous and thickened, and a large ulcer is seen on the right part of the right vocal chord.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.—Oct. 3rd.

Ectropion.—Mr Henry. Abdominal Fistula through Tendon of External Oblique Muscle, Cauterised.—Mr Moore.

Ectropion.

The inversion of the lower eyelid of the left eye in this case occurred to a young man, in infancy, or as far back as he can recollect, from a scald. The injury had induced a complicated condition of the parts: first, contraction of the tarsal cartilage; relaxation and thickening of the conjunctival reflection, after its leaving the lid to cover the globe; and, apparently, the action of the orbicularis palpebrarum had become abnormal. Mr Henry, to obviate these conditions, slit the lid at each angle, and removed a portion of the reflected skin of the lower lid over its whole extent, as well as a portion of the orbicularis muscle.

Abdominal Fistula.

This patient, a female about thirty-five years of age, had been for a long period a great sufferer, and in a miserable and deplorable condition; an abdominal fistula having formed after the discharge of an abscess, communicating externally through the tendons of the external oblique muscle with the cæcum coli internally. Her evacuations passed by this fistula, causing great discomfort from the disgusting state to which she was in consequence reduced. Many means had been resorted to at different times, and in different hospitals—amongst others, the application of pins and ligature had been used—but without success. Mr Moore considered this a fair case for the use of the actual cautery. To obviate the objection to hot wire so soon becoming cold, Mr Moore used galvanic heat. The wire, connected with a galvanic battery, was armed with a portion of platina wire at its distal extremity. This was speedily brought to a white heat, and introduced freely and deeply into the fistulous opening. When it lost its intensity of heat, it became speedily restored by renewing its junctions with the battery. The wire thus heated was applied three or four times. This mode of cauterisation had been resorted to on a former occasion upon this patient, and with considerable success, the fistula having in consequence become much contracted. Mr Moore was sanguine that this mode would ultimately succeed in obliterating the fistula, and so effect a cure. The patient refused the aid of chloroform, and did not appear to suffer much pain.

UNIVERSITY COLLEGE HOSPITAL.

Oct. 3rd—10th.

Amputation of Breast—Tumour on Palm of Hand—Inter-pelvic Abscess.—Mr Erichsen.

This tumour was of carcinomatous character. Infiltration of cancerous juice had taken place, superior to the nipple. Mr Erichsen said, "In these cases the whole mammary gland should be always removed." Mr Erichsen made an incision in a longitudinal or perpendicular line, contrary to the usual horizontal section or line parallel to the fibres of great pectoral muscle. He removed the nipple and all infiltrated parts. The tumour included the mammary gland. It was necessary in these cases to remove the whole mammary gland, or the infiltration would reach every or any distant part of it. The integuments over where the disease existed were dense and firm, and drawn flat, and the nipple also retracted. There was no mobility or freedom in the tissues. These conditions generally occur, as in this instance, at the period of life when the function of the uterus becomes passive, and mammary sympathy becomes more strongly developed.

Tumour on Palm of Hand.

This was a large, globe-shaped tumour, seated in the middle of palm of hand of a young man. It was of very doubtful character. Mr Erichsen had, by way of exploration, punctured it. A large quantity of blood followed: so much escaped, that pressure was required. When removed, it was found to be encysted, with all the characters of a ganglion. Mr Erichsen remarked that ganglions usually formed a sheath of tendons—ligaments to fasciæ.

Inter-pelvic Abscess.

This was a case of some obscurity, as these cases generally are. The patient, a young man about nineteen years of age, had been suffering from inter-pelvic disease for a length of time. It seemed to be seated in the iliac fossa of the right side. He could not, without great suffering, extend the leg. The leg was fixed at an acute angle upon the thigh. The disease arose spontaneously. The patient had been in hospital some time, and seemed an unfavourable subject. Mr Erichsen took the opportunity to dilate upon inter-pelvic, and inter-abdominal, and thoracic abscesses. He explained their origin, seat, and tendency. He also gave very interesting and, no doubt, accurate diagnoses of these obscure diseases. He also adverted to the source and probable conditions of disease which gave rise to these inter-pelvic formations of pus. They found their way and got below Poupart's ligament, towards the inner aspect of the thigh. The pus is not connected with the lymphatic glands. Buboes form a superficial abscess. You may get subserous peritoneal infiltration, and intro-pelvic seated upon the iliac fascia, similar to what you find occurs in the axilla from poisonous absorptions. Iliac pelvic abscesses point through the anterior abdominal wall just above Poupart's ligament into Scarpa's triangle, half-an-inch above Poupart's ligament. Those connected with ilium are to be opened above Poupart's ligament. *Pericæcal* abscess slowly forms its way into iliac fossa. Peritoneal infiltration induces intestinal disturbance and derangement. Perinephritic abscess develops itself, and forms into the iliac fossa. Besides periphrenitic abscess, an abscess may perforate the pleura, pass behind the diaphragm posterior to the intestine, and point in the iliac fossa. There are several forms of abscess in the iliac fossa. Simple psoas abscess infiltrates sheath of psoas muscle, forms a cyst, and points below iliac fossa, as discovered by Mr Saunders. The effect of psoas abscess is to draw up the leg, and draw down the body—which are in short, the same thing. This motion depends entirely upon the position in which the patient is placed. They have a limp in true psoas abscess. These symptoms were not present in this case, therefore it was not true psoas abscess. It was not caries of spine, the pus getting into sheath of psoas abscess, inducing great irritation. There was no tenderness of spine, which attends this second form of spinal disease. This was disease of pelvic bones. They are liable to disease, but not to caries. These bones have no cancelli. The disease is necrosis; but, perhaps, nevertheless, both may exist. If necrosis, it may be confined to parts posterior to pelvic bones, near the iliac fossa. They are very slow to suppurate; very little discharge will occur from the part. But if the acetabulum be diseased, we shall get hip-joint disease. All these we have named, with hip-joint disease, and also of the acetabulum, may occur in the left iliac fossa, except the pericæcal. In this case it was two inches below pericæcal abscess. Pericæcal abscess forms two inches below anterior superior spine of ileum. Mr Erichsen said the interpelvic abscess or swelling occupied middle fourth of the abdomen, and got below Poupart's ligament. A horizontal section was made, about two or three inches in extent, and in a line beneath superior spine of ileum. Upon discharging its contents, a vulcanised india-rubber tube was introduced, to be kept in the wound.

GENERAL CORRESPONDENCE.

MR BROWN'S OPERATIONS FOR VESICO-VAGINAL FISTULA.

To the Editor of the Medical Circular.

Sir,—In a late number of your Journal, you published an extract from a paper by Dr Eben Watson, in which that gentleman made a most unfair attempt, as it seems to me, to depreciate the success of Mr Baker Brown's operations for the cure of vesico-vaginal fistula. As the conclusions of Dr E. Watson were preceded by a most inaccurate statement of facts, it is but just to Mr Brown that the truth should be published in the Medical Circular. That your readers may have a clear view of the question, I will first recite Dr Watson's statement, and then append, in answer to it, a plain and simple record of the facts.

The following is Dr E. Watson's statement, as contained in the article referred to, bearing date June 23, 1860:

"5. *Amount of Success.*—Mr Baker Brown, in the paper to which I have already alluded, states that he has had 'a greater amount of success in operating for vesico-vaginal fistula than that yet published by any other surgeon.' Now, he certainly has a great number of cases of that lesion under his care, and, therefore, it may not be uninteresting to inquire into the proportion of cures to failures among them. I think we are entitled to do this, since Mr Baker Brown has boasted in the above terms of his great success, and also because Mr Baker Brown has devoted his special attention to the diseases of women requiring surgical operations. To his writings, therefore, surgeons naturally look for encouragement or discouragement in the performance of operations within the domain of his speciality. I have not been able to discover the records of all Mr Baker Brown's twenty-seven cases, but I have read his own reports of nineteen cases in the following repositories, where they may be consulted by any one:—1st. In Mr Baker Brown's book 'On some Diseases of Women,' four cases are recorded, at pp. 100 to 110. 2nd. In the 'British Medical Journal,' No. 118, four cases are recorded, at pp. 267 to 269. 3rd. In the 'Medical Times and Gazette,' No. 407, three cases are recorded, at p. 398. 4th. In the 'Lancet,' No. 13, p. 322, one case is recorded; and in No. 24, p. 581, seven cases are recorded. I think that these nineteen cases, taken just as I could find them, will exhibit the success of his practice sufficiently, without my undergoing the labour of any further search for his cases.

"Now, of these nineteen patients, two died; one apparently of pyæmia ('Treatise,' p. 108), the other of frequent hæmorrhages ('Lancet,' No. 24, p. 583); in other two cases ('Treatise,' pp. 104 and 110) the fistulæ remained open: so that four out of the nineteen cases may be considered as ultimately failures. Still, it will be said, there were fifteen cases ultimately cured; and this is a great amount of success in dealing with what Mr Baker Brown rather oddly terms 'a difficult lesion.' But this is hardly the way to look at the matter. It is not that there were nineteen operations, and fifteen of these successful. Far from it; for in many cases the operation was frequently repeated before the cure was ultimately arrived at. In one case, for instance, the poor woman was operated on twenty-five times before the fistula was closed ('British Medical Journal,' No. 118, p. 267); and, while we admire the courage of the patient, it must be admitted that the operator failed twenty-four times in this one case; yet it counts simply as a cure in Mr Baker Brown's statement of his great success. It may, indeed, be enough for philanthropic purposes to look at the number of ultimate cures; but, certainly, in trying to ascertain or to demonstrate the successfulness of an operation, we must compare the number of times it has been successfully performed with the number of times in which, when

performed, it has failed to accomplish the intended result. Now, in this latter point of view, the statistics are as follows: In the nineteen cases above referred to, Mr Baker Brown operated seventy-one times, and succeeded fifteen times—in other words, he was successful fifteen times, and failed fifty-six times.

"This 'amount of success' hardly warrants his boast, in my opinion, and perhaps does not give very much support to the cause of specialities."

Now, Sir, for that plain and truthful statement of the facts which is the answer to the foregoing specimen of special pleading.

In his work on 'Surgical Diseases of Women,' Mr Brown records *four* cases of vesico-vaginal fistula, to illustrate its nature and the difficulties of its cure. Two of these cases (28 and 29, pp. 104 and 106) were successfully treated as far as the lesion itself was concerned, but one of them subsequently died of pyæmia. The other two cases (27 and 30, pp. 100 and 108) were unsuccessful up to the period of the publication of the work, but have since been cured, and published (Case 27 in the 'British Medical Journal,' April 2, 1859, and Case 30 in the same journal, December 18, 1858). In a paper which Mr Brown read before the British Medical Association at Edinburgh, in July, 1858, he related *eleven* cases successfully treated, principally by Bozeman's plan. This paper was afterwards published as a separate pamphlet, and forwarded to every member of the Association.

Two more cases were published, under the heading of St Mary's Hospital Reports, in the 'British Medical Journal' for November 6, 1858; and in the number of the same journal for the following week (November 13) *two* more cases were recorded.

One case is published in the same journal for December 18, 1858, and *four* cases in the number for April 2, 1859.

In the 'Lancet' for December 10, 1859, seven more cases are related, six of which were cured and one died; thus making the total number of cases published *twenty-nine*, of which *twenty-eight* were perfectly cured, although one of them, as above stated, died of pyæmia.

I am, Sir, &c.,

A Lover of Truth.

IRIDECTOMY IN GLAUCOMA.

Letter from Mr Lawrence.

[The opinion of Mr Lawrence on the subject of Iridectomy in Glaucoma would be considered valuable if it could be obtained; we have, therefore, reproduced the following letter from the 'Medical Times and Gazette, as giving us the nearest approach to it. It is satisfactory to know that these cases are progressing favourably.—Ed. Med. Circular.]

Sir,—I am indebted to the polite kindness of Mr Bowman for the opportunity of examining two of his private patients, in whom iridectomy has been performed with complete success. These cases illustrate so clearly the kind of disease most suitable for the operation, and the period of the affection at which it can be performed with the best prospect of success, that your readers will be gratified by finding that Mr Bowman, at my request, has consented to their publication.

Case 1.—In Mr S., a healthy person, of spare habits, past sixty, the sight of the right eye was entirely lost eight years ago, from glaucomatous inflammation. In December, 1858, he suffered an acute attack in the left eye, with agonising pain, sudden and almost total loss of sight. He was unable to see his own fingers; he told me, indeed, that, from the intolerable pain, and the imperfection of the sense, he could not distinguish between light and darkness. Mr Bowman excised a portion of iris on the third day of the attack. He can now read a very small type (No. 2 of Jaeger's pearl) without convex glasses.

Case 2.—Mr J., a gentleman of good constitution and health, between fifty and sixty, accustomed through life to much use of the eyes in reading and writing, has had acute glaucoma, first of the right, and subsequently of the left eye. On the 28th of last July he was unable to count his own fingers, or see at all in front or to the left side with the right eye, from acute glaucoma, which had then existed one week. Iridectomy was at once performed, and all other treatment abandoned. He steadily improved, and can now read with his old convex glasses a small type (No. 3 of Jaeger's test). The visual field has extended over the central region, but he has not regained any sight on the extreme left of that eye, as Mr Bowman told him would be the case, the operation having been delayed till too much damage had been done. The sight, however, of this eye is still improving. On the 11th of the present month he came to London with the left eye more acutely inflamed from glaucoma than the other had been, but it had only been so for forty-eight hours. He could barely see that there was an object before him, but could not tell what it was. He can now (Tuesday) see No. 9 of Jaeger, on Saturday only No. 14, and he sees over the whole field. Mr Bowman has no doubt that this eye will recover perfect sight.

The inferences from these very interesting cases are so clear, that remarks would be superfluous.

I am, &c., William Lawrence.

Whitehall place, October 24.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Monday, October 22nd, 1860.

Peter Marshall Esq., Vice-President, in the Chair.

Mr Baker Brown read a paper on

THREE CASES OF OVARIAN DROPSY CURED BY TAPPING AND PRESSURE.

Case I.—Mrs C., æt. thirty-six, married, admitted into the London Surgical Home July 21st, 1859—was sent to Mr Brown by Dr Jackson, of Sheffield, who kindly supplied him with the following history:

"During the last eight or nine years she had been constantly subject to severe dyspepsia, with painful and irregular menstruation, and at the catamenial periods to considerable enlargement of the abdomen. Had been married ten or twelve years; never been pregnant. About three years ago, observed a swelling, attended with severe pain, in the lower part of the abdomen, on the left side; the tumour gradually enlarged up to the period when she saw Mr Brown.

"Diuretics and resolvents had been administered for many months without the slightest relief."

On Examination, Mr Brown found a distinctly fluctuating tumour on the left side, evidently ovarian and unilocular.

August 1.—Tapped her on the semilunar line, and between three and four pints of sero-sanguineous fluid escaped. Pads and flannel bandages were firmly applied. This was kept up for a month, when she returned home.

Mr Brown saw her three months afterwards at Sheffield, with Dr Jackson and Mr Pearson, when he found her perfectly well, and upon examination could distinctly feel the puckered-up cyst in the left iliac fossa.

October, 1860.—Dr Jackson has lately written to Mr Brown to state that she is perfectly well, without any return whatever of the disease.

Case II.—E. S., æt. twenty-one, single, admitted into the London Surgical Home July 23rd, 1859.

History.—Had been ill three years, when she first perceived a swelling in the left side, which gradually increased.

On Examination, a unilocular ovarian cyst was diagnosed.

August 4.—She was tapped on the left side in the semilunar line. Nine and a half pints of pale, thin, and slightly albuminous fluid were drawn off immediately; bran-pads were applied, and firmly secured by nine yards of flannel bandage.

October 4.—Pressure had been steadily continued up to this period, when the most careful examination could detect no fluctuation. From this time she steadily improved in health, and continued as a nurse in the Institution for nine months. She is now in service, and perfectly well.

Case III.—S. D., æt. twenty-six, single, residing in the country, admitted into the London Surgical Home October, 7, 1859.

History.—Has been ill for seven years. Catamenia always regular; the abdomen generally began to fill, and for the last six months it has rapidly increased. She has never suffered much inconvenience beyond the weight, her general health being good.

On Examination, a unilocular ovarian cyst was diagnosed.

October 22.—She was tapped whilst in the horizontal posture on the left side, and thirty-two pints of a pale, thin, and slightly albuminous fluid were evacuated. Immediately very firm pressure was made with pads and flannel bandages. She complained a little of the pressure for the first twenty-four hours, but afterwards got accustomed to it. This was kept up for one month, when one of Mr Brown's ovarian bandages was applied. She returned to the country quite well, and has continued so up to the present time.

Practical Remarks.—These two cases were considered fit for the trial of this simple mode of treatment, which Mr Brown first advocated as far back as 1844. Time and experience have satisfied him, that such cases as these three now detailed ought always to be so treated in the first instance; that the padding and pressure require very careful application, and when applied *can* produce no ill effects; and that, therefore, objections on this score must arise from ignorance of the mode of application.

In reply, Mr Brown stated that he believed that some gentleman who had not brain enough to understand the application of the bandage, had stated that Mr Brown used very heavy pressure, such as Post-office Directories; but he need not say that there was an exaggeration. Mr Brown had, indeed, in his earlier cases, *once* used a small book, when he required pressure on a particular part, the same as all accoucheurs frequently do—*e. g.*, in post-partum hæmorrhage; but subsequent experience had taught him that bran-pads, made according as circumstances required, carefully applied and bandaged, answered all purposes, and produced a perfectly even pressure without pain.

Many gentlemen had since successfully applied this treatment, especially Dr Tanner, who had recorded some cases of cure; but that gentleman had made no mention of any pain or inconvenience caused to the patient by the application of the bandage. Mr Brown therefore thought that the strongly-worded statements made by others, as to the tortures to the patient and the cruelty of the application, were without fact, and only arose from ignorance of the method of application.

As regards recurrence of the disease, although in the cases Mr Brown had just read they had only been operated on a year ago, still he had had many which had stood the test of a much longer time with an equally beneficial result. Mr Brown mentioned the case of a lady who, when operated on, was single, but had since married, and been confined of three children by Mr Brown himself.

Again, as a *substitution* for ovariotomy, Mr Brown could not recommend it, *except* in unilocular cases, the proportion of which to multilocular is exceedingly small. In the latter, when they fail to yield to the injection of iodine and other methods recommended, and when death is staring the patient in the face, Mr Brown saw no alternative but ovariotomy. This operation was still undergoing a trial; but he considered it as successful as most other capital operations, and perfectly justifiable.

Mr De Meric would ask Mr Brown, if by pressure the cyst be not obliterated. This seems to be the intention, since they do not refill. He considered pressure, well graduated and calculated, would do immense good, if no excitement was produced on the confines. Three gentlemen from the Continent, here on a visit, were anxious for and applied to him to have correct information. If Mr Brown can establish his practice, he will have done good service to the Profession.

TUMOUR ON THE THIGH.

Mr Bryant brought before the notice of the Society a pedunculated tumour which he had removed by simple torsion from a woman aged thirty-eight. It was congenital, and had grown to a large size, being seven inches in diameter before removal. It was situated on the outer side of the thigh, and was of fibro-cellular structure. It fell off in seven days. The plan by which it was removed was a very simple one, and which he had accidentally discovered three years ago when manipulating a pedunculated tumour of the thigh in a young woman. When under examination, the tumour was accidentally twisted in its axis, and immediately became much congested. Taking the hint, the tumour and pedicle were fixed in this position by strapping, and in less than a week the growth sloughed off. Mr Bryant has adopted this practice in half-a-dozen instances with like success, and strongly advises the repetition in similar instances, when the patient refuses to permit the more surgical and cleanly

operation of excision. The subject was alluded to by Mr Fergusson at a meeting of the Pathological Society during the last session; but it appears that the practice had been known and carried out for several years by Mr Bryant in many instances.

The CHAIRMAN stated that he had seen Mr Liston operate on a tumour in the palm of hand in a similar way. It was of fibro-cellular character, and of a fatty nature. He also alluded to another case.—(The Clinical Discussion will be given next week.)

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 16TH, 1860.

MR FERGUSSON, PRESIDENT.

The business of the evening was opened by Mr FERGUSSON, by some introductory remarks. He alluded to the progress of the Society during the past year; to the excellent volume of Transactions which appeared for the first time to-day; and to the subject of the proposed amalgamation of the principal medical societies of London.

The minutes of the last meeting were read and confirmed.

LUNG FROM A MILLSTONE-MAKER.

Dr PEACOCK exhibited the lung, and some very fine microscopical preparations and drawings illustrating the morbid condition resulting to the lung from the occupation in question. A large quantity of silicious material was found in the substance of the lung itself. The fact had been denied that such matter could reach the lung; but here was a positive illustration of its occurrence.

Dr PEACOCK also exhibited a

DISEASED HEART.

The symptoms of the case were detailed at some length, and compared with the morbid specimen. This, as well as the previous subject, was illustrated by some very beautiful drawings by Mr Tuffen West.

An interesting conversation took place, in which Dr Williams, the President, Dr Leared, and Dr R. Bennett took part, in reference to the specimen of the millstone-maker's lung.

Dr MURCHISON presented a specimen of

PRIMARY CANCER OF THE PERITONEUM.

No other organ was similarly diseased. This specimen was interesting in relation to the subject of gastro-colic fistula, and to Dr Murchison's previous researches thereon. There was a cancerous tumour in the omentum, connecting the stomach to the transverse colon.

KIDNEY WITH LARGE CYST ATTACHED.

Dr MURCHISON exhibited a remarkable specimen of thia disease—a cyst attached to the outside of the kidney by a very narrow pedicle. The cyst was as large as the kidney itself. The contents of the cyst were not of a urinary nature.

Mr SEDGWICK exhibited a coloured drawing of

A CASE OF TRUE KELOID.

The patient was a girl, aged four years and a half, of a strumous diathesis; and the first patch of the disease had appeared on the back about two years ago. Since then thirteen other patches had been developed at short intervals, of which the first seven were limited to the back; one occurred on the right lower eyelid; one on the skin of the right ear, near the external meatus; one occupied nearly the whole of the right margin of the tongue; and the others were on the front of the body and the neck. The patient had had the tendons of the left foot divided in six places for talipes equinus; but the cicatrices were quite free from any appearance of the keloid, nor was it associated with burns, scalds, or local injury. A treatment by cod-liver oil, quinine, and liberal diet, had for the present apparently checked the progress of the disease.

Mr SEDGWICK also exhibited a coloured drawing of

A CASE OF ITCHTHYOSIS,

in a boy aged fourteen years. The disease had been hereditary in the family for three generations, and was limited to the males by transmission through the females, who themselves remained free from it. It had first shown itself in the grandfather, and after skipping the second generation, consisting of three sons and three daughters, had reappeared in four of the grandsons by the female line of descent.

Mr T. HOLMES showed a specimen of

FRACTURE OF LOWER JAW,

in which the injury was associated with sero-sanguineous discharge from the ear of the same side.

Mr Wells, Mr Toynbee, and others took part in a discussion on these sero-sanguineous discharges.

Mr TOYNBEE exhibited a specimen of

MOLLUSCOUS TUMOUR OF THE EAR,

which was interesting on account of its connection with disease of the brain—an abscess in the cerebellum.

Mr ADAMS showed a specimen of

TUMOUR OF THE LOWER JAW,

which he had removed from a middle-aged man. A report will be furnished on this specimen.

Mr DURHAM exhibited a specimen of

HORNS FROM THE HUMAN SUBJECT.

One of them was removed last week by Mr Cock, and was the product of twenty-five years' growth. Mr Durham also produced several interesting specimens of similar growths from the museum of Guy's Hospital, and illustrated the subject at some length.

Mr S. WELLS showed a specimen of

OVARIAN CYST,

which he had removed that morning from a lady, aged fifty-three. It was multilocular, consisting of one very large cyst (which had contained between forty and fifty pints of fluid), and of a number of groups of smaller cysts, growing in and from the walls of the principal cyst, and weighing about eight pounds. The existence of these smaller cysts had led him not to inject iodine when he tapped the patient the first time, six months ago. They had grown rapidly since the tapping, although the large cyst had filled slowly. The parietal adhesions were very firm; but the whole of the tumour had been withdrawn through an incision hardly four inches long. The patient was going on well. In reply to a question from the President, Mr Wells stated that the peduncle was long, and easily fixed outside the wound in the abdominal parietes. The clamp was used to secure the peduncle until the cyst was removed and the wound closed; but it was taken away as soon as a ligature had been applied. The clamp was only of temporary utility. If left on, it was uncomfortable to the patient, and caused unnecessary dragging upon the peduncle and uterus.

OUR NOTE BOOK.

DELIVERY OF THE PLACENTA IN ABORTION IN EARLY PREGNANCY.

In the 'Lancet and Observer' for July, Dr L. D. Sheets has an article upon the above subject. It is a generally-acknowledged fact that most of the alarming cases of hæmorrhage accompanying abortion are caused by a partially-detached placenta. In such cases the complete detachment and removal of the same constitutes the appropriate treatment. The important inquiry is, how can this best be done? But to the paper. In regard to diagnosis, Dr Sheets says, "We make out the diagnosis by the touch, as we can often, without any extra effort, feel part of the after-birth at the internal os; but if this examination prove unsatisfactory—if we feel nothing—we must introduce the finger still further, until we can traverse the whole internal surface of the womb, and in perhaps every case we will find a placenta." This may be a feat of easy performance, but we have seen cases in which we could not perform it, and we have the satisfaction of knowing that some of our ablest and most experienced obstetricians have been placed in the same unfortunate condition. Hence, it may be well for the young practitioner to be prepared for a failure in this regard, and it may not be amiss to be acquainted with other resources.

We give Dr Sheets' method of removing the placenta in these cases, which removal is really the object ever to be had in view. "My method is to remove the placenta with the index-finger, on which I always keep a tolerably long nail, for the purpose of separating the after-birth from the womb. The nail should not be too long, or it will not be sufficiently firm, and may bend backward while using it. Push the uterus as low down in the pelvis as possible, and retain it there with the left hand, while you introduce the index finger of the right hand into its cavity, and pull off the placenta, and remove it. Sometimes it is a little difficult to separate with a single finger, and I do not get quite all removed; but it is so much broken up as to arrest the violence of the hæmorrhage, and render the tampon, &c., unnecessary; in a few days the remainder will come away piecemeal."

So it seems that Dr Sheets is not always quite successful in the removal. We have a horror of "piecemeals," and believe that success may always crown our efforts. Because of the vast importance of the subject, our readers will pardon a few comments, if even a little critical. Dr Sheets may always by this means arrest the hæmorrhage, but we know that we cannot, and we fear there may be some that might be alike unfortunate, and hence, for us, there must be found another and easier road to success.

We have seen several cases in which it was all we could do, with justifiable force, to touch the os, saying nothing of "traversing the whole interior of the womb."

Prof. Meigs is free to confess that there are a good many cases of "abortion in the early stages," in which he has failed to extract the placenta. Of this acknowledgment Dr Sheets says, "How remarkable that the corypheus of obstetricians in this country should fail in what can be performed in every instance!"

Has he forgotten that he sometimes succeeded only in part? When Dr Sheets has seen, as we have, a girl of fourteen years, about at two and a half months, with a vagina undisturbed by previous childbearing, and, because of youth, at best but imperfectly developed, and the os uteri only just within reach, he may find a case of failure, unless he has a very small hand, or has a finger-nail two inches in length. Ramsbotham and others have called attention to the fact that there are some cases in which the hand cannot be introduced into the vagina. Dr Sheets thinks it strange that it should not occur to so sagacious authors that if the hand cannot, the finger can. We repeat that we have had cases in which the finger was not long enough. We suppose that others may be as unfortunate. Dr Sheets says, "On account of having short fingers, I am often obliged to introduce my hand into the vagina: but I always reach the fundus of the womb without difficulty." We repeat, there are cases where a physician would not be justified in using the requisite force for the introduction of an ordinary-sized hand, at least so long as there is a better, easier, more expeditious, and less painful way to accomplish the same end. Bearing upon this point, we quote, with pleasure, from Dr A. K. Gardner, of New York. He says, "How shall the small and fragile placenta be seized hold of and withdrawn? Some have recommended the introduction of one finger into the uterus, and bringing down one edge of the placenta, and twisting it round and round, not only thus to detach the entire mass, but to also so shape it that it may the more easily pass through the os. Where this can be done, by all means do so! But it should be remembered that in the great mass of cases it is impossible to reach the os, so as to pass one finger into the cavity; far less to effect any good result, if it arrive there, to say nothing of the utter impossibility of aiding the finger with the thumb of the same hand." Thus it will be seen that we are not alone in finding cases in which the unaided finger is inadequate to the successful treatment.

Dr Sheets has a poor opinion of the tampon in these cases, believing it to be productive of much mischief. In this opinion we concur most heartily, but we cannot join him in the condemnation of instrumental aids in the delivery of the placenta. We have seen that, however successful Dr Sheets may be in making the unaided finger accomplish all that is desired, there are those, and we among them, who are very far from being so successful.

We have been in the habit, for some time past, of delivering the placenta, in these cases, with Carey's decidual separator, if the finger is inadequate to the end. With this the separation is easily made, the evulsion speedily accomplished, and the consequent hæmorrhage ceases at once and permanently. The irritation from the introduction of the instrument is far less than from the introduction of the hand, especially when the abortion is in a primipara, and at a stage anterior to the fourth month. Our rule is to lose no time with the trial of styptics, the tampon, &c., but to separate the placenta, and remove the secundines at once,—with the finger if we can, and with instruments if we must. At all events, effect the

removal, and the hæmorrhage ceases, and all danger is past.—'American Medical Monthly.'

[Upon the points in dispute argued in this article, we may observe that we have removed the placenta after miscarriage, on three or four occasions, in this way. Two fingers (not one)—the fore and middle fingers—have been introduced *per vaginam*; a loose portion of the placenta (which is commonly found in these cases at the os uteri, if the hæmorrhage have been so severe as to *require* manual interference) is then seized. The placenta being steadily and carefully pulled downwards, the uterus, of course, descending with it, the fore-finger of the left hand is passed in, and the placenta is seized between it and the middle finger of the right hand: the uterus being now fixed, the forefinger of the right hand can be easily passed into the uterus, and the placenta separated. The process is a simple one, and always effective in our hands, when the placenta can be thus seized. —Ed. Medical Circular.]

UTERINE NEURALGIA.

In the 'Lancet and Observer' for July, Dr E. J. Fountain reports a case of severe uterine neuralgia, which resisted the usual treatment; large and repeated doses of opium included. At this stage he says: "Recollecting an account of a case of fascial neuralgia promptly arrested by the muriate of ammonia, published in 'Braithwaite's Retrospect,' I concluded to give it a trial in this case. I ordered half a drachm to be taken every hour, until some effect should be produced. She began to feel some relief shortly after the first dose, still more after the second, and the third dose removed every vestige of pain, and she dropped into a natural and refreshing sleep, the first she had enjoyed for ten or twelve days. She continued taking the preparation for several days, three times each day, in gradually-diminishing doses, and had not the slightest return of the difficulty.—'American Medical Monthly.'

OPIUM IN PNEUMONIA.

In the report of cases of pneumonia, treated at the Charity Hospital, N. O., under the charge of Prof. Austin Flint, and by him reported for the 'New Orleans Medical News and Hospital Gazette' for July, the following language occurs in regard to the use of opium in pneumonia: "Of the value of opium in the treatment of pneumonia, my experience has furnished abundant evidence during the last five or six years; and the more my experience accumulates, the more am I satisfied that the free use of this drug will come to be regarded as a very important measure in the management of certain cases of the disease."

Our experience is in full conformity with the above, and we are happy to adduce so high an authority in support of our opinions, long since entertained and expressed. Though most authoritative writers condemn the use of opium in pneumonia, we were early induced to depart from standard authorities, and each year's experience but adds to our conviction of its propriety, and to our confidence in its utility. Our own views are given in the 'Monthly' for January last, in a notice of W. W. Gerhard's work upon 'Diseases of the Chest.'—'American Medical Monthly.'

EXTRAORDINARY PROCEEDINGS AT MARYBOROUGH DISTRICT LUNATIC ASYLUM.

On Friday, Dr Hatchell, Inspector-General of Irish Asylums, and Lieutenant-Colonel M'Kerlie, one of the Commissioners of Control, &c., of Asylums, attended at the Asylum, Maryborough, for the purpose of resuming the inquiry ordered by the Lord-Lieutenant, at the request of the Resident Physician, into certain matters connected with the internal conduct of the institution.

Dr Burton, R. P., proceeded to read his reply to evidence. He first went at great length into the assault committed on Dr Jacob, V. P., by an inmate, named Margaret Kelly, and which Dr Jacob attributed to the connivance of some parties in the asylum. This statement was most puerile, and he (Dr Burton) considered that unsubstantiated assertions were most unjust towards the institution. Dr Jacob stated that Margaret Kelly did not exhibit any symptoms of unequivocal insanity. The woman was one of the strongest he had ever seen, and the treatment she had received was such as to exasperate her towards Dr Jacob. He referred to the fact that Dr Jacob had frequently to be guarded by a band of attendants in his visit to the house, which, he thought, showed a feeling between him and the patients which should not exist. The next statement he referred to was that there was a conspiracy amongst some persons in the institution to thwart and obstruct him in the discharge of his duties. It was wholly unsubstantiated and contrary to fact, so far as he (Dr Burton) knew. A patient named Miles Tierney had been removed from the convalescent ward to another, where he received very severe treatment for repeating, as he was informed, a copy of some verses he wrote to the Valuation Commissioners on the occasion of their visiting the house. He was subjected to very severe treatment in consequence of having handed a copy of some verses to Dr Jacob himself. The statement that he had offered to back Kane to the amount of 100*l.* was untrue. The statement that he had advanced money towards the defence of Kane on the trial already alluded to was likewise untrue. Dr Jacob complained that he (Dr Burton) had no wine when called for. He could prove that he had that day given the last of the wine to a sick patient. Dr Burton next alluded to the charge brought against him of having allowed a patient, named Coulton, to go out with a gun without supervision. He reminded the commissioners that it had not been proved that Coulton had ever carried a gun in his (Dr Burton's) presence, and he had given special directions not to allow Coulton to take it in his hand. He (Dr Burton) did not, at the time he took Coulton out, look upon him as a lunatic in any light, either medically or legally. He was perfectly convalescent and perfectly trustworthy, and skilful in the use of firearms, having been in the constant habit of using them, and having a gun of his own the greater part of his life. He considered it a great indulgence to get out with him, and he (Dr Burton) considered that in all cases where a patient could be indulged without danger it should be done, as it had a beneficial effect. Dr Burton proceeded to answer the charges made against him on the last day of the investigation—Friday, the 28th ult. It had been stated then that the former matron and storekeeper had left in consequence of differences with him. The former storekeeper (Mr Vanston) was now the private agent of Dr Jacob. He had been reprimanded, and soon after he gave in his resignation. After Vanston left he brought some charges against him (Dr Burton), and after an investigation they were declared quite groundless. The previous matron resigned in consequence of ill health, and not because she could not bear his conduct. He himself had seen the present matron (Miss Farrell) profoundly affected by what she termed the brutal treatment of Dr Jacob. As to the statement that he had not visited the patients—or some of them—for months, or even weeks, he must denounce it as a most unqualified falsehood, whoever told it to Dr Jacob. After going at much length through all the matters mentioned during the course of the evidence already submitted, Dr Burton proposed that he should produce witnesses to corroborate his statements on oath.

Dr Jacob said he anticipated the course Dr Burton had taken, and he had prepared a memorandum, which he begged the commissioners would allow him to put in evidence to vindicate his character.

Dr Hatchell said Dr Jacob had at the proper time given his evidence, and had made certain statements to which it was only fair Dr Burton should have an opportunity of replying. That day was appointed for the purpose, and he could not allow Dr Jacob to interrupt the course of the inquiry. At the proper time he would be heard.

After a very lengthened investigation,

Dr Burton was affirmed, and proceeded on oath to testify to the facts he had already stated.

Dr Nugent, the senior Inspector of Lunatic Asylums, was examined at the request of the Resident Physician. He said he had been acquainted with the asylum for fourteen years in the capacity of inspector, and for ten years as a governor, and he was familiar with the working of the establishment. There were no similar institutions in Europe that equalled the Irish district asylums in the number of cures, in the paucity of deaths, and the immunity from accidents generally; and they were, at the same time, more economically worked than public asylums elsewhere. He could state—and it was, he need not add, most satisfactory to him to be able to do so—that, notwithstanding the discord and the contests that had existed in that asylum, it occupied a fair position as compared with the other district asylums of the country. It might not equal some of them in the proportionate number of cures, but its proportion of deaths was under the general average. Taking the last four or five years, the number of deaths there, it had happened, was less in proportion than in any other asylum. Accidents had occurred, and must occur, in lunatic asylums as the natural consequence of the class of persons occupying them; but still the fact was that, within a period of five years, the number of deaths resulting, not from natural causes, but from accidents and violence, was only 13 in the Irish asylums, as against 140 in another country. It was, of course, gratifying to every one connected with the asylums and with his own department to be able to refer to these distinguishing characteristics. (Hear, hear.) Then, as regarded fiscal management, he did not know of any asylum in Ireland where the governors looked more carefully after the expenditure of money; and the result was that, having regard to the population of the asylum (between 160 and 170), its cost was about the same as the average of the large and small asylums, or, perhaps, about from 10*s.* to 15*s.* per head more. Dr Nugent, in answer to questions put by Dr Burton through Dr Hatchell, said he thought the internal working of the asylum was very unsatisfactory. In no other asylum did such a state of things exist as did there in relation to the medical officers, whose disagreements embroiled everything else. In other asylums there was a better, a more give-and-take spirit amongst the medical officers; there was more cordiality and more desire to work together for the good of the asylum. The position of Dr Burton now was not such as he and his late colleague, Dr White, intended it should be when Dr Burton was appointed resident physician. The conduct of Dr Burton, so far as the inspector's office had experience of him in the discharge of his duties, was satisfactory.

Dr Nugent was very sharply, if not offensively, cross-examined by Dr Jacob with regard to the relative duties of the resident and visiting physicians, and the rules that regulated them. He was also cross-examined as to whether he imputed to Dr Jacob the making of unfounded statements. He said he did not impute to him that he ever wilfully made unfounded statements.

A number of witnesses, servants in the house, were produced by Dr Burton to prove various details of the statement he had laid before the commissioners, in contradiction of the statements of Dr Jacob.

The inquiry was resumed on Saturday morning by Dr Hatchell and Colonel M'Kerlie.

Persons employed or who had been employed in the asylum were produced by Dr Burton, the resident physician, to prove various parts of the statement he had made to the commissioners, and in support of which other witnesses had been examined on the preceding day. Some of the witnesses were examined by Doctor Burton in reference to some differences he had had with the matron of the institution; and others gave evidence as to the differences with Dr Jacob, and as to his mode of proceeding on the occasions of his visits to the asylum. Two or three of these witnesses had ceased to be connected with the asylum, and said they were unable to remain because of Dr Jacob. Dr Burton examined the witnesses for the purpose of showing that Dr Jacob's treatment of some of the keepers, and also patients, was calculated to prevent the various officials from performing their duties satisfactorily.

The Commissioners called for the head attendants, and examined them as to the directions they received from the two medical officers. It was stated that the directions often conflicted, and that the visiting physician appeared to have more authority than the resident physician.

CHARGE OF MANSLAUGHTER AGAINST MR EVAN THOMAS.

At the Birkenhead Police-court, yesterday, Evan Thomas, known in Liverpool as a "bone-setter," surrendered on a charge of the manslaughter of Francis Timlin, a child aged eight years. The circumstances of this case have already transpired through the Coroner's inquiry, conducted a short time since. The deceased, who is the son of a labourer named Patrick Timlin, it will be remembered, was submitted to the treatment of Mr Evan Thomas, for a supposed fracture of the thigh-bone; and, having subsequently died, that event was sought to be associated with Mr Thomas's treatment.

The magistrates on the bench were the Rev. Mr Coxon, and Messrs R. Bryans, B. Darbyshire, and J. B. Case. The greatest public interest was manifested in the case, the court being densely crowded throughout the day. Among the spectators were Mr J. Bramley-Moore; the Rev. Mr Howson, principal of the Collegiate Institution; Mr Frost, Mayor of Chester; Mr Booker, Mr Buchanan, and Mr Daglish, besides numerous medical gentlemen.

Mr J. B. Aspinall (instructed by Mr Clarke Aspinall) appeared for the prisoner.

From the evidence of Patrick Timlin, and other witnesses, it seemed that on Tuesday morning, the 2nd inst., the deceased child complained of pain in the knee, which he attributed to a blow inflicted by a younger brother. On

the following Friday, having in the mean time become worse, he was visited by Dr Lambert, who ordered poultices of linseed meal or bran to the part affected, and the strength to be supported by good diet, with the addition of a little wine. Poultices were applied accordingly, and continued until Saturday, when, on the suggestion of some neighbours that the boy was suffering from a fracture of the limb, he was taken to the house of Mr Evan Thomas. This gentleman, on examining the limb, pronounced it to be fractured, adding that his fee for setting the bone would be ten shillings. The patient's father having but 5s. to offer, proposed that Mr Thomas should accept that amount, assuring him that he would pay the remainder of the required sum on a second visit. Mr Thomas, however, declined the proposal, intimating that he gave "no trust." The father then took the lad away, and was about to place him in a cab for conveyance home, when the pecuniary difficulty was met by the timely arrival of a friend, who advanced the needful sum. The lad was taken back to Mr Thomas's, and that gentleman, on receiving his fee, proceeded to treat the patient for a fracture, by apparently going through the process of setting the bone, and then binding the limb with splints, &c., ordered cold applications. On Sunday the child became worse; and on Monday, Dr Lambert having again been called in, removed the bandages, asserting that there was no fracture whatever.

Dr James Lambert, Union Medical Officer for the north district of Birkenhead, in which the deceased and his parents resided, deposed to his attendance on the deceased Francis Timlin, commencing on the 5th instant. On examining the boy on his first visit, he observed the inner portion of the outside of the thigh to be red and inflamed. From the state of the pulse, the tongue, the skin, and other indications, he concluded that matter was forming in the thigh, and that there would probably be an abscess; ordered poulticing and good diet, with a little wine, and continuation of the treatment until his next visit. On the Monday following he was informed that the child was worse, and on again visiting it, much to his surprise he found the child in a sinking state. On examining the leg, he found it bound up in splints and bandages, from the knee to the top of the thigh, and observed that the limb had been treated for a fracture. He knew, however, that the limb was not broken, and expressed his surprise at the treatment to which it had been subjected. From the state of the limb, the bandaging would have a most injurious effect, by increasing the inflammatory action, and favouring the absorption of matter into the system. The effect of such absorption would be to induce the disease called pyæmia. The child was then sinking, and on Tuesday he found that it was dead. The post-mortem examination showed a considerable quantity of matter in the right thigh, infiltrated among the muscles, and round the bone. The bone, on being taken out, was entire, and not fractured. The thorax, on being opened, showed adhesions between the two pleuræ, and effusions of serum. The pericardium was almost filled with turbid serum; there were considerable depositions of lymph over the surface of the heart; in the right ventricle there were three distinct abscesses found in the substance of the organ; the kidneys were highly congested, and studded with minute depositions of matter; the brain, as well as the lungs, was congested; the other organs presented no unusual appearance; there was no phlebitis or inflammation of the venous system. Considered that pyæmia was the cause of death, produced by the absorption of matter from the thigh, the absorption being accelerated by the bandaging of the part affected.

In cross-examination, the witness stated that pyæmia was not always fatal. Would undertake to swear that pyæmia had not set in on Friday, because there were none of the symptoms of pyæmia present. The symptoms of pyæmia were a quick pulse, profuse perspiration, and general feverishness. No notice of the post-mortem was given to Mr Evan Thomas, so far as witness was aware of. Thought it quite fair for the post-mortem to have been made in his absence. Believed that death was accelerated by the pressure of the limb and the treatment to which the deceased had been subjected. Saw a prescription which he believed to have been written by Mr Thomas's son; it included quinine, which he considered was proper to give. Pyæmia, he believed, originated in absorption of matter; never knew a case of pyæmia arising from absorption of an abscess under proper treatment. Had read of some cases of the sort. In cases where there is inflammation, or where there is a doubt as to the existence of a fracture, it was not usual for medical men to place a limb in splints. It was quite improper to use splints in a case of inflammation. In cases of suspected fracture, witness saw no objection to splints, if applied loosely; but they would be injurious if applied tightly. Supposing splints were loosely applied, and the inflamed part was constantly kept wet, the inflammation might be benefited. such a mode of treatment was not the practice of Surgeons. Splints were occasionally applied by Surgeons, even where there was no fracture; but where matter was in the course of formation, cold applications would be decidedly injurious.

Dr Baylis, who was present at the post-mortem examination, agreed generally in the appearances already described, but differed from the previous witness in one or two unimportant particulars. Was of opinion that death was caused by pyæmia, and considered, from what he had observed, and the evidence he had heard, that the pyæmia was induced by improper treatment. The grounds of his opinion were, that the matter in the thigh was due to an effort of nature, which would have been assisted by poultices, but which was interfered with by the application of splints and wet bandages. The evidence he had heard confirmed him in that opinion. The witness stated that he had a similar case under his care some time ago, but the abscess was in the forearm, and, in that case, the limb had been subjected to pressure by Mr Evan Thomas.

Mr Aspinall.—You have no right to mention a case against Mr Evan Thomas; you may strengthen your own opinion by cases which have come to your own knowledge, but you have no right to prejudice the accused. It is disgraceful.

Mr C. Evans, Surgeon to the Birkenhead Hospital and Dispensary, agreed generally with the evidence of the two previous medical witnesses. Was of opinion that death was caused by pyæmia, induced by absorption of matter from the thigh; and that the absorption was accelerated by pressure.

In cross-examination the witness said that, in a case where extensive inflammation had been set up, it was possible for a qualified practitioner to be uncertain as to the existence of a fracture. In a case of diffuse inflammation, such as existed in the patient under consideration, the application of splints would be injurious. He believed that pressure on the suppurating surface increased the absorption.

Mr John Dowling, Surgeon, was present at the post-mortem, and agreed generally with the appearances detailed. From what he had seen, and from the evidence he had heard, he was of opinion that the cause of death was pyæmia, produced by the absorption of matter from the thigh, and that the application of splints was highly calculated to promote absorption. Believed that the treatment to which the child was subjected accelerated death, but could not say that it would have lived in the absence of that treatment.

This being the case for the prosecution, evidence was taken for the defence.

Hugh Owen Thomas, a qualified Surgeon, and son of the accused, with whom he practises, stated that on the child being brought to their establishment, on the 6th instant, he examined the case. Found the thigh swelled, tender to the touch, and somewhat inflamed. Considered that an injury had been sustained by the epiphysis of the bone, but could not, in the state of the limb, ascertain if there was a fracture or not. Left the case in the hands of his father, and was present while the child was operated upon. Was engaged with other patients at the time, and did not pay special attention to the case; but did not see any attempt made to set the bone. Had obtained his degree three years, and during that time had had a good deal of practice. Considered that what was done was proper to be done under the circumstances.

Patrick Timlin, the father of the deceased, in reply to the bench, denied that on the occasion of his first visit to the establishment of Mr Evan Thomas he had any conversation whatever with the last witness.

Dr O'Donnell, having heard the evidence, was of opinion that the treatment adopted towards the deceased had no influence in inducing death. Pyæmia was a disease of the blood; and probably when the symptoms appeared the boy's lungs and pericardium were diseased at the same time. From all that he had heard, he was of opinion that pyæmia was in the child's system when first seen by Dr Lambert, and that it must have died under any circumstances.

Dr Roberts, brother-in-law to the accused, having heard the whole of the medical evidence, doubted very much whether the treatment of Mr Evan Thomas had anything to do with accelerating the child's death. In support of his opinion, the witness detailed his experiences of one or two cases in point. Believed it probable that exposure to cold by conveyance across the river hastened the disease. In cases where there was a doubt as to fracture, it was quite proper to employ splints; but it was often difficult to tell whether matter had formed.

Mr Pope, Surgeon, formerly of the Southern Hospital, was of opinion that the treatment pursued by Mr Evan Thomas was not instrumental in inducing death. Had seen a case of pyæmia, from a similar cause, result in death, without any pressure being applied.

Dr Lodge was of opinion that there must be a diseased condition of the blood to produce pyæmia, and therefore considered that it would be extremely difficult to say that pyæmia was produced by pressure in the case under consideration.

Mr Aspinall, in addressing the bench on behalf of the accused, contended that the treatment pursued by Mr Evan Thomas was consistent with the practice of medical men; and that, even supposing it were not, an error in judgment, to which all medical men were liable, could not involve the crime of manslaughter. He attributed the prosecution to the envy and uncharitableness of those medical gentlemen who were jealous of Mr Evan Thomas.

The magistrates, after retiring for a short period, decided on committing the prisoner for trial. Bail was renewed.

THE CHINESE EXPEDITION.

The Special Correspondent of the 'Indian Lancet,' writing from Talien Hwan Bay, 10th June, 1860, says:

"On the 19th of May, the 1st Division of the expeditionary force left Hong Kong, *en route* to the rendezvous at Talien Hwan Bay, on the northern shore of the Yellow Sea, and in the same degree of latitude as Pekin. Our embarkation took place under most unfavourable circumstances. One of those sudden storms of heavy rain, for which tropical regions are celebrated, burst on our devoted heads the morning we were ordered to embark. The usual preliminary instructions for the baggage to be conveyed to a place convenient for transport to the boats, and for the men to parade, had been given out, from that exquisite miniature of the red-tape and sealing-wax office, the orderly-room. The rain, however, continued with unabated violence, and reason, in the corporeal form of the senior Medical Officer, for once got the ascendency—the orders were countermanded, and the men, for that night, slept on dry bedding. This was too good a joke to be perpetrated more than once, and next morning routine carried the day: wet or dry, the men must be got on board. Wet they embarked, and wet they remained, without a prospect (for many days) of getting dry. The consequences might have been foreseen by any one gifted with a very ordinary share of common sense. Fevers, catarrhs, and diarrhœa prevailed to such an extent, that the majority of the men on board were rendered unfit for duty during the first week, and many have not yet recovered. Fever, in this country, is easily contracted, but very difficult to shake off. It very frequently passes from the common continued to the typhoid form, which leaves its victims miserable wrecks of their former selves. Diarrhœa yields very slowly to treatment, and when it becomes chronic, is a most formidable disease. It occurs frequently as a sequel of fever, and is then very difficult to control. Fortunately we had no fatal cases during the voyage; but several of our strongest men have been so much reduced by disease, that they cannot possibly be of any use, in active operations, for some time. Another cause of sickness, and one even more reprehensible, existed, and had it not been at once removed, would have been attended with the most serious results. I allude to the salt pork provided by the Commissariat at Hong Kong for the use of the troops during the voyage. All the available pork

in the merchants' stores at Victoria was bought up and shipped for this especial purpose, in order that the Commissariat stores might remain intact for future use. There was no brand on the casks containing this pork to shew the date of its preparation, as that would have betrayed a commercial secret, and gone far to render it unsaleable. The moment the head of a cask was started, sulphuretted hydrogen was evolved in such quantity, that it was impossible to approach it. One of them was completely opened, and it was found to contain nothing but a mass of black and putrid filth. As a matter of course, it was instantly thrown overboard. Several casks contained what might be called a superior quality of pork. The flavour was not quite so high, but when cooked, the muscular parts displayed a tint of dark green, gradually deepening to jet, not usually met in wholesome food. I have no doubt, the gentlemen of the Commissariat had a very arduous task to perform, when they were called upon to purvey for so large a force, in a country where salted food is seldom prepared. But they have no right to hazard the success of an expedition like the present, by issuing supplies that a dog would not touch, especially when they have the means of ascertaining (by boards of survey, &c.) that these supplies are, at least, sound in condition. This applies more particularly to provisions intended for use at sea, where frequently no substitute can be found. That this most essential duty was either neglected, or performed in a very careless manner, one glance at the *outside* of a barrel of pork such as we had on board would abundantly prove. Fortunately the salt-meat ration was not confined to pork, as a proportion of beef was included in the supplies for the voyage. Thus, the men were saved from a bread-and-water diet, one that certainly would not add to their efficiency in the field.

"June 20th.—Nearly thirty transports have now arrived with troops; and on reference to them, I find that the majority urge the same complaint against the Commissariat supplies above allnded to, so that my grievance is not an exceptional one.

"Since we reached these northern latitudes, I have remarked a wonderful tendency towards hybernation amongst the arrivals from India. Instead of making a virtue of necessity, as you good people in India do, by rising early, because you cannot remain comfortably a-bed, we denizens of the north find it difficult to tear ourselves away from the warm blanket, with the mercury standing at 60° Fahr. It is a fine, bracing temperature, and contributes much to the maintenance of health and the recovery of the sick. The first step, on our arrival here, was to land a party, under an armed guard, to sink wells for the supply of water to the fleet. There are plenty of small springs all along the coasts, and excellent water can be had in any quantity at a depth of five or six feet. Our chief difficulty is, the non-existence of fresh provisions. The villagers around the Bay have driven all their cattle inland, beyond the mountain range that forms a kind of landward barrier, and they cannot be induced to bring supplies, even at the sight of the mighty dollar. The supply of live stock in most of the transports is exhausted, and nearly every one luxuriates on salt provisions.

"We have just heard of Lord Elgin's arrival at Hong-Kong, and now we hope that our future movements will soon be determined.

"You will be glad to hear that the subscription to the 'Alexander Testimonial' progresses most favourably amongst the Medical members of the Chinese expedition."

A NEW FEEDING-BOTTLE AND SHIELD.

We have been favoured by Messrs Morgan Brothers with a view of two new inventions, which, we hope, will be as successful as they are neat and ingenious. The one is a feeding-bottle, supplied with an elastic tube and perforated teat; and the other is a nipple-shield, with a similar tube and teat. The latter, we have been informed, has been tried with success. Perfect appliances of this kind are desiderata in the nursery.

DEATHS.

PARSLEY.—October 19, at Woodborough, Somersetshire, Samuel Parsley, formerly of Worle, Somersetshire, aged 82.

TRESTRAIL.—August 1, at Bathurst, West Coast of Africa, of yellow fever, only nine days after his arrival, William Mitchell Trestrail, Staff-Assistant Surgeon in the Army, aged 28.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the Board on the 24th inst.:—Francis Hancock Balkwill, Canonbury, Islington; James Kempe Devonshire, Great Coram street; John Evans, Gloucester cottage, Upper Albany street, Regent's park; John Spencer Fitkin, Fleet street; St George Freeman, Waterford; George Fellows Harrington, Ryde, Isle of Wight; Samuel George Leigh, Leeds; Martin Magor, Penzance, Cornwall; Joseph Lewthwaite Ritson, Carlisle; William Ryding, Limerick; William Williamson, Elgin, N.B.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, October 18th, 1860:—Frederic Charles Bailey, Norwich; William James Lancaster, Barnsley, Yorkshire; Thomas William Onwin, Birmingham; William James Thomason, R.N.; Frederic Hase Watts. The following gentleman also on the same day passed his first examination:—James Savage, Hull School of Medicine.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—Robert Uvedale West, M.D., L.R.C.P., and L.R.C.S., Alford, Lincolnshire, was elected a Fellow of this College on the 17th inst.

APPOINTMENTS.—Dr R. Wollaston has been elected Physician to the South Staffordshire Hospital, in place of Dr Topham, resigned; Mr C. W. Browne has been appointed Resident Medical Officer of the Metropolitan Hospital, Devonshire square; Dr T. A. Carter, of Leamington, was elected Honorary Physician to the Warwick Dispensary on the 17th ult., *vice* Dr Allanby, who has recently resigned.

THE COLLEGE ACCOUNTS.—The following abstract of the finances of the Royal College of Surgeons, Midsummer 1859 to 1860, has just been published by the authorities:—The Receipts amounted to 22,307*l.*, and were made up from the following sources: Diplomas of Members, 14,355*l.*; Dental Certificates, 929*l.*; Midwifery Licences, 198*l.*; Fellowship Diplomas, 840*l.*; Dividends on Investments, 1207*l.*; and Sale of Stock, 4756*l.* The Disbursements amounted to 21,906*l.*, and are thus distributed: 1. College Department, including Council, Court of Examiners, Dental Board, Midwifery Board, Auditors, Diploma Stamps, Lists of Members, Salaries, Wages, Coals, Law Expenses, &c., 9215*l.* 2. Museum Department, including Catalogues, Specimens, Spirit, Bottles, Salaries, Wages, &c., 2613*l.* 3. Library Department, including purchase and binding of Books, Salaries, &c., 634*l.* 4. Miscellaneous, including Taxes, Insurance, Furniture, Pensions, &c., 747*l.* 5. Repairs, 648*l.* 6. Under Deeds of Trust, including Oration, Lectures, Prizes, &c., 175*l.* 7. Balance of Purchase of House, 43 Lincoln's-inn fields, 7761*l.* The Incidental Income is 21,099*l.*; and the Permanent, 1207*l.* The Incidental Expenditure is 18,173; and the Permanent Expenditure, 3733*l.*

THE ANALYST FOR THE CITY OF LONDON.—At the last Court of Common Council, it was announced that the Secretary of State for the Home Department had sanctioned the appointment of Dr Letheby as Analyst.

SIGHT AND REASON RESTORED TO AN INSANE PATIENT BY AN OPERATION FOR CATARACT.—This interesting case is referred to in our Paris letter of this week, and the following are some additional particulars: M. Bouisson, Professor at the Faculty of Montpelier, lately communicated to the Academy of Medicine the case of a man aged fifty, who was brought to the hospital without any particulars of his case. He was suffering from double lenticular cataract, and from dementia. Couching was resorted to for both eyes; and, on the tenth day after the operation, the man said, "I can see!" these being the first sensible words he had spoken. As the sight improved, the man became more manageable. He began to give some details as to the origin of his ailments; and six weeks after the date of his entrance into the hospital, the patient left, fully capable of earning his own livelihood. To these facts Professor Bouisson added some valuable remarks as to the probable connection between the restoration of sight and the return of intelligence, and stated that he considered that "sensation stimulated the mind as electricity stimulates nervous action, the patient being at the time favourably situated for such impressions." The dementia was probably not deeply rooted, and the organ of sight being that which affords the most vivid sensations, the results have been extremely beneficial as to the patient's state of mind.—'Lancet.'

DR S. B. PARTRIDGE, who distinguished himself in the Lucknow Residency in 1857, has been appointed to officiate as Principal of the Calcutta Medical College. His predecessor, Dr Eatwell, has gone home. Dr S. G. Chuckerbutty, a native, is to act as Professor of Materia Medica.

DR EATWELL, the Principal of the Calcutta Medical College, has published details of the results of the College since its establishment, 25 years ago. At present 85 of the native students are Sub-Assistant Surgeons in Government Service. At least 20 are practising on their own account in Calcutta, and of these several have an income of Rs. 600 a month. The Bengalee educated students practise all over Bengal; 62 are employed by Government as native doctors. Of the Hindustani students, there are 330 with regiments and in hospitals. In 1836 Pundit Modoosoodun Goopto was the first Hindoo who, in spite of caste, dissected the human body. The other Medical Schools in Bombay, Madras, Agra, and Hyderabad have turned out relatively as many medical students.—'Friend of India.'

IN Dr McCleland's report on the health of troops in India we see the following particulars of mortality, compiled by Dr Cheevers. The annual mean rate of deaths for ten years, per thousand men, is for Bengal 65·29, for Bombay 54·44, and for Madras 28·35. The rate of mortality of women per 1000 is, in Bengal 44·4, in Madras 24·7, in Bombay 30·5. The rate of mortality of children is in Bengal 84·2, in Madras 39·8, in Bombay 31·60. The low rates in Madras are attributable to the accessibility of hill sanitaria, and the high rates of Bengal to the prevalence of malaria. In Bengal one-third of the deaths are caused by fever, in Madras one-ninth, and in Bombay one-fourth.

A CHINESE PHARMACOPŒIA.—Toads' flesh cures diarrhœa; that of the *geeks*, tuberculous affections. The flesh of the bat gives long life to those who eat it; its blood and bile have the reputation of curing syphilis, and its excrements are used in the preparation of certain pills. The dried and powdered skeleton of the scorpion possesses diaphoretic virtues, and cures rheumatism and syphilis. The brain of a horse makes the hair grow, its heart dried and powdered strengthens the memory, its bones remove sleeplessness; but they must be the products of a white horse. The marrow of an ass's bones introduced into the ear during sleep cures deafness; rhinoceros's horn cures somnambulism. The urine of the tapir is an antidote against poisoning by copper.—'Gazette Hebdomadaire.'

PHYSICIANS' FEES.—The ordinary fee for a physician in the Elizabethan era was not a guinea. A great noble sometimes gave that sum. It is recorded of a peer in Henry the Eighth's reign, that he paid a fee of 1*l.* to a Cambridge physician, but half that sum was all that usage required. In the reign of Charles the Second, the guinea fee began to be very usually paid; but a doctor was not thought to be badly treated if he received only half that sum. 'Physic lies a-Bleeding; the Apothecary turned Doctor' (1697) represents 10s. as the common fee; and the 'Levanem Infirmi' (1700) says—"To a Graduate in Physick, his due is about 10s., though commonly he expects or demands 20s. Those that are only licensed Physicians, their due is no more than 6s. 8d., though they commonly demand 10s. A Surgeon's fee is 12d. a mile, be his journey far or near; ten groats to set a bone broken or out of joint; and for letting blood, 1s.; the cutting off or amputation of any limb is 5*l.*; but there is no settled price for the cure."—'Athenæum.'

THE BLINDNESS OF GEOFFREY ST HILAIRE.—"His life was shortened by the workings of his mind—by the fire of his powerful imagination. The day did not suffice him; and he passed long

hours of the night, seated on his bed, following out his speculative ideas, and writing down whatever came into his head, and as it were under the dictation of his imagination; a sad habit, for it hastened the occurrence of the blindness which had previously threatened him. It would have been a veritable calamity to him, had he been compelled to ask the hand of a stranger to write down for him every little word. But Heaven had blessed him with a devoted daughter—a pious Antigone, who led his steps and partook of his labours; so, thanks to her, this deep cause of grief became at last a tender melancholy. I have seen this illustrious blind man in his peaceful retreat at the *Jardin des Plantes*, surrounded by his family and friends. His features wore a serene and amiable look; and science, which still exclusively occupied his attention, animated and consoled his beautiful intellect. 'Oh, my friends,' he would sometimes say, 'I in vain seek the light, and yet the sight of animated beings is ever before my eyes.' What regrets he must have suffered, enthusiastic naturalist, incessant contemplator of the marvels of creation! Like blind Milton, he must have wept for his loss of sight—the sight of that splendid *Jardin*, which was his Paradise, his first and last refuge."—'Eloge of Geoffrey St. Hilaire, by M. Dubois.'

At a late sitting of the French Academy of Sciences, Dr Jules Cloquet produced a pair of boots made of the tanned skin of a boa-constrictor. The material is remarkably strong and supple; the scales have preserved their natural imbrication and colour after the process of tanning, and the inside of the skin displays the marks of the scales in alternate reliefs and depressions. Dr Cloquet, on this occasion, observed that it would be desirable to make further attempts to introduce the skins of the inferior vertebrata into trade, seeing that, as to thickness and durability, they decidedly offer greater advantages than those of the superior classes. He concluded by stating that he intended to give one of his specimens to the Museum of Natural History, the other to the Cabinet of the Zoological Garden of Acclimatization.

The late Dr Addison.—The will of this gentleman, late Consulting Physician to Guy's Hospital, was admitted to probate on the 4th instant, and the personalty sworn under 60,000*l.* by one of the executors—viz., John Addison, Esq., of Banks House, Cumberland, the testator's brother; power being reserved to Alfred Brooke Barnes, Esq., Surgeon, of King's road, Chelsea, also an executor. To his relict he has bequeathed his freehold estate and residence at Brighton, together with the furniture, and has left her an annuity of 350*l.* and his shares in the Indemnity Mutual Marine Assurance Company; and to her son and daughter he has left an annuity of 100*l.*; these annuities to be free of legacy duty. The presentation of plate made to him by various parties, both public and private, he leaves to his said brother, to be held by him as heirlooms in the family. He appoints his said brother, John Addison, Esq., residuary legatee of his estate, real and personal. The will bears date September 26, 1855, and a codicil in 1858.

Middlesex Hospital Medical Society.—The first meeting for present Session was held in the Board-room of the Hospital, on Thursday evening, October 18, the Treasurer, Mr Flower, in the chair. After the minutes of the last meeting had been read by the Secretary, and several new members proposed, the Chairman briefly addressed the assembly. He congratulated them on the success which had attended their efforts during the past year; alluded to the advantages naturally accruing from a Society like theirs; urged the necessity of not only becoming members, but of entering warmly into the discussions, stating it as one of the best and quickest means, in his opinion, of gaining information. He likewise impressed on the minds of his hearers the comparative ease with which papers might be produced, owing to the proximity of the wards, and the numerous illustrations contained therein. Dr Cobbold read a paper 'On Tapeworm its Prevention and Treatment.' The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa, were pointed out, and illustrated by diagrams and specimens. The Author then remarked, that to harbour parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species and innumerable individuals inhabiting the same creature. Upwards of twenty species of Entozoa are known to infest the human body; of these, four belong to the Tæniadæ, or Tape-worm family, viz., Tænia solium, T. mediocanulata, T. nana, and Bothriocephalus latus. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic, condition into the system. In this state it has received the name of Cysticercus cellulosæ, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended washalf-a-drachm of ætherial oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half next morning, followed in two hours by a brisk purgative. A cordial vote of thanks was accorded Dr Cobbold for his highly-instructive paper, and the meeting then adjourned.

Middlesex Quarter Sessions, October 24th, 1860.—Slaughter-house Licences.—The magistrates met this day for the purpose of hearing applications for licences for slaughter-houses within the Finsbury divisions, and several cases from Clerkenwell and Islington were heard and disposed of. Mr Thomas Cross, of Red Lion alley, within the Holborn district, attended by his foreman in support of a licence to slaughter in Rose and Crown yard, St John street. The applicant stated, that Mr Cross had received notice that his premises were required for the purposes of the new dead-meat market about to be established in Smithfield, and he was anxious to secure new premises for carrying on his business. Mr Meadows, while instructed by Mr S. W. Hopwood, appeared as counsel for the Holborn District Board; and Mr Sleigh, instructed by Mr Keightly, on behalf of the Governors of the Charterhouse, opposed the application. On it being made to appear to the magistrates that the premises in Rose and Crown yard had never been licensed before, and that the proposed slaughter-house would be within fifty feet of dwelling-houses, the magistrates refused to grant the licence. The case excited considerable interest; Archdeacon Hale, master of the Charterhouse, and Mr Turnbull, and several influential inhabitants of St Sepulchre, were present. Mr John Fawcett, of No. 125 St John street, attended with a memorial signed by the Churchwardens, Overseers, and several inhabitants of St Sepulchre, including the Treasurer of St Bartholomew's Hospital. Dr Gibbon, Medical Officer of Health; Mr Isaacs, the Surveyor, and Mr Easton, the Inspector, attended to give evidence on behalf of the District Board.

Medical Trial: Michael v. Lea.—The plaintiff in this case is a fully-qualified practitioner at Newcastle, and the defendant a farmer; the action being to recover the sum of 2*l.* 2*s.* for attendance upon the latter, and 1*l.* 1*s.* 6*d.* for attendance and medicines for his servant, supplied at his request. The first item included a charge for adjusting temporarily a compound fracture of the arm when called hastily at the time of the accident, and visiting the patient three times at seven miles' distance. If any fault could be found, we think it should be that the fee of 2*l.* 2*s.* was unreasonably small for such services. As to the second item, it was submitted that the defendant had acted only as messenger to his cowman, and had requested Dr Michael to attend to him in that capacity only. This defence also broke down, and judgment was given for the plantiff.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 31.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.
Hunterian Society.—8 p.m.

Thursday, November 1.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.
London Surgical Home.—2 p.m.
Harveian Society.—Mr Sedgwick, "On Sexual Limitation in Hereditary Disease," 8 p.m.

Friday, November 2.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 3.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, November 5.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.
Medical Society of London.—8½ p.m.

Tuesday, November 6.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Amicus.—The Report has come to hand, and a notice been given of it.

R. D.—Theories of life are highly interesting to their concoctors, but not so to the general reader. There are limits by which human reason is bounded in the consideration of this question,—a sufficient motive for some men to attempt to transcend them. If a man be a positive materialist, and say that life is exclusively the result of the properties of "common matter," his case is so simple that it cannot be misunderstood; but if he admit a distinct vital principle, or anything equivalent to it, he will find it difficult to prove to the satisfaction of his readers that he has found the link connecting his vital principle with matter. As we cannot discover that you have done this, we decline the communication.

Chinurgus.—Certainly.

W. S.—The Guardians are not bound to pay the extra fee in the case cited; should they do so, it will be purely an act of grace.

Dr H.—There would be no incongruity in a Licentiate of the College of Physicians of Edinburgh styling himself Dr, and placing the letters L.R.C.P. after his name. He ought not to imply that he is an M.D.

Birmingham.—We are not acquainted with the precise title of Professor Youatt's book, but any bookseller will provide it for you.

Mr Thomas Lyte.—We cannot give you more authentic information than has been already given to you by Mr Belfour. The regulations of the College are the only ones at present that are binding.

M.D. (Dublin) is thanked. The subject will not be forgotten.

X. X.—The case is probably one of lupus non-exedens. Try cod-liver oil or arsenic.

Mr Ward.—Received.

Mr Baker.—1st. Yes.—2nd. Yes.

Mr B. C.—It is quite a mistake to suppose that phthisis is not a frequent disease in the South of France and Italy. There is no part of France where consumption is so common as Montpellier and Marseilles; and at Nice there is a greater mortality from consumption than in any town in England. As for Malta, the death-rate from this disease is as high as it is in England.

A Student.—You will be exempt from any future regulations.

Medicus.—Dr Budd's and Dr Brinton's.

A Subscriber is thanked.

The Educational Regulations of the Medical Council.

Sir,—I have read with some surprise the letter of Dr F. Hawkins in your last Number. I quite agree with you that apprenticeship is a great sham in relation to a Medical education; but still you must recollect that to all who entered the Profession with the intent to become General Practitioners, it was the only way of entering before the establishment of the Medical Council, and even now remains so: it is compulsory, by Act of Parliament, on the Apothecary, and admitted as a part of Professional education by the College of Surgeons. Under these circumstances, what right have the Council to make a retrospective law affecting those who had already legally entered the Profession before the Council had any existence? Is there no appeal to any Court of Equity to try such a case? You must be aware that a large number entered the Profession not prepared to pass such an examination, inasmuch as such was not required when their parents paid two or three hundred pounds premium,—supposing, on the faith of Acts of Parliament and College laws, that such was the right way to commence a Professional education.

I trust, with your efforts to secure justice in other cases, you will not withhold your powerful aid in redressing this wrong; and am, dear Sir,

Yours, &c., A Father.

London, Oct. 25.

To the Editor of the Medical Circular.

Sir,—In reference to the extract from the 'Indian Lancet' on the licensing and medical inspection of bazaar-women for the prevention of venereal disease in the Army, I would suggest that women be the examiners of the unfortunate women, for most assuredly the male examiners must suffer by the contaminating influence. There is a continued reciprocating influence between mind and body. If your liberality of principle will admit you to insert this, you will oblige

Yours, &c., Sanitas.

Chlorodyne.—R. Freeman,

Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s.6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Fennell's Celebrated White

STOPPING (warranted to keep its Colour in the Mouth) reduced to 8s. per oz. Sold in ½ oz. and ¼ oz. packets, sent by post upon receipt of stamps for the amount. Mechanical Dentistry in all its branches. Work done for the Profession. Instruction in Mechanical Dentistry.

Mr F.'s Charges to the Public are, for a Mineral Tooth, mounted in pure silver, 5s; ditto in gold, 10s. 6d.;—Stopping Teeth with his White Stopping, 2s. 6d.

Price Lists sent upon application to Mr FENNELL, Dentist, 36 Upper Berkeley street, Portman square.

WATER MATTRESSES & CUSHIONS, For Bed Sores, Consumption,

Paralysis, Fevers, and all Invalids and Bedridden Patients. Air Cushions and Pillows, Bed Sheets, Elastic Stockings, Enemas, Ear Trumpets, Railway and Bed Urinals, Bed Pans and Slips, &c.

WILLIAM LEE, 115, NEW BOND STREET, W.

Water Beds on Hire, 7s. per Week. Deposit, £10.

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 16 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished, of a Weekly Periodical.

Flat Silver Watches—

Four Holes Jewelled and with true Sunk Seconds—£1 18s.

FLAT GOLD WATCHES—Eight Holes Jewelled, of a higher character, with White Dials and true Sunk Seconds—£6 6s.

The above are Sample Watches (Horizontal Principle) and such as within the large experience of this Old Established House we have never been able to offer at less than Three Guineas in Silver, and Ten Guineas in Gold Cases.—All warranted.—Per Post, 1s. extra.

Particularly suited for Students and Gentlemen of the Medical Profession.

ARNOLD, 59 and 60 Red Lion street, Holborn, London.

Kinahan's LL Whisky v.

COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Catalogues gratis.

Bank of Deposit, Established A.D. 1844,

3 PALLMALL EAST, LONDON.—CAPITAL STOCK £100,000.

Parties desirous of INVESTING MONEY are requested to examine the Plan of THE BANK OF DEPOSIT, by which a high rate of interest may be obtained with ample security.

Deposits made by Special Agreement, may be withdrawn without notice.

The Interest is payable in January and July.

PETER MORRISON, Managing Director.

Forms for opening Accounts sent free on application.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE for Sale.

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

PULVIS JACOBI *VER.*, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D.*, Phyſician to the Hardwicke Fever Hoſpital, Dublin, *in his paper on the virtues of James' Powder in the Apoplectic Diatheſis*:"

"She began a courſe of James' Powder in the latter end of September: the firſt night ſhe took only two grains, and every ſucceeding night an additional half grain, till the doſe amounted to twenty grains. She took *twenty grains every night for five weeks*, when ſhe found herſelf ſo well that ſhe diſcontinued the medicine."—"*Dublin Hoſpital Reports*," *vol.* 1. *p.* 319.

To ſecure the diſpenſing of the *original* preparation, which, for 114 years, has been ſold by the Newbery family in St. Paul's Churchyard, it is neceſſary to preſcribe it as "*Pulvis Jacobi* Ver., *Newbery's*," otherwiſe another article (wanting in the beſt properties, and recommended to be given in a different code of doſe, *though called by the ſame name*), will be ſubſtituted for the original medicine. This, of courſe, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to diſcard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is uſed, faith may be repoſed in it.

Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.

S. Bowles (late Windsor and Co.),

PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6 James street, Covent garden, W.C. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

Antimargaric Cod-liver Oil,

Pure and Tasteless, sold by H. ELDREDGE, Wholesale Agent, for Messrs WM. & EBENR. ROTTON, at their Depôt, 85 Pentonville road, London, and by most respectable Chemists throughout the kingdom.

This Oil, extracted by W. and E. ROTTON, possesses all the medicinal properties essential in cases of Consumption, Diseases of the Chest, Infantile Wasting, general Weakness, &c.; and for many ills the human frame is heir to, there is not its equal. In order to prove its superiority over every other, it has been subjected to the most scientific Analysis, as proved by Testimonials received from the following well-known Physicians:—WM. HERAPATH, F.C.S., of Bristol; JOHN POSTGATE, M.D.; Dr BELL FLETCHER, M.D.; D. W. CROMPTON, M.D.; WILLIAM SANDS COX, Senior Surgeon of the Queen's Hospital, Birmingham; and many others of equal eminence.

Dr SEPTIMUS GIBBON, A.B. & M.D., Medical Officer of Health, late Professor of Natural Philosophy at St Bartholomew's Hospital, Physician to the London Hospital, &c. &c., of No 3 Finsbury square, London, E.C., whose recent investigation under Government brought to light such an alarming extent of adulteration in articles of diet, writing expressly upon Messrs W. & E. ROTTON'S Antimargaric Cod-liver Oil, uses the following expressions:—

"I have carefully examined some bottles of Messrs W. ROTTON & SON'S Cod-liver Oil, and find them to be excellent samples of pure Oil. Besides answering admirably to the usual tests, it is free from the noxious and nauseous principles, Margaric Acid, &c., which so commonly render Cod-liver Oil not only unpalatable, but indigestible and injurious to the human stomach. By their mode of extracting and preparing this admirable remedy, I feel satisfied they have overcome the main obstacle to its more frequent and general use in medical practice."

The Antimargaric Oil is sold in pint bottles at 2s. 6d.; half-pint, 1s. 3d.; quarter-pints, 8d. Where a difficulty is found in obtaining it, write direct to the Depôt, when a case will be forwarded for the amount of 5s. or 10s., carriage free.

None is Genuine unless Capsuled, and Signed WILLIAM and EBENEZER ROTTON.

W. Twinberrow begs to

draw the attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible; also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropa Belladonna, Cotyledon Umbilicus, &c.); also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Pareiræ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael) for Dysentery and Diarrhœa. W. T. has a large supply of INDIAN BAEL on hand.—Agent for Palmer's Aerated Chalybeate Water.—EXT. LARICIS EUROP.

BOUDAULT'S PEPSINE imported in Original Corked Bottles by W. TWINBERROW, 2 Edwards street, Portman square.

Surgeons receive Appointments to SHIPS to ALL PARTS of the WORLD through

F. G. MOORE, M.R.C.S.,

34 TERRACE, TOWER HILL, LONDON.—E.C.

Gentlemen requiring Appointments are invited to forward their names.

SURGICAL INSTRUMENTS required by Surgeons to Ships always ready.

PORTABLE SURGERIES for Medical Men in General Practice.

MEDICINE CHESTS for Ships and Passengers. COMMISSIONS promptly executed. The PURCHASE and SALE of PRACTICES. VALUATIONS of STOCK and FIXTURES. ASSISTANTS provided. Business hours, 10 to 5.—Send stamp for reply.

A New Discovery.—Mr

HOWARD, Surgeon-Dentist, 52 Fleet street, has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication. 52 Fleet street.

At home from ten till five.

James's Fever Powder.

4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and sold by J. L. KIDDLE, 31 Hunter street, Brunswick square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

The Pulvis Jacobi Verus,

prepared by WILLAM HOOPER, 24 Russell street, Covent garden, from its identity with the more costly preparations and its acknowledged efficacy as an Antimonial, merits the patronage of those Gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand, for Public Institutions, has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

To Gentlemen.—Mr Miles,

(Alfred Webb Miles,) Established 18th February, 1841,

Originator of the WORLD-FAMED TROUSERS, at 16s. per pair, has the pleasure to inform thirty thousand customers that his stock for the forthcoming Winter is now replete with all the new and best designs for Over-Coats, Morning and Travelling Suits, Vests, Trousers, at prices as heretofore. Gentlemen who have not already favoured this establishment with their interest and support are most respectfully informed that it is distinguished not only by the extent, variety, and quality of its patterns and materials, but it excels in the cut and workmanship.

CAUTION.—Mr Miles is not connected with any person imitating and advertising in the same name; his only address is 73 Brook street, Hanover square, and he has no other establishment in London or elsewhere.

DINNEFORD'S

Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—'Pharmaceutical Journal,' May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used for DISPENSING. In the stone jars (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and CO., Chemists, 172 Bond street, London; all Wholesale Druggists and Patent Medicine Houses.

CLINICAL LECTURES.

ON DISEASES OF WOMEN.

DELIVERED AT ST THOMAS'S HOSPITAL,

By CHARLES WALLER, M.D., Obstetric Physician to the Hospital.

Lecture II.—On Polypus Uteri.

(Continued from page 268.)

At the conclusion of our last Lecture, gentlemen, I showed you the mode of applying the ligature in cases of uterine polypi. I have made, at the suggestion of my son (at present one of your number), a slight alteration in the barrel affixed to the lower part of the instrument: instead of the hook around which the two ends of the ligature are tied, I have, in the barrel, two openings corresponding to those of the canula above. The ligature is, as I now show you, passed through the foramina, the ends tied tightly together in the centre, and the superfluous thread cut off. Now, what advantage has this over the hook? Trifling as the alteration appears to be, I assure you in practice it is a great improvement. Contrast the working of the two instruments. In the original one, there is more difficulty in making the knot tight when passed around the little hook, and, in turning the barrel round, it will sometimes slip off. Then, again, the two ligatures and the knot are apt to become somewhat entangled with each other after several turns of the instrument, and its free action impeded. No such obstacle can possibly occur in the instrument I now exhibit. You will perceive that the two ligatures are kept widely separated, and the knot revolves *between* them. Let me now detail to you the progress of the case operated on after our last lecture. You saw the way in which the ligature was passed around the upper part of the polypi: during the introduction of the instrument there was rather free bleeding (much more than ordinarily occurs), which ceased immediately after the ligature was tightened; not the slightest pain was felt, and the patient was left in a very comfortable condition; the parts were ordered to be sponged with cold water, nourishing diet so far as it could be taken to be continued, and no medicine prescribed.

Next day (October 20), no inconvenience felt, with the exception of the desire to urinate frequently, and some little difficulty in the act. This symptom was not a new one, it had been present for some weeks; perhaps it had been slightly aggravated in consequence of the instrument lying in the anterior part of the vagina, and thus pressing somewhat on the meatus urinarius. If you ask why, with a knowledge of this fact, the instrument was not placed on the opposite side of the pelvis, I would refer you to the history of the case. You will remember that the *entire circle* of the os uteri could not be distinguished, it was only anteriorly that it could be felt away from the tumour; on this account, I selected this locality as the starting-point of my ligature. The catheter was introduced, and a pint and a half of clear urine removed. The ligature was also tightened by two or three turns of the barrel.

Oct. 21.—Feels comfortable, although the bladder has not been satisfactorily emptied; ligature was also tightened by two or three turns, it having become loose; catheter employed; slight fœtor.

Oct. 22.—Fœtor increased; ligature firm.

Oct. 23.—Discharge extremely fœtid; ligature firm; slight extracting force made without effect.

Oct. 24.—Ligature tight; substance of polypus greatly diminished in size; firm traction brought away the instrument, with the polypus attached to it. I show you the tumour, resembling, as you perceive, a large bag containing a hard substance.

Thus, gentlemen, has a disease which has been for twelve months weakening and depressing the patient's constitution, and even threatening her existence, been removed by a simple, painless, and usually (though not entirely so in this case) bloodless operation.

The ligature I employ consists of silver wire twisted round a strong silken thread. I prefer this to any other material, not only because of its firmness, but also because, although in a very trifling, yet to a certain extent, it *cuts* its way through the pedicle: where this is thick and firm, the cure is more speedily effected than where the surface of the ligature is altogether smooth.

During the progress of cure, should the discharge become very offensive, the vagina should be washed out with tepid water, or with a weak solution of chloride of lime.

In a polypus of moderate size, the cure is usually effected in from four to six days; and although the stem may not be entirely separated, the small undivided portion is easily torn through, if the instrument be grasped by the hand, twisted round, and a moderate degree of extracting effort made at the same time. Do not be too anxious, however, if a longer period of time be required; for if the ligature be properly applied, the cure is certain, although it may be protracted.

In some forms of polypus, although of considerable size before they are tied, there is scarcely any solid substance to be seen after strangulation has been effected; the mass, to use a popular expression, dwindles into almost nothing. The following case is one amongst many examples which have fallen under my notice.

Case 3.—M. Ripping, admitted into Ann's Ward, ætat. forty-nine, married, has borne thirteen children: her countenance is pale, and has an anxious expression; she has had more or less bleeding for eighteen weeks. On examination, a polypus of considerable size was felt projecting through the os uteri. The surface was peculiarly smooth, and the substance much less firm than in the cases previously detailed to you. A ligature was applied, which came away in three days, bringing with it the remnant of the tumour, in appearance similar to a piece of shrivelled skin, far gone in a state of putrefaction.

A polypus distinctly felt at one time, may disappear for a greater or less period, and in some cases seem to vanish altogether, the patient experiencing no more unpleasant symptoms.

Case 4.—Rebecca Cole, ætat. twenty-eight, single, cook in a gentleman's family, has had hæmorrhage for nearly three months; had leucorrhœa previously. She was examined on admission. The os uteri was to a considerable extent open, and a polypus felt descending from the interior of the uterus. The substance, however, had not yet passed into the vagina. Large doses of gallic acid were administered, and perfect rest in the recumbent position enjoined: the hæmorrhage soon ceased. At the expiration of five weeks, there being no alteration in the size or position of the tumour, a different plan was adopted: secale was given three times daily, and the patient desired to move about, in the hope of expediting the descent of the polypus. Hæmorrhage supervened, but no other result followed. As the female was very anxious to return home, an attempt was made to apply a ligature, which was not attended with success. The manipulation produced considerable bleeding, which was arrested by the exhibition of secale cornutum. After an attack of diarrhœa which somewhat weakened her, she felt perfectly well: when examined, the os uteri was closed, so that nothing could be felt beyond it. She was now discharged apparently well. About two years afterwards, she was again admitted into the hospital. Her strength was reduced, her countenance exceedingly pale and blanched; she had had profuse monthly discharges since her last sojourn in the hospital, until within the last eight weeks: since then the hæmorrhage has occurred every fortnight. On examination, the os was found partially open, and a small moveable body felt within the uterine cavity. I succeeded in introducing the index-finger of my right hand beyond the bulging portion, and scraped off its attachment to the womb, bringing the polypus away in my hand. Very little pain was experienced, and no hæmorrhage occurred: indeed, the regular catamenial discharge did not make its appearance until eight weeks afterwards, this time continuing three days. The patient was dismissed thoroughly restored to health.

I direct your attention to another case, wherein the polypus disappeared for a few days only.

Case 5.—Anne Bead, admitted 26th, ætat. forty-two, has had seven children, the last seven years old. About nine months ago, was attacked with severe hæmorrhage, which has continued at intervals ever since: has great pain in the left inguinal region, with some swelling of the lower extremities; general health enfeebled. When examined, the os uteri was found slightly open, and the base of a polypus just within the reach of the finger. The bowels being confined, a mild laxative was administered; afterwards pulv. secalis cornuti ℈j. was given for two days without any marked effect. The patient was again examined about ten days afterwards, when I found the os completely closed, leaving no trace of the tumour.

Jan. 22nd.—Again examined. A considerable portion had escaped through the uterine mouth, projecting into the vagina. Although the pedicle was out of the reach of the finger, I determined to apply the ligature, and to carry it up within the cavity of the womb. As the os was quite free, this was effected without much difficulty. The ligature was tightened day by day, until Feb. 22nd. The tumour was considerably lessened in size, and the discharge was offensive: becoming a little impatient, I exercised too much force in winding up the instrument, and broke the ligature. A very small portion of the polypus came away with the canulæ. The uterus still felt enlarged, tho os open, and no portion of the polypoid growth within reach. On the 5th a large mass came away, after which the patient rapidly gained strength.

The discharge in polypoid growths is sometimes so exceedingly offensive, that carcinoma, or sloughing, may be suspected.

Case 6.—Ann Meary, æt. thirty-six, domestic servant, admitted April 9th, has always been in delicate health: has had frequent hæmorrhage for the last eighteen months, with great "bearing down;" her countenance cadaverous; she is unable to pass urine. The fœtor of the discharge almost unbearable. This symptom excited a suspicion that sloughing had taken place. Before making an examination, I directed the vagina to be thoroughly washed out with cold water, and afterwards with a weak solution of chloride of zinc. A large polypus was found occupying the vagina, the stem passing through the os. A ligature was applied in the usual manner, which was brought away in seven days. The patient had a good recovery.

Case 7.—Mrs G——, æt. forty-two, the mother of several children, had lost much blood, principally at her monthly periods, for many years. Being one of the deluded followers of homœopathy, nothing effectual had been done for her relief, until her health became seriously injured, and her life im-

perilled. Her peculiarly cadaverous look, and the fœtor of her discharge, led to the supposition that the disease was carcinoma uteri. This opinion was given by a physician-accoucheur of considerable celebrity at the west end of the town, who said that nothing could be done for her relief, and that her life could not be protracted for many weeks. Soon afterwards I was requested to visit this lady. Her general appearance was, to say the least, very discouraging. She had a peculiarly sallow, unhealthy, anxious-looking countenance. Her strength had been greatly reduced by the repeated hæmorrhage to which she had been subject, and, as might have been anticipated, her spirits much depressed. On examination, a large tumour was felt occupying the whole cavity of the pelvis, polypoid in shape, slightly moveable, although not so much as usual on account of its large size. The finger could not be passed high enough to touch the os uteri. The fœtor evidently arose from blood which had become putrid. I gave an unhesitating opinion that a ligature should be applied, although no distinct pedicle could be felt. Mr De Morgan, of the Middlesex Hospital, saw this patient with me at my next visit, and agreed with me as to the non-malignancy of the tumour: I therefore at once passed the silver wire round it. Day by day the ligature was drawn tight, apparently without effect: no additional fœtor was noticed, and no diminution in the size of the tumour. On the fifth day the ligature was broken, but not before it had done its work; for although the polypus was not completely separated at the time, it was expelled a few days afterwards, to use the words of the patient's friend, in the form and "the size of a turnip." A microscopical examination demonstrated it to be of a fibrous character, free from any appearance of cancerous deposit. Polypi sometimes grow to an enormous size within the cavity of the uterus, which enlarges as in actual pregnancy, and at length suddenly forces the substance into the vagina with powerful action resembling the pains of labour. The following case affords an illustrative example. I shall not weary you with a tedious detail of symptoms, or of the palliative treatment adopted, but shall content myself by giving the result of the examinations as they were made from time to time.

Case 8.—Mrs C., residing in the country, consulted me for the first time July 9th, 1857. She was forty-seven years of age, had been sixteen years a wife, but had never been pregnant. For the last three years, she has suffered most agonising pains at her menstrual periods, with profuse hæmorrhage, attended with vomiting: in the intervals leuchorrhœal discharge was constant, occasionally tinged with blood. Complains of bearing down; although the appetite is tolerable, she is gradually getting thinner; has occasional rheumatic attacks; is distressed by flatulence. On examination, the uterus was found enlarged and heavier than usual, and somewhat prolapsed: when seen through the speculum, the vaginal membrane was highly vascular; the portion reflected over the cervix uteri of a bright vermilion colour, and slightly tender to the touch. She came to town at intervals during the months of July, August, and September, the uterus continuing to increase in size and weight; and at the end of the latter month, the cervix uteri, which had been gradually shortening, was distended as perfectly as in the latter periods of gestation. No relief from suffering at her monthly periods; os uteri still closed.

Nov. 16th.—Os beginning to open; a large moveable body felt in the uterus.

Dec. 17th.—Os still more patulous; no descent of tumour; very little alteration, except that the os was more dilatable; her sufferings every month were still acute. On the 12th of May, 1858, the finger could be introduced high up in the uterus; the tumour still contained within the cavity. I recommended my patient to come to town again at her next catamenial period, hoping that during that time I might be able to reach the upper part of the tumour. She came again, rather before the appointed time, in consequence of increase of pain and bearing down. On examination, the polypus, which was of very large size, was found occupying and filling up the vagina; the ligature was applied without delay, and by the end of the week the disease was removed, and the patient, after a protracted period, regained her health and strength.

Polypi are sometimes expelled by the efforts of nature alone, as in the following case:—

Case 9.—Saw Mrs ——, in consultation with Mr Complin. She had suffered from severe hæmorrhages for some time. When I saw her, the uterus was acting forcibly. On examination, the os was opening, and a firm, moveable substance felt in the cavity. I recommended nothing to be attempted, but to wait and see what these powerful uterine contractions would accomplish. Mr C. informed me that some time afterwards a polypus of considerable size had been expelled, to the relief of all unpleasant symptoms.

Polypi are occasionally met with where, from their size and hardness, they cannot be removed by the hand.

Case 10.—Saw Miss ——, in consultation with Mr Harris. The substance was of enormous size, and after the pedicle was separated, the polypus could not be removed by the usual manipulation. It was at last extracted with a pair of stout stone forceps.

Had this lady been married and borne children, it is probable that the hand might have been introduced within the vaginal cavity, and the polypus brought away without the use of instruments.

TWO CASES OF PURPURA HÆMORRHAGICA.

By JOHN GASON, M.D., &c.,
Member of the Society of Quirites at Rome.

(Continued from page 283.)

Purpura hæmorrhagica is a disease still wrapped in much mystery, and the difficulty of forming any correct idea of its nature has given rise to various opinions, which may be classified as having reference to the sanguineous and nervous systems, sometimes in a sthenic, but most frequently found to present itself in an asthenic form. It appears to me that its causes may be attributed, in the first place, to a chemical decomposition or derangement of the component parts of the blood, produced by the absorption into the system of a morbific poison which deranges or decomposes its chemical affinities; secondly, to a loss of nervous power in the organs which supply the fibrine and serum of the blood, thus modifying or destroying the properties of the chyle; and, thirdly, to a diminution, more or less, of the nervous power derived from the nerves which supply the blood-vessels, which not only favours this change in the blood, but also extends to the capillaries, thus weakening their tone, and allowing of the escape of blood in its decomposed state or deprived of its fibrine. It now remains to examine under what conditions the blood escapes, and what are the chemical changes which allow of its escape, and how the changes are effected. It is well known that individuals of a sanguineous temperament, in whom the venous system predominates, are those most predisposed to typhoid and contagious fevers: it may be that they are more prone to inhale putrid animal miasma or exhalations of a contagious nature; or it may be that their blood is not sufficiently oxidised, which disposes them so much to this influence. I believe that this preponderance of venous blood in the sanguineous temperament is the consequence of an unhealthy state of the nervous ganglia acting throughout the body, whereby the supply given to the blood becomes degenerated, and that which in a healthy state of the system would have renovated the blood with proper sustenance becomes converted into a fluid wanting in sufficiently active properties. It has been of late the fashion to underrate the evil consequence of noxious effluvia: and not only this, but statements have been made that nightmen, and persons engaged in occupations which bring them into contact with fœtid exhalations, are generally men of portly mien and of good constitution. I grant that they are very often large, fat, and bloated; but this is, I believe, the result of the decomposition or derangement of the chemical affinities of the blood. It is in this description of persons that the large proportion of typhoid fevers, delirium tremens, and nervous affections are found, as well as purpura hæmorrhagica, and diseases indicating debility of the nervous system—who, though apparently in the possession of good health, have in themselves the seeds of diseases most difficult to cure. In order rightly to understand the effect produced on the blood by particular states of the atmosphere, and by the inhalations of noxious vapours, as well as by the indulgence in practices very debilitating to the constitution, it will be well to consider, in the first place, the physiology of the blood. The most accurate investigations have shown that the red globules of the blood are each surrounded by an envelope or cyst, containing fluid in which the globule floats: this cyst is colourless, transparent and remarkably thin, and is supposed to partake more of the nature of fibrine than of any other known substance in the animal kingdom. The red globule contained in the cyst is composed of two substances, globuline and ematosine. The substance called globuline is supposed to possess many properties in common with the albumen of the serum. Ematosine, though insoluble in distilled water, is very much so in alcohol acidulated with various acids. It is also very soluble in alkalies and various gases. What, then, are the uses of this cyst which encloses the globule, as well as of the fluid in which it floats? I believe that they are principally for the protection of the globules from the various gases to which they are exposed, for preservation from shocks, for nutriment and the preservation of an equal temperature.

When the healthy nervous power derived from the ganglia which surround the blood-vessels is weakened by any debilitating cause, the vitality which the component parts of the globule should possess becomes weakened, and allows of its contents being subjected to various chemical combinations in the blood, derived from the atmosphere, or taken into the system by various means and from various morbific sources. By this means the involucrum of the globule in its weakened state allows the absorption of various deleterious agents, while in others it may be completely destroyed, and the poisonous agent is brought into immediate and more powerful contact with the globule, which in its injured state is hurried through the lungs and capillaries, and though subjected to the oxygen of the air, fails to receive the necessary vivifying power from it. It thus fails to supply the system with the same healthy nutriment as before; the consequence of which may be an unusual deposit of adipose tissue, or a nucleus of diseased organic matter, &c., among the solids, and a depraved state of the blood, giving rise to various diseases too numerous to mention here.

The second of the cases of which I have given the history appears to be one of those in which nature attempted to relieve itself by crisis; but either from some organic defect in the sudatory system, or that the blood oozed from the vessels, it was poured into those parts in which it was found in the post-mortem examination.

I have examined into the history of twenty-seven cases of purpura hæmorrhagica, upon which I would make the following remarks:—It is a disease which equally attacks males and females, and is for the most part found in youth. In most of the cases which I am referring to, it was a primary disease, but occasionally occurred in a secondary form. It is a disease of a very serious nature, having proved fatal in half of the cases alluded to. In nine cases, post-mortem examinations are recorded; in six of these the brain and its membranes were affected, varying from petechiæ and increased vascularity to effu-

sion of blood into the substance of the brain. In six cases the lungs and pleura were the seat of disease, with petechiæ and effusion into the pleura, and in some infiltration of the substance of the lungs with blood. In six the heart is described as pale and flaccid, in two as fatty. In four the liver was pale, in some soft. In two there was enlargement of the kidneys. In eight out of the twenty-seven cases, turpentine formed the principal treatment; and of this number fatal results took place in three. In ten cases out of the twenty-seven, bleeding and antiphlogistic treatment was employed; and in seven of these, fatal results took place.

From the careful consideration of many cases which have been under my care, as well as from the history of those which I have alluded to, I conclude that purpura hæmorrhagica is a disease not necessarily connected with a previously cachectic state of body, but most probably with a deranged and abnormal state of the functions, and with a diseased state of the absorbent and excreting powers; secondly, that a debilitated state of the nervous system tends to produce a depraved state of the blood, with its unhealthy consequences, as stated before; and thirdly, that the best treatment for the cure of this disease in an asthenic state consists in the exhibition of turpentine as soon as possible after the nature of the disease has been ascertained, without regard to any other with which it may be complicated.

The debilitated state of the nervous system I attribute in great part to the indolent and unhealthy habits which society has adopted, a cessation of active out-of-door exercises, and inhabitating localities whose atmosphere is impregnated with noxious effluvia.

Rome.

ON THE NON-DIGESTION OF FAT,

CONSIDERED IN ITS SPECIAL CORRELATION WITH AFFECTIONS OF THE PANCREAS.

By Dr E. ANCELET, of Vailly-sur-Aisne.

(Translated for the Medical Circular.)

Without abandoning the domain of experimental inquiry—too exclusively cultivated in the present day—a time must come when physiology will deal with facts in a manner more decided than heretofore, and taking in a more exact fashion the data furnished by clinical observation, will compare them with the results of experiment, in such a manner as to enable us to controvert or confirm, discover new points of view or suggest new subjects for research—consequently enabling us in every case to render its applications more direct and more immediate. When this legitimate alliance shall be established, we shall be better able to appreciate the connection existing between the resulting phenomena and the organic lesion; therapeutics will then be reared on more solid ground, and the foundations of physiology will be more compactly laid. The importance which modern investigations, those especially of Claude Bernard, have given, on the one hand, to the pancreas in connection with the digestion of fat; and on the other hand, the numerous objections that have been raised against this view,—give to everything relating to this subject a real interest.

Occupied with a work on the diseases of this organ, for which I have collected nearly 350 cases, it was incumbent on me to examine such as could throw light on this relationship, and to see whether pathological facts really concur in proving the physiological theory—whether this gives a clear interpretation of them, or whether, it may be, they have not indicated some inappreciated peculiarity, some cause of error in the experiments compromising their accuracy and rendering their interpretation less conclusive, and so throwing doubt over the whole.

According to the theory, when the pancreas is affected the digestion of fat is at an end, or at least is less perfect; for fatty matters are rejected, and no longer serve the purpose of nutrition. I shall therefore consider the vomiting and the dejections, as well as the emaciation.

The vomiting, a very frequent symptom of affections of the pancreas, (*a*) furnishes but few facts bearing on this inquiry. We have to remark, however, that in a case of tubercles of the pancreas; Harles, in two cases of cancer; Laennec and Dr Henrot also, who communicated the case to us, have seen fat aliment provoke vomiting, while lean meat excited no such symptom. In a case by Leroux, though less explicit, it is stated that amylaceous substances, when given alone, were not rejected. Lastly, are we to consider as fat that substance, sometimes concrete and of an albuminous appearance, which Tacheron observed in the food vomited up by a woman, sixty-four years of age, suffering from cancer of the pancreas?

Such are the facts. As to their interpretation, that is subject to the objections which, in order to avoid repetition, we shall speak of in the next article.

The fæces have been more frequently examined, and we have been able to collect thirty cases in which the presence of fat has been noticed. This relative abundance of materials obliges us to treat this subject with some degree of detail. Fabricius Hildanus (1641) saw a patient with colic void a fat, white matter, contained in thick pellicles, and divided in small fragments. The patient recovered. Tulpius (1652) saw a woman, who was slender and often ill, void every day for more than fifteen months a great quantity of yellowish fat, floating in fæcal matters, that burned in the fire, and became solid when exposed to cold. Another of his patients, who died in a state of marasmus, voided fat both from the intestine and the bladder. Mæbius (1653) mentions the daily voidance of fat by a woman who died in a state of marasmus. Moellenbroch (1571) had a patient who for two years voided, *per anum*, a matter similar to beef-fat, and died also in a state of marasmus. Clauderius, Lentilius, Albrecht, Shalport van der Viel, also observed the presence of fat matters in the fæces. In a man affected with icterus, says Haller, the fæces were white, and covered with fat destitute of the fluid that should have dissolved it. After voiding a calculus *per anum*, the fæces ceased to contain fat.—William Scott saw a woman, twenty-five years of age, who suffered from pains in the stomach and violent attacks of colic. This person for three weeks brought away, with her stools, a great quantity of fatty matters that took fire when thrown on burning coals. A man of forty, according to Arnott, voided with his excrements a whitish, greasy substance, composed of small globules that melted with heat.—Turner sent to the College of Physicians of London several fatty concretions in form and size resembling blanched almonds, which had been voided from the intestine in a solid state. This patient, who was young and hysterical, took purgatives and for a week brought away each day from four to eight of these bodies, after which they did not reappear. Babington relates the history of a lady who had all the symptoms of biliary calculi. She took two or three ounces of olive oil; and there were then discovered in the fæces globular concretions of the size of grape-stones, slightly transparent, that could be cut like wax, and that melted with heat These substances were examined by Brandes, who considered them a composition of oil and intestinal mucus. A child of tender age, meagre and subject to jaundice, voided, at intervals of some days, an ounce or two of liquid fat that became solid on exposure to the air. He found it composed of olcine, stearine, and a yellow matter.—Kuntzmann's icteric patient, during thirteen years, voided without pain, and at different intervals, a fat fluid matter, the quantity of which was increased by the use of meat. At the autopsy, the pancreas was found indurated and its excretory duct obliterated; and there was softening of the intestinal mucous membrane. Hufeland, in whose journal this case appears, proposes to give to these fatty dejections the name of *stearrhœa*.—Pearson saw a poor woman whose evacuations were fatty; she had diarrhœa usually, with great pain, when she went to stool. The fæces were pale and odourless. She voided every day about two ounces of fat and an ounce of oil; but the quantity of this last was variable. At the autopsy no sort of lesion was found in the digestive organs: the liver was sound, fat, and pale; and the gall-bladder contained a fat, thickened mucus, scarcely inflammable. In a woman attacked with disease of the liver, and who died in a marasmic state, the same observer remarked in the evacuations a concrete matter of a fatty appearance, but without any colour from bile. Oil also passed from the intestine, and very soon became solid. It burned away in the fire. When mixed with an alkali, it formed soap.—Prout relates that a young woman, some months before her death, voided a great quantity of a fat material with her stools. The cæcum was much thickened, and the mucous membrane of a considerable portion of the intestine ulcerated. The rest of the abdominal viscera were sound.—Bright relates the following:—In September, 1847, a man, forty-nine years of age, who was diabetic, began to void per anum a great quantity of fatty matter. This evacuation followed that of the excrements. There was a suspension for eight days, after which it reappeared. This man died three weeks after in a state of marasmus. A scirrhus of the head of the pancreas obliterated the orifice of the biliary and pancreatic ducts.—An icteric woman, fifty years of age, voided with her stools, which were colourless, small, round, fatty masses, somewhat larger than peas. Bright ascribed them to a dose of castor oil which she had taken; but she affirmed that the same thing had occurred before taking any oil. She died six weeks afterwards. The pancreas was cancerous throughout. The ductus choledocus was still permeable.—A young woman, twenty-one years of age, whom Bright saw in 1831, died six days after she came to the hospital. There were, in her clay-coloured stools, pellicles of fat. Two fungoid tumours occupied the pancreas—the one the head, the other the body. There was stricture of the ductus choledocus at its insertion into the duodenum.—Lloyd, quoted by Elliotson, observed in the fæces of an icteric man, of forty-eight years, a greasy substance, of a deep yellow colour and nearly fluid consistence. This matter floated on the surface of water and became solid, but melted with heat and burned with a blue flame. Sometimes it contained a mixture of fæcal matters: but these last were usually distinct. When this substance was mixed with fæcal matters, these were usually of a deeper colour; when it was not present, the stools were pale-coloured like pipeclay. This phenomenon was noticed for seven weeks, but disappeared a week before death. Scirrhus of the duodenum and of the head of pancreas obliterated the duodenal orifice of the pancreatic and biliary ducts.—In Elliotson's patient, a man forty-five years of age, the stools, which were voided with pain, were often of a pale colour, and showed a liquid oil that became solid on exposure to the air, and burned when thrown into the fire. The patient continued to void these matters till he died. They were sometimes absent, or again flowed away involuntarily in great quantity. He died in a state of marasmus. All the

(*a*) It is only necessary to look into practical authors to be convinced that vomiting is not a symptom peculiar to any affection within the abdomen, but common to them all, not excluding the kidneys and pelvic viscera.—Translator.

organs were sound; the gall-bladder was full of thickened bile, and the pancreatic duct and its larger branches were found filled with white calculi.—In a man who had been ill for a long while, and whose alvine evacuations contained no bile, Gross, during several months, ascertained the presence of fat. The patient had about ten motions daily, and daily voided at least a half-pound of this substance, but only when he ate rich broth, or meat fried in fat. When he refrained from these, the appearance of the evacuations became charged in twenty-four hours, but again became fat when he took fat aliment. Five months before death, the patient became icteric. At the autopsy, the pancreas was found converted into a cyst which contained calculi, by which the pancreatic duct opening into the duodenum was completely obliterated.—A patient observed by Lassana had copious salivation, weight at the epigastrium, eructations, and constipation. The fæces contained yellowish particles similar to solid fat, which became more abundant after taking a purgative. The patient recovered.—In the 'Lancet,' Clark has published the following. A woman, fifty-seven years of age, had for some years had symptoms of hepatic colic. In December, 1850, a fat matter like butter was noticed on the surface of the urine. A more attentive examination showed that the fæces, which were without colour, contained it also; and that the presence of this substance in the urine was owing to its escape from the rectum—an occurrence of which the patient was not conscious, but which happened every time she made water, though there was not at the same time any excrement voided. Every day she passed 3 or 4 ounces of this fat substance, and 8 or 9 at a later period. These fatty evacuations were not interrupted by medicine, or by any modification of regimen. The pancreatic duct was found entirely obliterated, near its duodenal insertion, by a rough calcareous substance; the liver showed commencing cirrhosis, and the ductus choledocus, too, was obliterated.—A child, six years of age, seen by M. de la Tremblaye, for about eighteen months had the following symptoms: loss of appetite; vomiting of food, bile, and mucosities; ptyalism; rapid emaciation; constipation; and for the last eight days of life, diarrhœa. The solid fæces were here and there more or less covered with a yellowish-white pellicle resembling solid fat. The diarrhœic evacuations often resembled oil with which fæces had been mixed; but at other times the semi-liquid portions were covered with a transparent matter which the liver imbibed without being tinged by it. The lungs showed traces of chronic inflammation; so likewise the stomach and duodenum, of which the tunics, especially the muscular, were hypertrophied. The liver was perfectly sound.—In a case of cancer of the pancreas communicated by M. Roques to the Medical Society of Observation, the patient was icteric, and had diarrhœa alternating with constipation. The stools, which were not examined sufficiently often owing to the insufficient diagnosis, contained greasy matters.

Tulpius and Clark have noted the presence of a fatty matter in the urine; but the observation of the latter enabled him to account for this peculiarity: the fat escaped by the anus during the emission of urine, but without being perceived by the patient, by which he was deceived—a cause of error which it is sufficient to notice.

(To be continued.)

Statistics of Lunacy. — Late statistical returns show that in Belgium there are at present 51 lunatic asylums: 6 in the province of Antwerp (one of them the colony of Gheel), 11 in Brabant, 6 in Western Flanders, 16 in Eastern Flanders, 6 in Hainaut, 4 in Liege, and 2 in Limburg. The number of lunatics in Belgium is 4,907, which is 1 in every 920 of the population.

CASES OF PLACENTA PRÆVIA,

Communicated by EBENEZER FLEMING, M.D., M.R.C.S. Edin.

Two case of placenta prævia having occurred in my practice during the last few weeks, I have pleasure in furnishing you with the particulars.

Case 1.—September 17, 1860.—Requested this morning, at one o'clock, to attend Mrs A——, Shenchan street, Stranraer, who has had several children. On my way to the house, was informed by her husband that she was in an alarming state from a flow of blood of several hours' continuance. I found she had been flooding to a considerable amount; but as countenance and pulse were good, I spoke to her encouragingly.

On making an examination, I found the vagina filled with large, loose coagula; the os uteri dilated to the size of a shilling. The placenta partially presented, and adhered to the surface of the uterus behind the inferior margin of the os. The head also presented.

I plugged the vagina firmly with strips of soft rag saturated with cold water; and as there was no farther hæmorrhage, and the pains very feeble, I left the house, enjoining the attendant strictly to send for me if the flooding returned.

Visited her at eight o'clock. — No more flooding; pains feeble, and recurring at long intervals; no progress in the dilatation of the os.

Twelve o'clock.—Pains more frequent; some flooding; the os dilated to the size of a crown-piece; a part of the placenta exposed.

I ruptured the membranes, which at once had the effect of causing the head to exert mechanical pressure on the open vessels; no additional hæmorrhage for an hour, when the pains became very severe, and were accompanied by flooding, which ceased as the head occupied the cavity of the pelvis. She was naturally delivered of a strong, well-formed male child at two o'clock p.m.

The placenta came away immediately afterwards, and the uterus contracted firmly; but as the patient felt weak and exhausted, I administered a few drops of brandy. She recovered without an unfavourable symptom.

Case 2.—October 7, 1860.—Requested this morning, at eight o'clock, to attend Mrs F——, Stranraer; but as I had only returned a short time before from a long, fatiguing country visit, I desired the messenger to get some other person. Not having seen him, I heard no particulars of the case, nor thought of it again until I was summoned on the evening of same day, at six o'clock. I was now informed that she had been flooding since the preceding evening, and that she had only reached the seventh month of gestation.

I found her in a very anæmic condition from the excessive and long-continued loss of blood, which had saturated the bed-clothes, and formed a large pool on the floor. The countenance was anxious, and the pulse upwards of 120. Vaginal examination revealed complete placental presentation; os uteri considerably dilated, and very dilatable. The case was altogether so unpromising, that I plugged the vagina *pro tem.*, administered some brandy-and-water, and requested the assistance of my friend Dr Orgill, a very dexterous and skilful obstetrician, which was promptly and willingly accorded. We decided on separating the placenta in the first instance, and afterwards proceed as the circumstances of the case might demand. I accordingly introduced the greater part of the thumb and fingers of left hand into the uterus, and commenced the process of separation of the placenta from its inferior or posterior surface (from the position she was occupying). I effected this in a short time and without difficulty, and had the satisfaction soon of finding the membranes protrude, but could not ascertain the presentation; so I ruptured the membranes, passed my hand into the cavity of the uterus, and secured a foot, which I brought into the vagina. No difficulty was experienced in completing the delivery of a small female child, still-born.

On applying my hand over the abdomen to ascertain if the uterus was contracting properly, found it large, and expressed an opinion that there was another fœtus. Examination per vaginam verified the diagnosis. I again ruptured the membranes, and passed my hand into the cavity and secured a foot, which I brought down, and soon completed the delivery of a second small-formed female child, still-born.

A portion of the placenta was still adherent: this I gently separated, and on removal we found the umbilical cords inserted into a common placenta.

The uterus contracted naturally, and there was no subsequent hæmorrhage; but brandy was required, in small quantities, to raise the vital powers.

8th.—Still weak, on the whole progressing favourably; has made water; lochia sparing in quantity; slept well; no abdominal tenderness.

Her recovery was rapid, considering her perilous state. I prescribed tinct. sesquichlor. ferri, twenty-five drops in a little water, thrice daily —to be persevered in for some time.

Remarks on Case 2.—I do not recollect of reading or hearing of a case of placenta prævia complicated with twins. The complication was unfavourable, in so far as the depressing results of a second delivery had to be gone through, but favourable from the ease with which the delivery in each case was effected.

I was interested to know the exact position of the second placenta, but it was one common to both, as I have already stated.

The iron seemed to have an admirable effect in expediting convalescence.

Stranraer, Wigtonshire, Oct. 30.

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' opens with a Lecture by Dr Brinton, introductory to the Course of Physiology at St Thomas's Hospital. We extract the following admirable passages:

"The word Physiology, then, must be taken conventionally as meaning 'the science of Life.' But what *is* Life?

"And here it must frankly be confessed that not only can we frame no definition, but that we have no knowledge. None, that is, sufficiently exhaustive or accurate, to call up any specific and fixed idea; much less an idea which, like the idea of a triangle, we can accurately reduce to words. In this respect, the embarrassment which thus meets us on the very threshold of our subject, does but, as you will find hereafter, forewarn you of difficulties which recur at every step of its study. Words it is imperatively necessary for us to weigh carefully; to consider why they were first adopted, in what sense they are now used, and what defects are inherent to them. To know well, that is to say, what they stand for. But we must beware of expecting them to describe, much more to define, the various objects to which they are applied; or we shall assuredly illustrate the second alternative of that Baconian adage, which says of them, 'words are the counters of wise men, but the money of fools.'

"Postpone, then, I would say to each and all of you, postpone for the present to substitute any plausible, but shallow, definition for that complex indefinable notion of Life which your own experience and observation must have already given you. Or seek after such a definition, if you seek it at all, not at the beginning, but at the end, of this course. Look upon it, not as a scale ready beforehand, to which you are to refer the various details of organization which we shall study; but rather as the end and conclusion of the whole matter. Try, if you must, to infer it from its innumerable phenomena; but do *not* try to dwarf these, or their vast sum, to any anthropomorphous standard; or to mutilate them on the Procrustean bed of our human ignorance and prejudice. Thus patiently waited for, no fear but that this great mystery of Life will be sought after by us in a spirit of modesty and of reverence. Find it we shall not. But even if we only see it, as it is permitted to us to recognise so many other things; even if all the light which science has hitherto brought into a focus only shows us Life as though it were seen through a glass darkly—with dim, hazy outlines, vague alike in form and dimensions—depend upon it the vision will not have been useless, or the toils by which it is attained unrewarded, or the delay prejudicial. For it will have taught you the attitude in which alone Nature is to be studied, and will

have saved you from many an error injurious not less to your future patients than to yourselves. Above all, it will have forced you, in your own education, to take in some degree the only path which has ever led Man to true knowledge or lasting success. The confession of ignorance is the first step in the search after knowledge; the rejection of imperfect hypotheses must precede the attainment of truth. And the history of Physiology, if read aright, teaches us not only to repel the idols of false doctrine, but to beware even of those treacherous allies whom knowledge has sometimes found in dominant ideas, themselves by no means wholly inaccurate. Life, for example, seems to be closely associated with the flux of bodily substance, the waste of the various tissues, the oxygenation of the bodily mass, the formation of carbonic acid, water, &c. But it would be rash therefore to assume that Life is identical with these processes, or equivalent to these products, respectively. On the contrary, looking merely to the scientific side of the question, we are no way in a position either to affirm or deny the possibility of a true conscious existence—an existence, that is, such as would be intelligible even to our limited comprehension—being created and maintained apart from them all.

"And this brings me to notice another consideration, which well illustrates the uselessness, not to say danger, of being fettered by definitions in the study we are now commencing. You are aware that this course of Anatomy and Physiology is understood to have an especial reference to the animal kingdom, and indeed to the human body. Hence to define the common boundary of Animal and Vegetable life, and to exclude the latter from consideration, might seem a necessary step towards opening up our subject.

"Here again, however, though it must not be understood that definitions are impossible, yet it can be asserted that it is not the beginner by whom such could be either used or appreciated. A rough outline we might easily draw. The possession of the faculties of sensation and motion; the consumption of oxygen to form carbonic acid; the evolution of a specific poison, urea; the maintenance of a more or less independent temperature; the reception of food into a digestive cavity;—these and other characters might be easily adduced as proper to the Animal, and the want of them to the Vegetable.

"But to what does all this amount? To little more, it may be suggested, than an elaboration of that distinction between the two kingdoms of Nature which even a child can observe and recognise. And you will find, as we go through the organs in detail, that each in succession offers us, either a plausible exception to the foregoing rules, or (what is equally embarrassing) such an increasing simplicity or suppression of organs as we proceed down the scale of animal life, that we are soon left in doubt as to their exact nature and products. The *Dionæa muscipula* catches flies—'like a Christian,' as the sailor said of his blaspheming parrot,—perhaps digests part of their juices. The *Mimosa pudica* almost fulfils the test of humanity propounded by Shylock, for when tickled, if it does not laugh, at any rate it curls up it feathers. Here are imitations of motion and sensation. The palm tree remains 20° or 30° below the temperature of the scorched earth around it in the desert. And while the phenomena of exchange of substance seem to offer a more uniform and valid distinction between the Animal and Vegetable, even these are sometimes open to doubt, and still more frequently fail to decide the question. There are traces, in many plants, of a systematic combination of oxygen, suggesting a formation of carbonic acid which is in striking contrast with that decomposition of carbonic acid, by virtue of which they restore oxygen to the surrounding air. While, to say nothing of the arbitrary and imperfect data on which, in many of the lower forms of animal life, our nomenclature of organs is often based—how is our chemistry to appreciate the urea, for instance, excreted by an animalcule of almost inconceivable minuteness? It is therefore scarcely to be wondered at if we find that, in the case of some of the simpler organisations, there is still a difficulty in determining whether they belong to the Animal or to the Vegetable kingdom.

"Animal and human physiology we shall not affect to distinguish, save in so far as we shall naturally lay greater stress, in the main, on the creatures whose structures offer the closest similitude to, or the best contrast with, those of Man. The human subject is, as it were, our standard of comparison, as well as the climax of our study. And only in the degree in which the organs of other animals foreshadow or indicate the uses of similar organs in Man, shall we have to notice those details, the fuller and more scientific consideration of which is remitted to the lectures on Comparative Anatomy.

"And I think it is no fanciful antithesis which further suggests itself as the result of comparing those two aspects of Physiology on which the Medical Physiologist, and the Anatomist in the wider sense of this word, respectively have to dwell. The former, specially concerned with structure and organisation, has for his object chiefly to determine the office of the several organs he successively studies: a procedure which finds its closest parallel, as well as its most important application, in the effect of those lesions of their tissues which are connected with the various diseases he attempts to relieve. Organisation, its development, its uses, the harmonious results of its perfection, the disturbance of health produced by its deterioration or decay, and the death which results from its destruction—these are naturally the chief objects of *his* consideration. The latter—especially in the last few years, which have revealed so much respecting the structure of the lower forms of animal life—would seem to be gradually arriving at conclusions which at first sight appear almost incompatible with those of his Medical colleague. Were it asked—'What are the most striking results of modern research in Comparative Anatomy?' it might be unhesitatingly answered—'The extraordinary modifications of late gradually disclosed in functions hitherto presumed to be uniform; and the lower level thus assigned to organs as a whole: or rather—what is more accurate—the lofty but inscrutable share assigned to functions as distinguishable from structures. Generation, for example, is shown to be no single special process, common to the whole animal series; but a function which, in different creatures, offers the most extraordinary—I had almost said contradictory—phenomena. While the structures concerned in respiration, locomotion, and innervation, offer such strange contrasts of development in some of the lower and higher animals, that we can hardly escape the alternative: either that many functions may be regarded as essentially independent of all structure whatever (a proposition which, I am aware, almost involves a contradiction in terms); or that, at any rate, the very simplest and most structureless tissue, to our existing means of observation, may yet possess everything necessary to effect a function which, in a higher quality or greater quantity of action, requires all the aids the most elaborate organisation can confer. An animal which swims, feels, breathes, digests, absorbs, secretes, aye even propagates, at all points of its surface indifferently; and thus fuses, as it were, all the several functions of Life into a single purpose, executed by a single tissue, in the transparent membranous expanse of which the highest powers of our best microscopes fail to detect any differentiation of structure whatever; offers, so to speak, a warning against presumption—a silent sermon on the inscrutable mystery of Life, and the limited extent of our knowledge—which we shall do well to carry with us through all our physiological studies, even to the very bed-sides of those sufferers whom we must sometimes vainly attempt to heal.

"Confessing, however, the imperfectness of our present means of information, and owning the probability that the several phenomena of Life, as well as their great total, offer much which we cannot at present regard as the mere result or equivalent of histological details, we yet fasten our attention on the structure and office of the organs of the human body. And in so doing, we not merely obey a law of mental progress—proceeding from the known to the unknown, from that which we have, to that which we have not, seen—but we specially fit ourselves for the practice of medicine and surgery; for the relief, that is to say, of the various derangements and injuries to which the body, inside and outside, is subject.

"I am almost ashamed to dilate upon this statement, as though it were questionable in itself, or as though your incapacity to appreciate it required its repetition and enforcement. Nevertheless, since it has been questioned, and that, too, by some holding no mean position in our profession; and since not only the general usefulness of this course, but the whole of its details are (I hope and believe) dictated by the relations of Physiology to the healing art; you must bear with me for a few minutes while I briefly point out some of these relations.

"Of these, the most immediate and irrefragable is that suggested by the very nature and seat of all diseases and injuries. If any one offered to mend your watch, candidly owning that he had never opened such an instrument, and was perfectly ignorant of its construction, he would exactly parallel the imposture of Physic not founded on Physiology. If he said, 'This mysterious derangement of your watch is a separate entity, a something added to the original works, and, on the principle of *similia similibus curantur*, I propose to give it an additional knock to that which has, let us suppose, deranged it; or to break, if I can, another spring or wheel, to remedy that already injured,—'he would be describable as a homœopath. If, on the contrary, he said, 'In derangements of this kind, forcing into the interior of the watch a very long and strong lever, and giving it a good wrench, has been sometimes known to rectify the mischief; or cutting away one-half of the main-spring, has allowed the other to propel the whole apparatus,'—he would rank as an empiric—what many would still call 'a sound practical man of the old school:" a school useful and venerable in the epoch in which it represented the existing acquisitions of medical knowledge,' but simly an anachronism in this. If, lastly, he asserted that 'a watch going right, and a watch going wrong, were governed by such very different laws of action, that the study of the one threw little or no light on the other,' I think you would not find much difficulty in dealing with a sophistry which, applied to the study of medicine, would end in exalting the pedantry of the charnel-house into a system of Physic; in affecting to teach us how to cure disease by looking at what is incurable, and to preserve Life by gazing upon the poor putrid relics of what was formerly its envelope.

"Physiology, then, we study as being the very basis of the healing art. It alone teaches us what is disease: shows us how such slight and casual derangements of the corporeal functions as are too minute or transient to attract ordinary notice, have only to increase in degree, to claim our attention as downright maladies. It points out, in language which he who runs may read, that most of our diseases are thus founded upon our own ignorance or carelessness; that they are often the inevitable results of a systematic disobedience of the laws of Nature, either by individuals or societies. Nay more, it offers us some analogical hints with respect to that awful and mysterious subject, the origin of evil; and 'justifies the ways of God to men' in so far as concerns many of even the most painful and dangerous maladies, by showing unequivocally how the very capacities of growth and development, of resistance to injury and reparation of its effects, are inherently connected with the possibilities of disease; so that the same arrangements which are constantly healing incisions, and reuniting fractures, occasionally permit pleurisy and pericarditis. And lastly, it regulates, weighs, and dictates all those appliances by which we have to attempt the cure of sickness, the relief of suffering, the restoration of health, and the prevention of death."

The Author then shows the dangers comprised in a reliance upon the phrases "a natural history of disease," the *vis medicatrix naturæ*, and the principles of the expectant method of treatment. Homœopathy also comes in for a share of his criticism.

Mr Henry James contributes to the same journal a report of *Two Cases of Concealed Accidental Uterine Hæmorrhage*. We quote them:

"*Case* 1.—On the 26th of March, 1853, at half-past six a.m., I was requested to attend upon Mrs M——. This patient had borne three children previously, and was now at full term in her fourth pregnancy. Her husband informed me

that she had not been suffering with labour pains, but that she had fainted, and he had left her in a very weak state. I immediately accompanied him, and found her to be a very delicate woman, of a strumous habit: her countenance was pallid, anxious, and sunken; she was very restless, her skin was bedewed with a profuse perspiration, and her pulse was rapid and feeble. Although she was evidently greatly exhausted, there was no outward evidence of hæmorrhage; indeed, she assured me that she had lost no blood, and the nurse confirmed her statement. She had already taken some brandy, and I gave her more. She complained of intense abdominal pain, and I suspected that there might be rupture of the uterus. On placing my hand upon it, the sensation was less firm than usual; but I was satisfied the fœtus had not escaped from it, and therefore, if rupture had occurred, that it was only partial. Upon examination per vaginam, I found the os uteri to be already dilated to the size of a shilling, and in a very dilatable condition, the membranes unruptured, and the head presenting. My finger was unstained with blood, and the vagina and external parts were so flaccid as to present little obstruction to delivery being effected.

"I determined to endeavour to excite uterine action, and for this purpose I gave her seme of the tincture of secale. I now passed my finger through the os uteri, and round the neck, with a view to excite uterine action and to rupture the membranes. Immediately a gush of blood followed, which was so large in quantity that it both surprised me and made me fearful for the result. I now ruptured the membranes, and a considerable quantity of the liquor amnii escaped; contractile pain came on, expelling immense quantities of coagula, and I was delighted to find that my patient, instead of becoming fainter, was improving in her condition. The pains now followed rapidly, and a full-sized male child was born, and, though in a feeble state, it survived. The funis was entwined twice round the neck, but from its great length it did not interfere with the birth of the child.

"The uterus contracted well, expelling more coagula with the placenta. Upon making a careful examination of the placenta, I could not discover which portion of it had been detached from the uterus, or whence the hæmorrhage had proceeded.

"The patient's recovery was satisfactory in all respects, as she suffered only from those inconveniences which follow upon an excessive loss of bleed. No accident of any kind had occurred to account for her condition, and she has since had children without the supervention of any hæmerrhage.

"*Case* 2.—On the 28th of February, 1856, at four p.m., I was called to attend upon Mrs C——, a patient whom I had not before visited. I was informed that she was in her eighth month of pregnancy, and that she had suddenly lost a large quantity of blood. Upon visiting her, I found her restless and alarmed; her pulse was feeble, irregular, and intermittent; her countenance was very pallid, and her extremities were cold. She complained of pain in the abdomen, and had lost a considerable quantity of blood. She was a stout woman, of about the middle height, and of a very excitable and nervous temperament. I gave her some stimulants, and examined the condition of the uterus through the abdominal parietes. I found its condition to be normal; the vagina was full of coagulum, and bleed was still flowing freely; the os uteri was dilated to about the size of the tep of a wine-glass, the membranes were unruptured, and the head was presenting. I ruptured the membranes, and gave her some secale in brandy; the pains came on rapidly, and in twenty minutes a still female child was born, a large quantity of coagulum being expelled. After this my patient excited my fears, for she yawned, threw up her arms, and fainted. I feared she was dead, but she rallied from this state, and was then in such a restless condition, and so obstinate, that I experienced the greatest difficulty in getting her to take a sufficient quantity of nourishment and stimulant. Ice was freely applied, and the uterus contracted well and threw off the placenta. For several hours I continued to attend upon her, and she then rallied a little, and ultimately recovered after a protracted convalescence.

"Upon examining the placenta, I found that about one-third of it was covered by adherent coagulated blood, and this was the portion which was detached from the uterus, and the source of the hæmorrhage; and if it was separated upon the occasion of her using violent exertion, concealed hæmorrhage must have been going on for twenty-eight hours.

"She subsequently gave me the following account of herself: On the morning of the 27th she had some little trouble with her servant, which resulted in her using considerable effort to force the girl from the room. . Through the night she felt pain in the abdomen, and was very faint and sick On the following morning she felt so exhausted that she remained in bed, but she did not consider that the pain she was suffering from was labour pain. At half-past three in the afternoon of the 28th of February she was sitting in bed, when a sudden and enormous gush of blood occurred, which she at first thought must be the waters, but finding it to be blood I was sent for."

Dr Stephen Ward contributes some remarks on *Scurvy*, and Mr Broadbent a report of a *Case of Recovery after apparent Death from Chloroform*. The case is very interesting.

"Mary M——, admitted March 15, 1860, with obscure disease of the left knee-joint, of about four months' duration. She is twenty-three years of age, but looks thirty-three, spare, but not emaciated. Is suckling a baby nine months old. Treatment having had no effect in arresting the disease, it was decided to amputate the limb. For this purpose she was put on the operating-table on March 25th. Nothing unusual was observed in her expression; her pulse was about 120, rather feeble; heart sounds normal. About two drachms of chloroform was poured on lint, folded in a funnel shape. No struggling occurred during the inhalation. In two or three minutes the pulse was observed to become slower; but it was steady, and the respiration natural. Soon after she appeared insensible, and I was about to commence the operation, when she suddenly ceased to breathe, and the pulse could not be felt. Cold water was instantly thrown on her face, air freely admitted into the room, and artificial respiration kept up by alternately compressing and relaxing the chest. These measures were continued for a short time, but without success. The head fell on the chest, and the chin dropped—in fact, she appeared quite dead. As a last resource, in order to use artificial respiration more effectually, it was decided to open the trachea, and inflate the lungs through the wound. This was at first done with the mouth applied to the wound, and in about two minutes feeble inspiratory efforts took place, but ceased immediately when the artificial respiration was discontinued. A female catheter was now introduced into the trachea, and artificial respiration kept up through it. In a short time the natural respiratory efforts improved, and the wound in the throat commenced to bleed. After watching her closely for an hour and a half on the operating-table, and giving her three ounces of brandy, she was removed to a warm bed, and the wound brought together with plaster. She completely recovered from the effects of the chloroform; but the disease in the knee rapidly became worse, and she was anxious to have the limb removed. This was done on April 14th, chloroform being administered by means of Sibson's inhaler, if possible with greater care than before. During the operation, which was rather prolonged from the disease having extended further than was expected, she inhaled six drachms of chloroform, without any bad effect. She rallied from the operation very slowly, but afterwards progressed favourably until the stump was nearly healed, when the disease, which proved of a malignant nature, returned, and she died exhausted with repeated attacks of hæmorrhage on May 31st.

"*Autopsy, eighteen hours after death.*—Body very anæmic. Chest: Lungs healthy; pleura on the right side slightly adherent. Heart: Anterior surface of right ventricle very fatty, and the muscular wall very thin; left ventricle and valves healthy. Both ventricles contained yellowish coagula; auricles healthy. Abdomen: Stomach distended with gas; kidneys of a normal size, but their structure disorganised. The remaining organs healthy. The kidneys and muscular structure of the heart, when examined with the microscope, were found to be in an advanced state of fatty degeneration."

Mr Beale gives the following description of a *Monster* associated with maternal impressions:

"Mrs W——, aged twenty-eight years, tall, and well formed in figure, was attacked by a dog and bitten in the lip when advanced five months in pregnancy with her first child. The child was born dead, and presented the following deviations from the correct conformation:

"Head natural size, but very thick; broad and fleshy about the juncture with the shoulders. The under lip drawn in, and slightly puckered; the upper drawn up, and slanted off towards the alæ nasi. An opening, presenting the appearance of the entrance to the larynx, was seen on separating the lips, and occupied the cavity of the mouth. Two diminutive, shapeless growths, about three inches and a half long, supplied the place of arms, terminated by the outline of the tips of six fingers, arranged almost around a broad, flattened palm. The umbilical cord bulged out into a sac at about two inches from the navel, and was filled with a bloody-looking fluid. The thighs were extremely short, flat, and thick; the feet presenting the same appearances as the terminal part of the superior extremity, the heels touching the nates, and the whole limb not exceeding three inches and a half in length, and, seeming, as it were, to grow out of the pelvis. The anal aperture was situated in the upper part of the lumbar region. No examination with the scalpel was allowed.

"This patient has, after the lapse of eighteen months, been delivered of a similar malformation. She this time accounts for the mischief by being frightened by a man in the street who obtains his living by shuffling himself along on a piece of board strapped on wheels (he appears devoid of his lower extremities).

"The case is curious, inasmuch as the previous impression conveyed to the uterus has been retained and reproduced after a lapse of eighteen months, and argues that the impression may still reappear in future pregnancies. All the phenomena show an arrest of development, and of a lower type than generally when these arrests take place. Her husband is tall, healthy, and perfectly formed."

A Case of Phlegmonoid Erysipelas of the Head and Face without any constitutional symptom is reported by Dr J. D. Macgregor; and Mr Spratly describes a new form of *Instrument for Vaccinating*. It

"Consists of a small lancet-point of triangular shape, about the twentieth of an inch in length, the upper surface being formed by the base of the triangle, the under by the two sides and apex. The upper surface is carefully hollowed out both to the edges and point; this serves for the reception of a moderate quantity of lymph. On the under surface is a small guard, which projects from each of the two sides of the triangle, and which forms the under surface; this prevents the point entering the skin beyond a certain distance. It is mounted on a small steel stem, and inserted in an ivory handle, or may be made to fold up like an ordinary lancet. When about to be used, the excavated upper surface is filled with lymph, either from a fresh vesicle or from some preserved in Dr Husband's admirable capillary tubes, and inserted diagonally beneath the skin; this forms a little valvular wound, into which a minute drop of matter flows, and no more blood follows the operation than would be caused by puncturing the skin with a fine needle."

The inventor has used it in nearly 800 cases with success.

Dr M'Millan, of Friockheim, reports a case of *Rupture of the Liver*. We give it.

"The following case possesses so many points of practical interest, that I am induced to bring it under the notice of the Profession; and that the reader may have the whole case before him, I subjoin the report sent home to Scotland with the patient from the surgeon who attended him:—

"Wm. B——, aged twenty, was kicked by a horse on the 20th of April last, over the region of the liver, causing a considerable amount of inflammation, symptomatic with fever and jaundice, the fever and jaundice subsiding about the seventeenth day. As a sequel to this, ascites set in,

and has been very troublesome up to May 31st, when he left this place for Scotland. Treatment during the inflammatory stage—Antimonials, aperients with mercury, local bleeding, poultices and fomentations. Calomel and opium have been pushed, so as slightly to affect the mouth. During the dropsical symptoms, friction with mercurial ointment over the region of the liver, with diuretics, first of potass with spirit of nitrous ether, then sulphate of magnesia in the morning, with alterative doses of blue pill and digitalis. Now (May 31st) he takes spirit of juniper with digitalis, and mercurial ointment with iodine and powdered digitalis rubbed over the whole region of the abdomen twice a day. I have now recommended a change of air to his native country.

"I was called to take charge of the case on the 2nd of June, the patient having arrived from England the previous evening. I found the abdomen greatly enlarged, about the size of a woman at the full term of utero-gestation; it felt hard, and unlike any case of ascites I had ever seen. I applied hot fomentations to soothe the irritability caused by the enlargement of the abdomen, and gave anodynes to allay the systemic excitement resulting from so long a journey having been undergone in the patient's debilitated condition.

"June 3rd.—Has slept little, continually crying out, 'Oh, my belly!'—Twelve o'clock noon: A consultation on the case with Dr Guthrie, sen., of Brechin, when, after a careful examination, we came to the conclusion that it was not ascites, as our English friend had concluded, but that the enlargement was the result of effusion consequent on rupture of the liver, which was greatly enlarged, and gave great pain on being pressed. The bowels we found pushed into the left iliac region, and the whole abdominal cavity occupied with fluid. Such being the opinion arrived at, to operate was clearly our duty; accordingly it was agreed that we should operate next day. Hot fomentations were continued; an aperient and an anodyne were given in the evening.

"4th.—There were present Dr Guthrie, sen., Dr J. Guthrie, jun., and myself, when, having bandaged the abdomen as in the operation for ovarian dropsy, and placed the patient in the lithotomy position, Dr Guthrie, sen., made an incision about an inch below the umbilicus, and introduced a trocar and cannula. We drew off 324 fluid ounces of a grumous liquid, composed of blood, bile, &c., which had a most offensive smell. Pieces of adhesive plaster were then strapped over the wound, and the whole abdomen very firmly bandaged. A sedative mixture was then given, and during the evening our patient had some sleep, and on awakening he partook of a little food.

"5th.—Feels more comfortable this morning, and took some breakfast. Complained of some griping pains in the abdomen, for which an anodyne mixture was given.

"I omit giving here the daily state I found him in, as it is of little moment; but he continued gradually to improve and gather strength till June 17th, when he went out with me, and took a walk for nearly a quarter of a mile; and on the 18th he went alone to the other end of the village. About a week afterwards I recommended a short ride on horseback. He smiled when I proposed it; but on my offering him my horse, he mounted, and rode fully a mile, trotting some part of the way.

"Sept. 4th.—From the 5th ultimo there has been gradual improvement, and now he is fully convalescent, being engaged in harvest operations in the field with his father."

An Analysis of the *Water of Ben Rhydding*, near Otley, Yorkshire, is reported by Dr Sheridan Muspratt. It is almost entirely a silicate and calcareous sulphate. Dr Finlay, of Bothwell, describes a case of *Poisoning by an Overdose of Opium in a Child.*

The 'Medical Times and Gazette' contains a Report of a Lecture, by Mr T. Spencer Wells, on the *Turkish and Roman Bath.* The lecture is illustrated with drawings. We make the annexed extracts:

"Let me now describe to you the baths of ancient Rome, premising that you are to lay aside the impression that a bath must be a water bath, and remember that it may be an air bath as well. The Lacedæmonians seem to have been the first to put this distinction into practice. The Greeks, from the earliest period of their history, bathed both in salt and fresh water, and in the *Thermæ*, or natural warm springs. They also took warm and cold baths in succession, taking a warm bath at home after returning from bathing in the sea, or plunging into cold water after a warm bath. The Spartans, who looked upon warm bathing as effeminate and enervating, and practised daily bathing in their rivers, used the dry sweating bath in a room heated by a stove, called after them by the Romans, *Laconicum*. The Athenians had public baths, *Loutrones*, as part of the gymnasia; but these seem to have been water, not air baths, for the λουτήρ or λουτήριον was a large round or oval basin, in which the bathers sat or stood. The Romans seemed to have used the warm-water baths long before the Spartan Laconicum was introduced, and the latter was first adopted in private houses; but by the time of Cicero public and private baths, both of water and air, had become general and magnificent. In one of Cicero's letters to his brother, he tells him that he has directed the *assa* (vapour bath) to be moved to the opposite corner of the *apodyterium* (undressing room) because the *vaporarium* (flue) was ill-placed. Cicero also speaks of the baths open to the public on the payment of a quadrant, the smallest piece of coined money extant. The practice of bathing in cold water after the excessive perspiration of the hot-air bath seems, according to Pliny, to have been introduced by Musa, the Physician to Augustus, who derived so much benefit from it that it became quite the fashion. Musa was afterwards accused of causing the death of Marcellus by the same treatment. In the First Book of Celsus you will find a great deal said about the succession of warm, tepid, and cold bathing. Galen advised first the hot-air (ἀέρι θερμῷ), then the warm water, then the cold, and afterwards friction and anointing with oil. Celsus prescribes first the Tepidarium, then the Calidarium; then to have a quantity of warm, tepid, and cold water in succession, poured over the head and body. Afterwards the body was to be well scraped with the *strigil*, then rubbed dry and anointed. This practice, introduced into Turkey by the Romans of the Lower Empire, is that still universal in the East, and is now being revived here. . . . . .

"However varied in size or detail, the essential parts of the bath are ever the same: a chamber filled with heated dry air, or Sudatorium; a cooler but still warm chamber, or Tepidarium; and a third of the temperature of the outer air, or Frigidarium, with attendants who cleanse the skin, rub the surface of the body, press or knead the muscles, and apply douches of water of various temperatures. All this has been described over and over again by travellers, and every guide-book contains some account more or less interesting, according to the ability of the writer. But no one attempted of late to introduce the Oriental Bath into this country, until Mr Urquhart, by his writings and lectures, and personal example for some years past, has led to a revival which is rapidly bringing it to the position of a national institution, and we are likely before very long to see something like the luxury and splendour of the Imperial Roman edifices arise again. I said of *late*, because in 1679 some Turkish merchants opened a Turkish bath in Bagnio court, Newgate street. It had a domed roof, marble steps, and walls of Dutch tiles. The court has been called Bath street since 1843. In the 'Spectator' another Baguio in Chancery lane is alluded to. The Hummums in Covent garden was formerly a Turkish bath, and took its name from the Arabic *Hammam*, a bath. For a hundred years or more the bath has been neglected here, but at length fine buildings, erected at a cost of several thousand pounds each, may already be seen in or near Cork and Dublin, and in other parts of Ireland; and smaller, but still considerable, establishments are in full force in Manchester, and several other large towns in the North. In London, the first public bath was opened by Mr Evans, in Bell street, Edgware road. He has lately opened another and larger establishment in Golden square. There is also a large establishment in Palace street, Pimlico. Mr Mahomed has one in Somerset street. All these I have seen, and I have always found them either crowded or well filled with bathers. Others are heard of as springing up in all directions to supply an ever-increasing demand, and many gentlemen are erecting them in their own houses. I need not repeat, therefore, that it is high time you should make yourselves masters of the subject. . . . . .

"At the public baths you first enter the tepidarium. Here the air being slightly moistened, and the temperature at 120°, perspiration is very soon induced, and without any feeling of heat or fulness of head, or oppression of breathing. When perspiration has commenced you pass into the sudatorium, where the air is drier and the temperature 160°. Remaining here some time, occasionally passing to the tepidarium for a few minutes and back again, very free perspiration is kept up. It stands out on the skin in clear drops, and runs down in dripping streams. This is encouraged by drinking copious draughts of cold water, and then one is ready for the shampooing. In Turkey and Egypt this process is performed in the hot room, as I am told it is in some of the baths in Ireland and the North of England; but in the London baths it is done in the outer room, or tepidarium. The bather reclines while an attendant rubs and kneads limbs and body until all superfluous epidermis and a quantity of sebaceous matter is thoroughly cleansed off, and the circulation in the skin becomes very free; the rosy tint of the capillary plexus glowing through the transparent covering, the white marks traced by the pressure of the fingers being instantly reddened by the returning rush of the arterial current. I remember Mr Liston, in his latter days, testing the freedom of his capillary circulation by pressing the end of one or other of his nails, and watching the return of the blood to the capillary plexus beneath the nail. An experienced eye can generally detect a 'companion' in the bath by the rosy tint and free circulation in the skin, which is very different in the uninitiated. Of course you must make allowance for the natural difference between fair and dark people; but those who do use the bath habitually are certainly remarkable for clearness and ruddiness of complexion and of the skin generally. Opaque epidermis is removed; choked-up sebaceous follicles are cleared; the sweat-ducts become quite free; the subcutaneous cellular tissue becomes pliant, admitting that free motion of the skin on the subjacent tissues which is the reverse of what jockeys call 'hide-bound;' superfluous fat disappears; the elastic and contractile structures of the skin regain their normal properties, and the ultimate nervous fibrils their normal sensibility.

"One of the most common objections raised to the bath is the fear that the transition from a heated room to the open air may give cold. But experience proves that this fear is groundless, provided ordinary precautions be taken; and a little reflection will show you *why* it is groundless. The skin of the face, which we habitually leave uncovered and exposed to rapid alternations of heat and cold, receives no unpleasant impression from a current of cold air after leaving a hot room. But the rest of the body is kept covered up from the light and air, and unnaturally heated, and, therefore, loses its normal sensibility and its natural power of supporting changes of temperature without discomfort or injury. The habitual use of the bath tends to restore the normal properties of the skin. When the body is thoroughly heated, it is enabled to resist cold; when perspiration is going on freely, a stream of cold water is only a pleasant mode of producing contraction of the structures of the dermis. Any feeling of chilliness passes off at once on returning for a few minutes to the hot room; and then, as perspiration again commences, the bather may pass to the cooling-room with perfect impunity, and with a skin which with each succeeding trial becomes more and more habituated to alternations of temperature,—in other words, with unnatural susceptibility to cold corrected. Something of the same sort might be said of the mucous membranes of the air-passages, so that persons who have been subject to colds or bronchitis on the slightest exposure to a draught of cold air do not suffer at all from such exposure after the use of the bath. . . . . .

"We may regard, then, this purification of the blood by the elimination of the watery, saline, organic, and fatty excretions of the sudoriferous

(Continued at page 310.)

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 7, 1860.

THE CASE OF THOMAS THE BONE-SETTER.

Our Courts of Law are becoming arenas for the discussion of difficult Medical problems. Many of the proceedings of these Courts are as interesting as, and perhaps more valuable than, the reports of a debate at a Medical Society. The witnesses read up the subject, consider thoroughly all probable modes by which an ingenious Counsel may seek to perplex their judgment, strengthen all the weak points of their opinion, synthetically construct the known facts into a model case, and, armed with ready answers to all possible questions, mount into the witness-box with confidence, and, perhaps, also with the secret ambition of making a conspicuous figure in the report in the next morning's paper. Each man, knowing that his professional character will be either aggrandised or discredited by his bearing in the witness-box, is naturally anxious that the view he is prepared to maintain shall be as completely vindicated as possible by the facts; and thus it often happens that the same data are made the foundation of the most contradictory opinions. This is a circumstance that cannot be avoided. So long as Medicine shall have its problems, so long will they be liable to two interpretations. It will be these problems also that clever Counsel will be sure to seize upon for the purpose of exhibiting the uncertainty of Medical Science, and destroying the force of opposing evidence.

We, last week, reported an examination into a charge of manslaughter, brought against one Evan Thomas, a "bone-setter," who attended a boy suffering from an abscess of the thigh. Believing the bone to be fractured, the man put on splints, whereby, it was alleged, the purulent matter became absorbed into the system, and deposits took place, of which the boy subsequently died. The case was thus related:—On the 2nd of October, the deceased complained of pain in the knee, which he attributed to a blow inflicted by a younger brother. On the following Friday, the 5th, he became worse, and was seen by Dr Lambert, who, conceiving that an abscess was forming, ordered poultices of linseed meal to be applied, and the patient to be supported by good diet and a little wine. On the following day, some intelligent friend of the family suggested that the limb was fractured; and Mr Evan Thomas being the recognised bone-setter of the neighbourhood, the child was taken to his house. Thomas confirmed the opinion of the family's friend, and added that his fee for setting the bone would be 10s. It would be difficult to say that Evan Thomas was a mercenary man, but for the subsequent colloquy. The boy's father had only 5s. in his pocket, which he offered as an instalment of the fee. Thomas demurred; he seemed to think that 10s. exactly hit the value of his service, and that he could not afford to discount it by a day's delay. He therefore discreetly intimated that he gave "no trust." The father was distressed. Here was a man who declined to set his poor boy's fractured leg because he could not muster 5s. In his despair, he resolved to take the boy away in a cab. At this crisis, a friend in need stepped upon the scene and generously offered to contribute the required amount: the quack was now satisfied, and set to work upon the limb. What he did we are not accurately informed; but he went through the process of setting the bone, put on splints, and ordered the use of cold lotion. On Sunday the boy became worse; on Monday Dr Lambert was again sent for, declared that there was no fracture, and removed the apparatus. On the following day the child died.

The post-mortem examination showed that Dr Lambert was right, and Evan Thomas grossly and shamefully incapable of treating the simplest form of surgical disease. A large quantity of matter was found diffused among the muscles of the thigh and round the bone; the latter was not fractured. There were three distinct abscesses in the substance of the heart, and minute depositions of purulent matter studded the kidneys. The pericardium was, moreover, filled with turbid serum, with deposits of lymph on the heart's outer surface; the pleuræ were adherent, with effusion into the cavity. Dr Lambert considered that the cause of death was pyæmia, produced by the absorption of matter from the thigh, the absorption being accelerated by the bandaging of the part affected.

It was this opinion that was the subject of controversy before the Bench of Magistrates. Dr Lambert was supported by Dr Baylis, Mr C. Evans (Surgeon to the Birkenhead Hospital), and Mr J. Dowling; and opposed by Mr Hugh Owen Thomas, a qualified Surgeon, and the son of the person charged, who, however, does not appear to have expressed a clear opinion upon this particular subject; by Dr O'Donnell, who thought the heart was diseased at the time of the appearance of the first symptoms; by Dr Roberts, brother-in-law to the accused, who considered that the treatment had nothing to do with the result; by Mr Pope, formerly Surgeon of the Southern Hospital, who also believed that the treatment was not instrumental in inducing death; and by Dr Lodge, who thought that a diseased condition of the blood was necessary to produce pyæmia, and that it would be extremely difficult to say that pyæmia was induced by pressure in the case under consideration.

All the witnesses admitted the existence of pyæmia; they only differed on the point whether the pressure was the cause of this condition of the system. The theory of the nature and mode of production of pyæmia is not yet clear; its phenomena are still the subject of observation and experimental research. Whether the malady be caused by direct absorption of matter contained in an abscess; and if so, how the pus-globule gets through the walls of the capillaries; and why it does not do so on all occasions,—whether it be rather caused by the absorption of the serum of pus, whether it be not in reality a local inflammatory affection, or whether it be dependent upon the presence of a particular crasis of the blood itself, with many subordinate questions,—are topics of frequent discussion among Medical Practitioners. Until these points be determined, division of opinion must exist, and is, in fact, the necessary condition of inquiry. We shall not, therefore, set up Dr Lambert against Dr Lodge, or Mr Evans against Mr Pope; the pathological question upon which they disagree being one on which difference of opinion is allowable.

There can be no doubt, however, about this, that the child had been ignorantly and mistakenly treated; and it will be generally admitted that the tight bandaging of a limb in a suppurative state would be very likely to set up that irritative fever which would produce death, with most of the post-mortem appearances exhibited by this poor child. Theory apart, who can conscientiously say that the treatment was not likely to induce the constitutional disorder and local inflammations and effusions reported in this case?

The prisoner was committed for trial, a decision that was unavoidable. It will be a lesson, we hope, to other impostors who abuse the confidence and imperil the health of the public by their audacious and fraudulent pretensions.

GIFTS TO GARIBALDI. — An Englishman, Mr Briggs, merchant, of Manchester, has sent to General Garibaldi 400 knapsacks, tents, and other valuable material, asking only in return an autograph of the General. Lady Paumure sent, some time since, 500 oz. of quinine.

A CHIRURGICAL BEQUEST. — M. Lenoir, an eminent French surgeon, who died lately at Paris, has directed, by his will, that all his surgical instruments should be given to that house-surgeon of the Paris Hospital who shall, this year, stand first in the examinations for that office.

SUMMARY OF THE WEEK.

SOLDIERS, PHILOSOPHERS, AND BEARDS.

The General Order of General Pennefather, requiring the soldiers at Aldershott to trim their beards, has fallen like a live shell in the camp. Even civilians sympathise with military agonies, and every several hair on birsute cheeks bristles with wrath at the thought of mutilation. This is a very serious business. One of our contemporaries assures us that the vitality and muscular vigour of a man depends upon the length of his beard. Perhaps the Rev. C. Kingsley took the hint for his teachings about muscular Christianity from the prevalence of beards, these capillary appendages symbolising both wisdom and strength. Our contemporary cites Bichat's opinion in support of this view. Bichat, indeed, illustrates his position by referring to the admitted vigour of the ancients, who wore long beards, and those monkish people who were addicted to the same practice. Admirable Bichat! We always believed that these cloistered gentry were types of physical energy,—far superior, indeed, to your Cœur-de-Lions, and Godfreys, and Tancreds, who only wore a paltry and unmeaning moustache. There can be no doubt about it, that the bearded monks, the schoolmen and the astrologers, were the real heroes of the middle ages—the veritable warriors who wielded terrible battle-axes, wore steel armour, slept out on cold nights, forded rivers breast-high, scaled lofty walls—or if they did not, they ought to have done it, and the entire life of the middle ages was a physiological error. If General Pennefather's Order be enforced, what will the civilians do—certain Doctors included? A quiet man, now-a-days, may easily pass himself off for a Crimean or Indian hero by letting his beard grow: the hairy skin suffices to make many a dull animal pass for a true lion, if he only have the prudence to hold his tongue; but a sentence against military beards is the doom of civil beards too, and then it will be all up with the dignity of human nature. We really pity the civilians—philosophers especially! We were rapidly breeding a race of geniuses who, in a few years, would put all the Solons of antiquity to the blush—if they were ever able to perform that physiological experiment—but General Pennefather's Order comes like a chilling blight upon our prospects. There might be some sense in docking the length of a rifleman's beard, as it might come inconveniently in the way of his firelock, which might go off with unexpected celerity, his beard for the nonce playing the part of a hair-trigger; but philosophers don't fire guns, or, at most, pop-guns only, charged with paper pellets—so that we do not see why they should not continue to wear their beards. The beard is undoubtedly a sign of mental and physical vigour, as our contemporary asserts. The Schah of Persia has the finest beard in the world, and unquestionably he is the wisest man in it, for he deigns not to speak to anybody, nor allows anybody to speak to him; and a man who can succeed in concealing his ignorance is no fool. Now the beard helps a man to do this very effectually. On the other hand, among the monarchs of England there is only one distinguished with a beard—the unfortunate Charles I. Queen Elizabeth was one of the ablest of the series; but historians do not inform us that she wore a beard, though she was spirited enough to beard many a brave fellow in her time. Then, again, Alexander the Great had a smooth face; so had the mighty Cæsar. Napoleon was nearly bald, and quite beardless; and Wellington was a shaved hero. Marlborough wore a wig. Cromwell had a big wart on his chin, and would, no doubt, have concealed it with a beard, could he have grown one; and all the Roundheads were croppies. In that era of stupendous effort, the first French Revolution, the men who concentrated in themselves the spirit of their time were beardless,—Mirabeau, Danton, Robespierre, and the rest. Then, what shall we say about the prophets, philosophers, and poets,—Socrates, and Aristotle, and Locke, and Milton, and Byron, and Burns, and Scott, and Humboldt?—But stay: the first of all philosophers, Newton—the first of all poets, Shakspeare, and the first of all prophets, Elijah, were beardless, and the last two bald. Samson, indeed, was a hairy man; but it is not said that Delilah shaved him—so that it is pretty certain his strength was not in his beard. The immortal Sayers is beardless, and so also his adversary Heenan. All pugilists, ancient and modern, have had a dislike of hair; for, beyond most men, they have a great reluctance to be caught by the beard. Dr Holland wrote a book, some time ago, about cuticular appendages; and a very weak book it was—but that may be excused, for the Doctor wears a beard. Still there may be something to say in favour of beards.

It has been averred that the beard defends a man from catarrhs, sore-throats, and rheumatisms. This is quite true, and as philosophers are much given to mental mumps and metaphysical quinsies, there is every reason why they should be adequately protected from such attacks. General Pennefather, however, seems to think there may be too much of a good thing, and, without abolishing the good, he desires to abate the evil. This seems to us a sensible course, and we hope the philosophers will be of the same opinion.

GRIEVANCES OF THE POOR-LAW MEDICAL OFFICERS.

Mr Griffin is again in the field, with another Draft Bill for the redress of Poor-law Grievances. Unfortunately, Mr Pigott is not now in Parliament, having resigned his seat to occupy the post of Lieutenant-Governor of the Isle of Man, and there may be some difficulty in finding another member so well qualified as he to undertake the conduct of the measure in Parliament. Mr Griffin, however, is sanguine, and has recommenced the campaign, in the hope of finding a leader when the day of action shall arrive. The pamphlet that he has now circulated contains various tables, one of which contrasts the payments per case paid in several instances to the respective Medical Officers of the same Union. We find that one fortunate gentleman is remunerated at the rate of 2*l.* 10s. 10d. per case, whilst another, not so fortunate, is paid 3d. There are other tables, showing the statistics of illness in the several divisions, the number of patients attended by each Medical Officer, and the amounts expended in Medical Relief in each division, with the ratios per cent. to the total Relief to the Poor and to Population. There is also a list of the Unions in which the Guardians either wholly or in part provide the drugs. We observe a remarkable difference in the cost of drugs at the several Unions. In one of the Metropolitan Unions, the Whitechapel, for example, the cost of drugs amounts to 2¼d. only; whilst in another, the Islington (Infant Poorhouse), it amounts to 15s. 7½d.!!

How is this astonishing difference to be accounted for? Some explanation should be given. We do not presume that the Whitechapel Surgeons are homœopaths; on the other hand, any private practitioner whose drugs cost him 15s. 7d. per case would soon find himself in the 'Gazette.' The average number of patients in the Islington Poorhouse is 234; and—will our readers believe it?—the average annual cost of drugs is 183*l.* These are the extremes of the table, but throughout there are wide discrepancies. Some Surgeons must be exceedingly fond of new and expensive drugs, and give plenty of them. We refer to these figures for the purpose of soliciting further information, and because, if they be correct, the caprices they exhibit in the mode of ordering physic will effectually deter Boards of Guardians from adopting the system of supplying the drugs. We shall revert to these points on another occasion.

FEMALE INDUSTRY.

The ladies have set seriously to work to organise some mode in which their services might be made useful. Miss Bessie Parkes leads the van of this movement, and is doing herself much honour by the talent and perseverance she displays. As Medical Practitioners, we must feel a lively interest in this laudable endeavour; for, independently of the advantage that would accrue to our own Profession and to our patients if one of the objects these ladies have in view—that of an institution of a large body of educated and trained nurses—

were carried out, we must also sympathise with every effort to devise means which, by exercising in a more varied and active manner the physical and mental powers of the weaker sex, should diminish the number and severity of those diseases from which they peculiarly suffer. There is one danger, however, in this proposed reform, namely, that by bringing female labour more directly into competition with male labour, the woman may be forced into exertions which the stronger constitution of the man alone could endure. We know already how hard women work as seamstresses, and how great the deterioration of their health from their prolonged sedentary employment. Much of the evil, in these cases, arises from the fact that women compete with men in this description of labour, and that, consequently, only the lowest and worst-paid kind falls to their share. By organization and the creation of a different feeling among the public, woman's work may be made less laborious and more profitable.

THE SPIRIT OF THE PERIODICALS.

(Continued from page 307.)

and sebaceous glands of the skin, as one of the most important of the physiological actions of the bath. The increase of the absorbing function of the skin is probably of considerably less importance. It is certain that oxygen and other gases are absorbed by the skin, and we know that it absorbs water. This leads me to notice again the great difference between the vapour and warm water and the hot dry air bath. In the one case water is absorbed by the skin. We know perfectly well that thirst is thus allayed by immersing the body in either fresh or salt water. In the other case, instead of water from without being absorbed, water from within is poured out in great abundance. Again, evaporation from the skin exercises a regulating influence on the temperature of the body. Suppose one person to be in a vapour bath at 120°, and another in a chamber of dry air at the same temperature. The general circulation is quickened in both. The blood-vessels of the skin in general, and those of the sweat-glands in particular, receive more blood. More perspiratory fluid is secreted in both. But here the resemblance ends. In the dry air the exhalation rapidly passes off by evaporation, and the body is cooled; but in the vapour bath there can be no evaporation, and the regulating influence upon temperature is lost. Thus, *providing perspiration is established*, a person feels much cooler in a dry air bath at 120° than in a water or vapour bath at the same temperature. People are apt to make a mistake here if they judge by their sensations on first going into the bath. The moist air at first appears the more pleasant. Moistening the skin brings on perspiration more quickly. Until perspiration commences, the dry air may be oppressive; but once established, and evaporation commences, the verdict is always in favour of the dry air. Hence the propriety of introducing a little vapour into the tepidarium. I say little about what is termed 'the respiratory function of the skin,' because I have never seen any very definite account of the relative share of the lungs and the skin in the oxygenation of the blood. But it is very clear that by increasing the cutaneous capillary circulation, exposing the whole body to the air, and removing all superfluous layers of epidermis, we must favour most materially the respiratory power of the skin. In cases where the lungs or the bronchial mucous membrane are diseased, and the heat and nutrition of the body are suffering from defective arterialisation of the blood, the skin may thus become a compensating organ for the faulty lungs. Perhaps this, together with the soothing effect of the moist air of the tepidarium upon the air-passages, may explain some of the good effects witnessed in consumptive cases by the use of the bath."

The Author then dilates upon the virtues of the Bath in various forms of disease in which he has seen it employed.

Dr John Conolly continues in the same journal his *Recollections of the Varieties of Insanity*. Mr Sedgwick contributes the following case of *Partial Turning:*

"Mrs A., a short, muscular woman, aged thirty-seven, sent for me on December 2, 1858, to attend her in labour of her tenth child. Her former medical attendant told me that previously her labours had been tedious on account of small pelvis, and that three times cross presentations necessitated turning, but that nothing unusual occurred.

"At two p.m. pains set in, and at seven p.m. I saw and examined her. The os was fully dilated, the membranes entire, and the perineum perfectly dilatable: the hands presented with a shoulder. Having determined that the feet were placed posteriorly in the uterus, I turned the child immediately with my left hand; bringing only one foot to the vulva, I endeavoured by gentle traction (several times repeated) to bring it further, but was unable to do so. The pains continued about an hour without causing any apparent progress, so the patient was allowed to leave her bed. Shortly the pains became much stronger and very urgently complained of, and on examining her when again in bed, I found the head occupying the brim of the pelvis, but prevented entering it by the foot already at the vulva. I at once used constant gentle pressure on the foot and pushed it above the head, when a few strong pains completed the delivery, the occiput being directed anteriorly; in fact, the child was born as in perfectly natural labour.

"The child did not breathe naturally until the warm bath was used, and artificial respiration had been used for about half-an-hour. Marshall Hall's plan was adopted.

"*Remarks.*—Probably some of your readers may have had similar cases, though no medical friend of mine has, and I find no record of such a case. The case was evidently not one of spontaneous evolution as ordinarily interpreted, but very probably one in which the body of the child was doubled on itself by strong uterine contraction. I believe this to have been the case, because the foot could not be brought externally, and because artificial respiration was required for so long a time on account of impeded circulation. On this supposition the breech could not enter the pelvis, on account of the head continuing to occupy a lower position in the uterus, and by such a position it would check the circulation through the placental cord when traction was made at the foot and with uterine action."

We extract from the 'Journal of Practical Medicine and Surgery' the following article on the *Transmission of Syphilis by Vaccination:*

"M. Viennois presented to the Academy, through M. Depaul, a pamphlet entitled, *Transmission of Syphilis by Vaccination.* M. Depaul passed upon this work a well-deserved encomium.

"The transmission of syphilis by vaccination has been observed from the earliest period of the present century, and has doubtless largely contributed to strengthen in some quarters resistance to the preservative from small-pox. The 'Journal of Practical Medicine and Surgery' published in 1831 a communication from M. Bidart of Le Pas-de-Calais, who, endeavouring to exculpate vaccination from the various charges brought against it, related two instances of vaccination of healthy subjects with matter supplied by persons infected with syphilis; in neither case was disease communicated, hence the Author inferred that syphilis could not be propagated in this manner. The Society of Medicine of Paris expressed its concurrence in this opinion in 1839; somewhat later, however, Messrs Pitton, Boucher, Ceccaldi, and Lecoq recorded experiments and facts which placed beyond doubt the possibility of the transmission of syphilis by vaccination. To refer to more recent events, we may mention the great Hubner case, which in Germany has remained memorable among members of both the medical and the legal professions. On the 16th June, 1852, thirteen children from one village were simultaneously vaccinated on the same day, with the vaccine matter supplied by the child Keller alleged to have been affected with syphilis; now in some of the children obstinate ulcers broke out in the punctured spots, and genuine syphilitic eruptions made their appearance three months after, whereas others escaped uninjured. How was the infection of the former or the immunity of the latter to be accounted for? How was it that syphilitic contagion, admitted to be possible in this manner, and actually proved to have taken place in certain instances, still remained an unusual and exceptional circumstance? These questions long awaited an answer, but, thanks to the researches of M. Rollet, Chief Surgeon of the Hospital of L'Antiquaille at Lyons, and the author of a pamphlet published during the present year, entitled 'De la Pluralité des Maladies Vénériennes'—thanks also to the active clinical inquiries, and the careful analysis of the cases on record, instituted by one of his most able pupils, Dr Viennois, these problems, which hitherto seemed to defy the sagacity of the most discriminating observers, appear now to have received at last a satisfactory solution.

"M. Viennois remarks that a careful perusal of the cases of syphilis noticed after vaccination leads to their division into two groups. The subjects on the point of being vaccinated were either already labouring under syphilitic infection, or not. Among the first may be classed all the individuals in whom syphilis was latent; in the other, subjects in the enjoyment of perfect health, free from hereditary or acquired venereal disease, and in whom syphilitic symptoms broke out subsequently to vaccination only. The first group is justified by the fact that any eruptive disease may become the occasion of the manifestation of latent syphilis. The second group seems equally legitimate; but in the numerous cases upon which it is grounded, are we to attribute the circumstance of syphilitic contagion to the vaccine virus? Assuredly not; were it otherwise, the infant Keller mentioned above, who supplied the matter with which thirteen other children were inoculated, would have contaminated the entire number, whereas eight only became infected. This was due to the fact that vaccine matter alone seems incapable of transmitting aught but vaccine, and to be as powerless to communicate syphilis as any other morbid poison. How are we, then, to account for the instances of genuine contagion of syphilis by vaccination which have been placed on record?

"The explanation, says M. Viennois, is extremely easy.

"The lancet meets in the pustule of vaccine with two kinds of fluid:

"1. The vaccine virus;

"2. An adventitious liquid, blood, when the point of the lancet has penetrated beyond the cavity which contains the vaccine matter. Now, despite the denial of Hunter and M. Ricord, the blood of persons labouring under constitutional syphilis undoubtedly possesses contagious properties, as it does in all virulent disorders, such as glanders, rabies, rot, small-pox, diphtheria, the plague, &c. M. Viennois relates five direct experiments performed with the blood of persons affected with secondaries, which confirm the data of analogy. M. Rollet, in his public lectures at L'Antiquaille in 1859, professed and demonstrated that syphilis is not transmitted by vaccine matter, but by its admixture with blood.

"With regard to the symptoms observed in persons to whom syphilis has thus been communicated, they are of two orders, primary and secondary. Invariably the first appearance is chancre of the arm, secondaries breaking out after a time only. When, on the contrary, latent syphilis manifests its presence under the influence of vaccinal fever, no primary ulcer is observable upon the arm: but papular, vesicular or pustular eruptions give evidence of the existence of syphilitic infection.

"The treatment of the disease thus acquired demands no special notice: the important point is to obviate such transmission by appropriate prophylactic precautions. This is undoubtedly possible, and vaccinators and heads of families may, in this respect, rest perfectly satisfied.

"In all the cases of vaccinal syphilis which he relates, M. Viennois has been struck with the fact, that the operation had always been performed from arm to arm, viz. under the most favourable circumstances for the inoculation of blood. In no instance was preserved vaccine used, *i.e.* pure unadulterated vaccine matter. Now, as before stated, pure vaccine virus, even taken from a person labouring under venereal infection, propagates vaccine only: now, therefore, vaccinators are cautioned and will carefully avoid the addition of even the smallest particle of blood to the vaccine virus.

"The foregoing observations apply not only to the liquid matter, but also to the desiccated crusts. When the latter contain but the secretion in its dry state, vaccine only will be communicated; but should it be mixed with dried blood, and the subject from which it originates be tainted with syphilis, that disease may be transmitted.

"As to vaccination from arm to arm, M. Viennois remarks that the most certain method of avoiding the inoculation of the venereal poison lies in

charging the lancet with pure vaccine matter only. Should the operator fancy that any blood has been also abstracted, the instrument should be cleaned, and the vaccine matter sought for elsewhere, or the vaccination postponed. A procedure which seems perfectly safe, consists in collecting the vaccine virus in a tube, and carefully ascertaining its transparency; it may then be blown out, and the lancet charged with the fluid. It is further prudent to ascertain the state of health of the parents, and, in case of doubt, to gather the vaccine matter from the arms of children sufficiently advanced in life, to be safe) from the appearance of congenital secondary disease."

The same journal contains the following article on a generally unnoticed cause of *Protracted Natural Labour*, and a safe and easy means of shortening its duration:

"Obstetricians profess the opinion that, in natural parturition, matters are so disposed as to facilitate its accomplishment, and that protracted labour is referrible but to the insufficiency of the expulsive power, or to the rigidity of the soft parts, which must be distended and dilated to afford a free passage to the child. They opine that the contact between the bones of mother and fœtus can induce but temporary obstruction, and consider it even as sometimes favourable to the egress of the fœtus, and therefore to the rapidity of labour. Dr Bourbousse de Laffore, Chief Physician of the Asylum for the aged blind (Hospice des Quinze-Vingts), does not share in this general optimism, and endeavours to show, in a memoir he has forwarded to the Academy, that in most cases protracted labour, in natural parturition, is referrible to the obstruction caused during uterine contraction, by the occiput or whatever part of the fœtus presents, abutting against the symphysis pubis.

"After a rapid description of the anatomy of the parts to be traversed by the fœtus, and the position of the child and uterus with regard to these, the Author proceeds to say:

"Direct examination of the parts during the pains shows that at each uterine contraction, the head of the fœtus meets the symphysis, a contact which interferes with, when it does not absolutely obstruct, the descent of the vertex into the true pelvis, the uterine force which acts upon the head being neutralized by the resistance of the symphysis. Thus, when, after the rupture of the membranes, the fore-finger is applied upon the cervix uteri during an interval of the pains, the cervix is found to be moveable within the pelvis at some distance from the symphysis; but as soon as contraction recurs, the os uteri is suddenly brought close to the symphysis, and vigorously squeezes the finger, if it be not withdrawn in time, against that bony surface. The extremity of the finger is then caught between two bones, the occiput and the pubis, and cannot be removed while the contraction lasts, a space of time which the amount of pain causes to appear considerable.

"'I have been caught,' says M. de Laffore, 'in this trap, and if I did not scream it was not for want of inclination. Being now cautioned, I easily avoid it.'

"For this purpose it will be found sufficient to apply the fore-finger upon the cervix, and during the contraction of the uterus to press upon the vertex, so as to prevent the head from approaching the symphysis. The finger may moreover be used as a lever, the fulcrum of which would be at the pubic arch, to direct the occiput backward and downward so as to place it in the centre of the true pelvis, and bring it nearer to the perineum.

"The head, powerfully propelled by the expulsive power, and meeting with resistance from the soft parts only, thus descends below the pubic arch, dilates the os uteri completely, promptly reaches the lower parts of the pelvis, which it distends, and issues from the ontlet after a few strong contractions, increased in their energy by the mother's pleasing consciousness that labour, which she imagined could be brought to a conclusion but by the dreaded intervention of instruments, is approaching its close.

"When the pains rapidly follow each other, the finger may be permanently kept upon the cervix, but pressure should be exercised during contraction only; should the intervals between the pains be longer, four or five minutes for instance, the finger should be withdrawn after each contraction and reinserted at the beginning of the next.

"If, from the close approximation of the symphysis and occiput, it is found impossible to apply the pulp of the finger upon the cervix, the palmar aspect of the hand turned towards the sacrum, it may be introduced in an inverted position, *i. e.* with the pulp turned towards the symphysis. The head then bears upon the finger-nail, and at each contraction of the womb gently glides along the inclined plane formed by the latter.

"Both these procedures lead to the same result, viz. *the rapid expulsion* of the fœtus; but when the operator has the option, the first is preferable.

"'It would be impossible for me to enumerate here,' says M. de Laffore, 'the numerous instances of tedious natural labour I have observed since 1843, in which this innocuous method has rendered signal service. Twenty midwives, whom I could name, have summoned me to apply the forceps, in order to bring to a conclusion *natural labour* which had lasted twenty-four, thirty-six, and even forty-eight hours without progress, despite the continuation of uterine contraction, and the proper conformation of both the fœtus and the maternal pelvis. In these cases, instead of applying the forceps, as I was urged to do, I have merely used pressure with the fore-finger upon the presenting part of the fœtus, in a downward and backward direction, and invariably, *in less than an hour, nay sometimes in a few minutes*, I have delivered the patient of a living child, without inducing pain or injuring in the slightest degree any of the organs. I may add, that several practitioners and some midwives to whom I had described my method have informed me that they had resorted to it in tedious labour, and had thus much accelerated its conclusion.'"

GENERAL CORRESPONDENCE.

REMARKS ON TWO CASES OF PARAPLEGIA AND PARALYSIS.

To the Editor of the Medical Circular.

Sir,—It is totally impossible for any person to read the recorded cases in the Medical Journals without seeing that the same remedies are often prescribed for totally opposite diseases, or the general causes of them, and that totally opposite ones are given in the same diseases without any reason assigned for the discrepancy. This is done so continually and universally, that I am surprised the acute Medical minds of the present day, imbued as they are with chemical ideas, do not see something like chemical actions in the body in disease. There are a host of diseases which are admitted by our best authorities to come under the head of *acid diatheses*, and always accompanied by a *furred tongue;* and these, by a further, though only partial admission, are considered congestive states. Now, there are others of an inflammatory type, such as muco-enteritis, *per se*, and a similar condition in scarlet fever, where the tongue is not only denuded of its fur or pile, but is inordinately clean and red. But the Profession has not come to the point of admitting this to be an *alkaline* diathesis; but why not? A certain amount of empiricism declares that alkalis are the antagonistic agents for the congestive or acid states. Combined with the antimonials, deobstruents, diaphoretics, and such like simple yet efficacious remedies, they are clearly the medicines to be used to neutralise and otherwise remove the obstructing elements producing them. On the other hand, the inflammatory states of mucous membranes, as alluded to above, have acids and anodynes empirically administered for their benefit—not to reduce an alkaline action in the same way as acids are reduced by alkalis, but for some purpose empirically understood as beneficial. If no other philosophy for this treatment exists, it may at least be inferred that the system is deficient in these elements,—therefore they are given. Let any one try alkalis, soda, potass, &c., in scarlet fever, with a fiery red tongue present—or in pure muco-enteritis, or in the inflammatory fevers, and he would be safe to kill his patient. Usage, and in fact all empirical dogmas, are against this. As well may acids be given for the congestive actions, to the increase of their elements, already too abundant in the system.

Whatever may or may not be said of the actual administration of medicine, it must be given in one of three forms—acid, alkaline, or neutral,—under which latter term are those medicines which have certain actions on muscles, nerves, &c., and are therefore mechanical, and are excitants without having chemical actions. If furred tongues denote congestive or acid conditions generally, and red and fiery-looking ones their opposite, then the empiricism of the administration of medicine is in many instances correct. In speaking of these matters, I have only to do with the philosophy of the question; with principles, not men.

In your excellent journal of the 24th ult., there are two cases recorded of *Paraplegia and Paralysis*, from Guy's Hospital, under Dr Gull.

The first case, Eliza Coates, was admitted for paralysis on "18th July, 1860." "Complexion ruddy, with an anxious countenance;" . . . "sensations not impaired;" . . . "sphincter muscles not affected." "Has three or four circular spots on her upper extremities of the nature of *herpes*. Bowels constipated, lips parched, TONGUE FURRED." "July 23rd. Bowels relieved." "Aug. 4th. Troubled with bright *muscæ volitantes*." . . . "Bladder distended." "Breathing mostly superior thoracic." "Pulse, 136; respiration, 36." 8th. Died. No autopsy." On admission was ordered "Julepi rosæ, ℥vi.; quinæ disulph., gr. j.: singulis dosibus bis die." "Middle diet." "25th. Pulv. ipecac. co., gr. x.: om. n. Julepi iodinis, ℥j.: ter die." "Aug. 4th. Pergt. pulv., om. n., et julep." "Aug. 7th. Sp. æther. sulph. co., ℥xxii.; aq. camphoræ, ℥j.: 6tis horis. Wine, ℥j."

The second case, Ellen Bushel, was admitted for paraplegia on "9th Aug." last. "Complexion ruddy, TONGUE FURRED, appetite moderate, *pulse hard and rapid*." . . . "No loss of sensation." "Has a slight pain in her left side." . . . "Coughs a good deal at night, expectorating a frothy mucus." "Aug. 14th. Feels better; coughs a good deal." "17th. Coughs more at night." "22nd. Not so well; good deal of pain in chest; perspiration profuse at night; giddiness; feels very weak." "28th. Went out; . . . and did not feel herself improved." On admission she was ordered "infus. cascar., ℥jss.; pulv. rhei salin. (p. rhei et pot. sulph.), gr. xv.: bis die."

As no other medicine is mentioned to have been prescribed, I presume none other was given. The only other remedy was mechanical.

"11th. Sparks of electricity to be taken from her back three times a week."

In the first case, the herpes, furred tongue, *muscæ volitantes*—so frequent in acid states of the stomach,—in fact, all the symptoms proved the congestive or acid condition of the system. The medicines administered were acid and quinine, and Dover's powders. In the second, the furred tongue, hard and rapid pulse, cough with frothy expectoration, pain in the chest from loaded or congested bronchial tubes, giddiness, and all other symptoms, proved also the congestive or acid condition. The medicines administered were infus. cascar., an astringent tonic, and a warm saline aperient.

Here, then, in two very similar conditions of the system, totally opposite remedies were given. The latter was not at all improved, because the very elements which produced disease were more encouraged by the means employed to relieve them; and in the other, the acid and anodynes were given, which tended to increase all the evils present. Surely, Sir, there must be something radically wrong in our *modus medendi*. Everything seems right and correct till we come to that. I could multiply these cases *ad infinitum*, from hospital reports alone. It is constantly occurring in the reports of cases from country practitioners, but it is useless to comment on them. The schools and centres of error must be attacked. What can any one learn from these cases? What philosophy dictates the administration of medicine? What are students to remember when such a jumble of empiricism without system is exhibited to them? Cannot congestive and inflammatory paralysis, congestive and inflammatory apoplexy, congestive and inflammatory phthisis, bronchial congestion and bronchitis, congestive and inflammatory cholera, congestive and inflammatory rheumatism, congestive and inflammatory conditions of mucous and serous membranes, be discriminated? They are as opposite as the Poles! The former are attended invariably with *furred tongues;* the latter, with *clean, red or dry and brown ones*. The former require all the alkalis, stimulating expectorants, and every form of medicine in the Pharma copœia, to neutralise these causes of vital excess and expel the enemy from the camp; the latter, all the acids and anodynes, to arrest the progress of matter or vital powers from flying away too quickly. The thing is simple enough. A clock that is weak from its wheels being overloaded with dust, requires only to be cleaned: such is congestion! The clock whose wheels are wearing will soon be of no use—it is wearing out: such is inflammation! In the cases I have quoted, I have no hesitation in saying, dust was added to the one by the astringent remedies; and to the other which died, elements that were already wearing it out, thereby hastening the end. The administration of medicine is not to be advanced by snuffing up cases and wrapping ourselves up

in complacent satisfaction at our attainments, but by a knowledge of our defects, and admitting and confronting them. The practice of Medicine has to pass this ordeal; and the sooner it begins, the better. No authority should be respected without its accompanying philosophy. No medicine can cure two opposite diseases; and in the ten thousand laboratories of the body, no medicine should be given without regard to its chemical or mechanical laws. We must admit chemistry in medicine, or throw it overboard entirely. We must admit the chemical analysis of all our structures with the metamorphoses constantly taking place in the destruction and renewal of the constituents of the healthy body by chemical changes, or dismiss it from all our calculations. No disease can be cured, however specific it may be, except through the general system and its laboratories, aided by the chemical laws and chemical constituents of medicine and diet. I cite the above cases to show that no such philosophy existed in their treatment, and therefore they were failures.

I am, &c. BENJAMIN RIDGE, M.D.
21 Bruton street, Bond street, W.
27th October, 1860.

THE THERMO-ELECTRICAL BATH A VITAL NECESSARY.

To the Editor of the Medical Circular.

SIR,—These hot-air baths were one of the first institutions and marks of social and sanitary civilisation. Before Babel was, they were. We are told that "traces of them are to be seen in the antediluvian structures of Baalbec." ('Free Press.') The ancient Egyptians, Phœnicians, Chaldeans, Persians, Greeks, Romans, Britons, and Hibernians enjoyed them. . . .

In the hot-air bath we breathe caloric, that immense propelling power of all machinery, through steam, which we receive into our lungs and circulate, without which we die, if it be not developed within us, or that we can inhale it from without. In the blood, caloric seems to re-develop "the life of the flesh;" animal electricity, that vital agent of all, works within us—the source of animal heat, of psycho-physical sensation, of all the electro-chemical and self-poisoning functions that are being performed in the laboratories of our animal life. Caloric circulates in the blood, stimulates and warms the animal body, opens the pores, ventilates the whole system, purifies the blood, and flushes off the whole cuticular sewerage of the citadel of life from within outwards. I know of no drug so congenial to nature, nor so universal in its nature and effects. In the outer world, caloric and electricity seem to act and react upon and reproduce each other, and magnetism under peculiar circumstances, and light as their quality under high intensity of action upon matter. The same thermo-electrical influences seem to be developed within us—probably light also, though it be invisible. The inner psycho-physical constitution of man, who is a duplicate in human nature not to be divided, seems to be a magneto-electric and electro-magnetic steam-engine, which develops and circulates caloric, electricity, magnetism, invisible light, and steam, the grand vital, physical, chemical, and mechanical powers of man's machinery.

Those who suffer from the nervous fears of a hot-air bath, and suggest vapour as an improvement, had better consult that unerring book of books, Nature, and she will, doubtless, answer—Cold water to drink, and hot air to breathe, are the most grateful and congenial aliments and luxuries of life you could offer me. From them in my vital laboratory I can reproduce vapour sufficient for my own purposes; don't suffocate me with it. I discharge it from the lungs charged with carbonic poison; but you would force it back upon my lungs, and thereby reverse the order of nature, which is so noxious to life and health. We should not, therefore, force an atmosphere charged with vapour upon the lungs for respiration. Moreover, when several persons are in the same vapour-chamber, their united respirations must contaminate each other, and pestilential poisons be propagated from such foul air. I trust that no President of a College of Physicians, through "ignorance or accident," will ever again be found to recommend a vapour-bath in preference to a pure hot-air bath taken with all prudent precautions, in which there is an ascending current produced by evaporation of respiration and perspiration from each person towards the top of the chamber, to escape through the ventilator: besides, caloric of high heat —160°—kills all animal poisons; disinfects and purifies the air, as well as the person. I perceive that thirty-one medical men in Limerick have lately solicited the Mayor and Town-Council of that city to establish Baths and Washhouses under the statute. That they are better calculated *to whitewash corporations* than to purify the people, I freely confess, though I advocated the same for Sligo in 1856. I now feel convinced that thermo-electrical life-baths are vastly better and more economical in every sense, and that they must overcome all competition, from their superior scientific merits, and the important improvements introduced by Dr Barter of Blarney. In Liverpool, Birmingham, Bristol, Hull, Halifax, and Sunderland, Baths and Washhouses have been a source of large loss. Reviewed scientifically, they merely provide that the skin *look clean* and appear cleanly clad, which is analogous to whitewashing the outsides of houses and leaving the insides in filth; in like manner the interior of our living tenements may be left in a similar state of neglect. In a warm bath, we *imbibe* by the pores more or less of the contaminated water that we would not drink. The Turks, with some scientific reason, regard the warm-water bath with horror and astonishment. The ancient Greeks and Romans used it only when sick as a means of cure. There has been a vast improvement in medical science since their time. For the information of Town-Councils, we shall review this question with the light of political economy. One pound of coals will heat one cubic foot of water one degree, and the same quantity will heat 2,000 cubic feet of air one degree; so that the quantity of fuel required to heat the bath of one person, 98°, may heat the hot-air bath of fifty persons 150°; and the warm-water bath will only operate upon the surface, while the hot-air bath will operate and permeate and purify the whole blood and body. After the water-bath, you are relaxed, robbed of animal electricity; after the hot air, you are refreshed, and your electricity recruited. This Bath of baths seems to be fast repossessing the professional mind. The paper from Dr Erasmus Wilson of London, read before the Social Science Congress of Glasgow lately, is the latest and most important evidence of this fact. The vital interests of the many in this question of public health seem now so generally understood, that it is impossible that they could be sacrificed at the shrine of the empirical few who drive a fearfully fast drug-trade up and down that grand canal of traffic to them, the intestinal tube, and are suffered to do so for sake of the paltry public revenue. When scientific self-knowledge becomes more diffused over the public mind, this false system must be crushed by the pressure of public opinion, and medical science resume sole and supreme power as the medical director of our human nature. The dignity of this great nation—the splendour of this age of rapid progress, of the quick march of intellect, of social science, of sanitary economy, of personal reform—in one word, of civilisation—demand this position for medical science (for the physician is the philosopher of nature), and the revival of the Thermo-electrical Bath, a luxury of life, and a proof that we are worthy to belong to this "patent age of new inventions," which has produced locomotive steam power from caloric to move at a mile a minute—magneto-electric machines, to transmit electricity, to be our running messenger with the rapidity of thought—light and lightning, to combine on electro-chemical materials and strike off our second selves photographically—chloroform, to kill pain, suspend consciousness, submerge man in a sea of oblivion, and overshadow his soul in sleep on the brink of the ocean of eternity, to hang on a thread of silken slumber, but has lately furnished medical science with the ready resuscitating means to lift him into life again. All honour to the late ever-to-be-revered Dr Marshall Hall for this his last legacy of life to mankind and of light to medical science—"the most brilliant book he ever wrote," he said, but did not live to publish.

Yours truly,
Sligo, 1st November. J. TUCKER, M.D.

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your allowing me space in your Journal to inform the Poor-law Medical Officers that I have this day ordered a Draft of the proposed Bill on Poor-law Medical Relief to be forwarded to each Medical Officer for his opinion. As it is possible among so many and frequent changes that the names of a few gentlemen may have been omitted, I must request those who do not receive a copy by the 8th inst., but desire to have one, to address a note to me to that effect.

I am, &c., RICHARD GRIFFIN.
12 Royal terrace, Weymouth,
1st Nov., 1860.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CONSTIPATION—COLIC.

The following is a truly interesting case, and although it extends over a long period of treatment, it is in a practical point of view worthy of the greatest attention. It may be considered the type of a series, the individuals of which are found amongst the sedentary, luxurious, overworked, and ill-fed, as well as indolent females of London. The history of the case shows a complete loss of the peristaltic function of the intestine. Probably, at the commencement, neglect in relieving the bowels might have caused accumulation of fæces in the colon; this increasing to that degree which would prostrate the muscular power of the intestine, necessarily would also aggravate mischief. Hence would originate all the untoward circumstances of this very curious case. On functional relief having arrived by free and spontaneous evacuations occurring, the peristaltic function of the intestines was nevertheless slow to be obtained, and when obtained was both irregular and erratic. Instead of the normal peristasis of the intestine, an inverted or anti-peristaltic action was set up. This state of things characterised the middle and latter part of the progress of the disease to convalescence. These circumstances, with the intermittent or recurrent colicky pains, may be attributed to reflex action of the sympathetic nerves. Much obscurity at the onset surrounded the case; whether hernia, intussusception, cæcal ulceration, or other intestinal lesion existed, was doubtful. The due secretion by the kidneys gave encouragement in the midst of this obscurity.

Elizabeth Whicker, single, æt. twenty-seven, dressmaker, admitted into Adelaide Ward, Westminster Hospital, under Dr Basham.

July 23rd.—Suffering under continued vomiting of dark bilious-looking matter, and pain in the abdomen, coming on at stated intervals. Complains of distinct twisting pains when the attack comes on; no hernia. Bowels have not been opened for four days, and then very slightly; is generally very obstinate in that way. Pulse 152, small and sharp. Tongue moist; clean at tip and edges, and furred down centre. Moist and warm; no thirst; countenance is not expressive of any amount of pain. Abdomen tense and tympanitic; no great pain or tenderness on pressure—except in both iliac regions.

History.—Up to 18th of July has always been healthy; but had been kept awake at night, a few nights, by an abscess in the finger.

On the 18th, was seized with a feeling of spasm in the left side; and after taking some brandy and peppermint to afford relief, commenced retching, which has continued up to the present time without intermission. R Ol. ricini, ℥j.; conf rutæ, ℥ss.; decoct. hord. Oss. pro enemat. statim, et repet. hora somni; stupes terebinth. R Sodæ sesquicarb., ammon. do., ää gr. x.; aq., ℥j. ex. acid. citric., gr. xx.: 3tis horis. Has been under treatment out-of-doors, when gums appear to have been affected by medicine given (hydrarg.)

24th.—Pulse 108, fuller; has not been sick since last night about 12 o'clock; pain in abdomen very much relieved; no action of bowels. Repet. enema. Repet. mist. et add. opii, gr. j. per dosis; enema saponis statim, et repet. quaq. 4tis horis.

25th.—Tongue clean and dry, and thirsty; a very slight quantity of fæces escaped with last injection. Sickness continued during afternoon yesterday, but she has not been so to-day or during night. Repet. pil. 6tis horis. R Decoct. hordei, Oss.; ol. croton. tiglii, gtt. j.: fiat enema.

26th.—Repet. enema stat.; et 7 p.m., do. do. Pulse 104. Enema had no effect; sickness has been very troublesome during night, with bilious

matter. A large quantity of flatus was evacuated, by way of mouth, twice yesterday; tympanitic state of abdomen less.

27th.—No action of bowels; bilious vomiting; pulse 100; size of abdomen decreased; feels as if bowels were about to be evacuated every now and then, with pinching pain. There is an eruption all over surface, resembling that of scarlatina; no sore throat, or other symptom to that effect. ℞ Ol. ricini, ℥ss.; ol. terebinth., ℥ss.; dec. hord., Oss.: fiat enema statim, et repet.

July 28th.—Vomiting continues of same character. Omitt. pil. opii. ℞ Hydr. chlorid., gr. iv.; pulv. jalap., gr. x.: statim. Repet. enema. Bowels have not acted; feels the twisting, colicky pain very much this morning. Pulse 104. Tongue moist, and papillæ of dark yellow colour down centre.

30th.—The powder was followed by violent vomiting and retching; matter vomited of same character during yesterday and to-day. Tongue dry and furred; pulse 88. No abdominal tenderness. The eruption has disappeared.

31st.—In much the same state. Bowels not acted. ℞. Ol. ricini, spir. terebinth., āā ℥j.; dec. hordei, Oss.: fiat enema, si opus sit.

August 1st.—Tongue clean and moist; pulse 96; bowels still torpid. She vomits dark, offensive fluid; does not take any nourishment; no anxiety of countenance. Bowels have not acted; still continues vomiting stercoraceous matter; countenance calm and natural; abdomen soft, tympanitic; tongue somewhat inclined to be dry. ℞ Tr. opii, ℥ij.; decoct. hordei, ℥j.: pro enema, hor. som. ℞ Sapon. dur. pro suppositorius.

August 3rd.—Pulse 92. After the last enema of opium, she went to sleep, and had a very comfortable night's rest. Has not been sick since yesterday afternoon; bowels have not acted yet; vomit thin, stercoraceous. One p.m.—Countenance placid, natural; stomach remains quiet; pulse 116. ℞ Tr. opii, ℥ij.; decoct. hordei, ℥j.: ft. enema hora somn. Yesterday afternoon, after examination by finger was made of rectum, a piece of soap was introduced, and retained since. An injection of tr. opii was given in the evening, and another suppository of soap introduced. She slept the whole night, and was this morning free from pain. Both suppositories have been retained. Tongue moist, less fluid; abdomen soft, and yielding and tympanitic.

4th.—Is sitting up this morning; says she feels as if she should choke upon lying down; tongue moist, rather furred; pulse 116; belly more tympanitic; complains of a great load over region of stomach, and fancies she would be relieved if she were sick; has not vomited since 2nd; the suppositories have been retained. The injection was given last night, but she did not sleep; felt sleepy, but could not do so from pain and the sensation of bursting. Countenance quiet. There has been some discharge of flatus downwards. Repet. enema statim, et vespere et bis die.

6th.—Pulse 108; tongue dry; well-raised papillæ; bowels have not acted; countenance rather anxious; complains of constant pain about shoulders; has been sick only once—thin, not stercoraceous; slept during last night and night before; abdomen more tympanitic; discharge of flatus downwards. Fotus calid. abdominis. Repet. enema.

7th.—Pulse 120; tongue dry and brown, streak down centre; countenance drowsy; conjunctiva injected; has been sick only once, and that very slightly, not stercoraceous. There was more discharge of flatus last night than at all; no fæces; abdomen very tense.

8th.—Pulse 120; tongue dry and clean; has not been sick since last note; passes flatus occasionally downwards, and states that a few white lumps escaped from rectum last night whilst trying to empty her bowels; slept pretty well.

9th.—Yesterday had some action of bowels, not in consequence of injections, but spontaneous. She passed a considerable quantity of dark fæces; she has vomited a great deal of stercoraceous matter during night. Pulse 100; tongue moist; abdomen less tympanitic; has been sick once this morning, still stercoraceous; complains of great pain about region of stomach.

10th.—Pulse 120; expression more anxious; did not sleep in the night, from occurrence of periodic attacks of a sort of windy colic; had a motion yesterday, not very large, but about consistence of a poultice; has been violently sick all night; urine plentiful.

11th.—Pulse 120; the want of food is telling upon the countenance, the face looking thin and sharp, and the bowels prominent. No evacuation from bowels to-day; slept a little; vomited a little yesterday, very stercoraceous. ℞ Tr. opii, ℥ij.; decoct. hordei, ℥iv.; sodæ chlorid., ℥iv.: ft. enema statim.

13th.—Yesterday, after an injection of turpentine and oil, the bowels acted freely; several lumps came away, and has had four evacuations since. Countenance tranquil; pulse quick; tongue clean and dry; sickness still continues.

14th.—Bowels acted three times yesterday, a number of hard lumps still being brought away. Pulse 120; tongue dry; has been sick several times during night, vomiting yellow bilious-looking matter, not stercoraceous; complains a great deal of colicky pains.

15th.—Bowels moved once yesterday, not since. Slept all night; no sickness since night of 13th; ate greater part of her chop yesterday with a relish; still feels the windy pain now and then; pulse 112; tongue clean.

16th.—Pulse 120; tongue clean and dry; has not been sick; no motion; pain increased, of same character. Fotus terebinth. abdominis appl. Repet. enema.—1 p.m. Vomited again.

17th.—Bowels acted three times after injection; motions copious, light-coloured. No return of vomiting; feels sick; slept well.

18th.—Bowels acted freely; motions natural, three since yesterday. Colicky pain has been very bad during night; has been sick ever since yesterday. ℞ Sp. ammon. arom., ℥ss. ℞ Lav. co., ℥ij. ℞ Zing., ℔x.; aq., ℥ss.: flatus urgent. sumend.

20th.—Sickness continues; bowels act every morning, especially when the draught has been taken. Colicky pain still felt, not relieved by medicine. Middle diet; one egg.

21st.—Bowels open; sickness still continues. Yellow-looking sour water vomited. Pain still very severe at times.

23rd.—Bowels act naturally; sickness and pain continue. A rhubarb poultice ordered to be applied to stomach. (a)

24th.—Bowels open. Sickness is more violent; vomited yeasty-looking fluid. Pain very bad. Poultice had no effect. The pain has been spasmodic all along, and the course of the large intestine can be felt raised and hard during each paroxysm. Repet. enema opii et sodæ chlorid.

25th.—Bowels open. Pain relieved by injection; has not returned since.

Although sickness continued after taking food on 26th, 27th, 28th, and 29th, the bowels nevertheless acted regularly every morning, and pain became relieved. Matter vomited to-day, green, bilious-looking, mixed with food.

Forwards to Sept. 5th.—Vomiting continued occasionally after almost everything she took. But for this state of things, she might be considered convalescent. To-day the sickness has been absent for the first time; she has not vomited after taking egg and wine, and has kept bread and milk upon her stomach. From this time the appetite returned and became good, pain left her, the bowels became open every day, and she slept well.

From the 7th.—She took all her diet, but only a mouthful or two at a time, which was repeated every hour or two during the troublesome continuance of the sickness, to give the stomach as little to do at a time as possible. From this time until her discharge, she rapidly improved. Dr Basham deferred her discharge to October 16th. To restore her strength and condition, she continued in the house, taking everything that could conduce to that effect; namely, wine, beer, and *extras*. Before leaving, she regained not only her strength, but her flesh began to feed. The pulse continued quick to within a few weeks of that period. The tongue became moist and clean, and bowels open daily.

We are indebted to Mr Mowatt, Physician's Assistant, for his careful notes of this interesting case.

(a) Dr Basham, by way of experiment, applied this poultice. The irritability of the stomach rejecting everything attempted to be introduced that way, and barbarine being considered to exert an especial influence upon the fibrous coats of the intestines, he thought it a fair opportunity of trying its agency by its absorption through the skin. The barbarine Dr Basham afterwards traced to have become absorbed into the system, but its influence was *nil*.

UNIVERSITY COLLEGE HOSPITAL.

OCTOBER 20TH.

The boy Henry Pinchett, whose case we gave partially last week, we saw to-day. He is progressing so favourably to cure, that a few days will probably terminate the treatment of this interesting case, when we will give Mr Holland's notes of the termination.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 22ND, 1860.

PETER MARSHALL ESQ., VICE-PRESIDENT IN THE CHAIR.

CLINICAL DISCUSSION.—MALFORMATION.

Mr CANTON exhibited a drawing of a case of malformation which fell under his care in the Charing Cross Hospital. The patient was a male child, six months old, was born at the full term and presented the peculiarity of having a fleshy caudal appendage prolonged from the posterior margin of the anus, upwards and forwards, to become continuous with and project greatly from the surface of the raphe of the perinæum. It terminated by becoming identified or lost in the raphe of the scrotum. The whole of the growth was conical, with its base attached, and, as it were, springing from the posterior margin of the anus, just opposite to the coccyx. It did not completely occlude the anal opening, and there was a tolerably free vent for the fæces or either side of it. Since birth, the contents of the bowels were said to have been almost continually flowing. The mother has other children, who are well formed, and she is not aware of any injury or fright occurring during her pregnancy. Mr Canton removed the whole of the growth, and ascertained that the sphincter ani was not ill developed, and the coccyx was not prolonged to its normal extent.

The Vice-President, Dr Salter, Dr Halford, and other Fellows, joined in this discussion.

OPIUM-EATING.

Dr STOCKER then called the attention of the Meeting to the constant use and abuse of opium. He was lately called to attend upon a lady who had a tumour under left mamma. A plaster of opium had been applied. He traced out where this was obtained. An ounce a day had been taken for six or seven years, or ten grains a night. Opium could be obtained on all occasions by merely asking for it. Dr Stocker said, upon remonstrating with the seller, he replied that he made no profit by it, as an excuse for its sale.

Dr CAMPS mentioned the case of a lady who had consulted him, the lady of a Member of Parliament, addicted to laudanum-taking. It was her custom to take ℥xx every eight days, or an imperial pint. She broke herself of the habit, and became restored to health. Dr Stocker thought the subject demanded the interference of Government; the evil had rapidly increased, and had become a dangerous propensity.

THE USE OF MERCURY IN DISEASE OF LIVER.

Dr THUDICHUM would call the attention of the Fellows to the question whether mercury had any action on the liver, or not. He begged to call their attention to the able paper which Dr Inman of Liverpool had recently communicated upon the subject in the 'Lancet.' He stated, he had great faith and confidence in his statements and facts. He was quite prepared to amplify and corroborate them. A writer in the 'Lancet' says he found mercury in the bile. But neither mercury nor calomel is dissolved in it. We understood him to say that it diminished the quantity of bile: Dr Scott has established this point. In reply to Dr Routh and others, Dr Thudichum said, because it produces relief in liver disease, that fact does not prove it to possess a specific action as a chologogue: or the circumstance that the stools are mostly green is no criterion of its chologogue agency. This notion appears to be at the bottom of the tissue of errors. The green colour of the stools produced finds a parallel in the black stools produced by taking into the system the sesquioxide of iron. As this change of colours takes place, so is the cholochrome of the bile generated in the intestines. When after a dose of calomel green stools occur, scalding is produced; this is from the formation of sulphide of mercury. The amount of solid bile fluctuated between 9,000 and 12,000 grains. The dry residue of a healthy man's fæces does not exceed two ounces. Dr Thudichum stated that his own fæces

did not exceed one ounce. The ordinary biliary salts consist of chloric acid. The bile is no criterion at all; it depends upon the quantity of solid matter. The quantity of bile secreted in the ox is extraordinarily large. According to Liebig, the quantity secreted in the human subject is 10,000 or 13,000 in twenty-four hours.

The discussion was carried on by Dr Richardson and Dr Thudichum.

Dr Richardson in answer to an inquiry, what became of the bile? replied, it was taken up by the organic changes going on in the animal system.

Dr Halford referred to the case of a gentleman to whom he was summoned early in the morning. His motions were so hot, they passed from him like boiling water. He had been subject to these attacks. He scrupulously avoided mercury. His bowels were sometimes constipated, and then he had attacks similar to the above, namely—large evacuations of hot fluid.

Dr Camps considered the *modus agendi* of mercury in the system is to favour the secretion of bile. This is no new idea, but rather an old one. If Dr Thudichum be right, we must forget our experiences and our old-day notions for entirely new ones. This doctrine will prove we have for nearly a century used mercury in a very empirical manner. It, moreover, will tend to scepticism in the use of all remedies. Is there any marked line between this state of things and other palpable medical heresies—*homœpathy* for example? In Dr Camps' practice, he said he found blue-pill and two or three grains of calomel so familiarly and confidently resorted to, followed by a black draught, that it has become a household want. It will be a boon to have this rectified.

Dr Salter considered the sub-sulphide abounding might be explained by the quantity of sulphur in the food.

RESECTION OF THE ELBOW-JOINT.

Mr De Meric called the attention of the Meeting to a case of resection of elbow-joint, which he had performed in the usual way, two months ago. This patient, who was in attendance, had been suffering for two years. His arm was, before operation, useless, diseased, and caused suffering. This seemed, in the opinion of the Fellows, a very creditable and successful case, although criticised by Mr De Meric. There was little or no deformity, only from ravages of disease upon soft parts, showing its violence. It was nearly as long as the sound arm; motion of forearm good; pronation and supination correct; perfect use of hand, and perfect motion of shoulder. Mr De Meric criticised this good surgery of his own (which all seemed disposed to commend), inasmuch as the elbow had not as good motion as before. This was somewhat or partially explained by the mode of operation. A certain code is becoming established for these operations, more especially for the elbow-joint. Is this code essential to success? Mr De Meric stated, that he found the head of radius so sound, that he did not remove any portion of it. By this, a sacrifice of the diseased white, fibrinous junction was made, to obtain an arm of natural length; but, from anchylosis taking place, in consequence it became deprived of flexion and extension. Nevertheless, this was a useful limb: good hand, perfect movement at shoulder, and complete power of pronation and supination, were great benefits; the man, from having been nearly dead, restored—a strong, hale man, in good health.

Dr Halford thought it should have been placed early in a bent position.

Mr Canton admired Mr De Meric's modesty in bringing this case before the Meeting as not successful, and in disparagement of resection. He considered resection to be most favourable in its results. He considered this patient as good a case as he had ever seen. He has great latitude of motion, and, he thought, a good position of limb. They always do better in straight line. Fibrous tissue will always be thrown out better than when bones are placed at right angles. It is a question whether the advantage of being placed at right angles, is not compensated by the great latitude of motion obtained at shoulder-joint. Mr Canton referred to some experiments made by the Sydenham Society upon animals. When cartilage is removed, fibrous structure is substituted and deposited; where cartilage is not reproduced, you have what is called porcelaneous material instead. He thought this patient would yet obtain a larger latitude of motion.

In reply, Mr De Meric stated that he removed coronoid of ulna, but not head of radius.

Mr Bryant said, the operation is the more beneficial and successful, the larger amount of bone remaining. If in this case the head of radius had not been left, Mr De Meric's objections would not have existence. He was surprised at it being considered a failure, or quoted as unsuccessful: it was a first-rate hand and arm, with great latitude of motion, and would be very useful to him in whatever condition the elbow may be. When a sufficient quantity of bone is removed, the straight position being at first observed after operation, at the end of week a little flexion should be used and obtained.

OUR NOTE BOOK.

CLINICAL REMARKS ON TUMOURS WITHIN THE CRANIUM.

Dr Brown-Séquard made some remarks *apropos* of a case he had then under his care, on the general symptoms and the affections produced by tumours within the cranium. The symptoms accompanying such tumours were not due merely to their local effects, but often to increased general pressure. The cranium being a closed cavity, a tumour would produce pressure, and thus produce symptoms differing from those which would result from the local alterations of structure which the tumour occasioned. In such cases, persons were dull, as if coming out of a deep sleep; but were, when roused, often as intelligent as usual, but were slow in replying to questions, and their movements were slow and hesitating.

Again, a tumour might produce effects through parts of the nervous system at a distance from itself, just as irritation of the urinary organs produces paraplegia, or as worms produce epilepsy. The symptoms of tumour of the brain were very various, and could often be by no means explained by its local effect. For instance, a patient might have a tumour in the anterior part of one cerebral hemisphere, and during life present no symptom whatever, so that during life no disease of the brain could be suspected. The patient dying of some disease quite unconnected with the tumour in the head—for instance, pneumonia—the tumour would be discovered at the autopsy. It would, however, often happen that even a very small tumour would give rise to very serious symptoms, and in different cases of quite a different character: thus, it might produce insanity solely in one, hemiplegia in another, epilepsy in a third, and trembling palsy in a fourth. In these cases it would be impossible to admit that the local injury was the cause of the symptoms, as much more extensive disease in the same part might exist without any symptoms; and again, their extreme variety would also negative the view that they could all be due to increased general pressure. Dr Brown-Séquard believed that the phenomena in these cases were reflex. If it were asked why the symptoms were various, he would point to phenomena which were clearly reflex, and still various, from the same cause. Thus, worms in the duodenum would produce in one paralysis of the elevator muscle of the upper eyelid only; in another, epilepsy; and in a third, loss of vision, hearing, smell, or taste,—or, in fact, any form of nervous affection.—'Medical Times and Gazette.'

TREATMENT OF EPILEPSY.

BELLADONNA—QUININE—THE LIGATURE—THE ACTUAL CAUTERY.

Dr Brown-Séquard generally commences the treatment of epilepsy by belladonna. The usual dose of this remedy for an adult is one quarter of a grain twice a day in pill or mixture. It is very rarely indeed seen to produce any of its specific effects, as dilatation of the pupil, in cases of epilepsy. At our last visit one patient came who complained of dimness of vision, and whose pupils were evidently dilated by the drug; but this was the exception, proving the rule, as the case was not one of epilepsy or any convulsive disorder.

In the cases in which there appear to be a tendency in the fits to appear at regular intervals, for instance, once a fortnight, Dr Brown-Séquard prescribes quinine in large doses, *e.g.*, five, ten, and even fifteen grains, to be given at intervals, shortly before the fit is expected. By this means the fit is frequently prevented, and the patient goes on to the next, or even to a longer period. In reference to these large doses of quinine, it is well known that some temporary deafness will often follow; and, curiously enough, Dr Brown-Séquard states that there is a kind of deafness which the administration of this remedy in large doses will cure.

Another therapeutical means in epilepsy is the ligature, in cases in which the aura epileptica, arising from one of the limbs, is present. Dr Brown-Séquard has two patients, both girls, about the age of nine years, in the Hospital, in whom the fits are frequently stopped in this way. The ligature is kept constantly on the arm; when the child feels the warning, the nurse of the ward tightens the bandage, and the fit is prevented. The success in these cases has been very great, and we shall, shortly, by the courtesy of Mr Smith, the House-Surgeon, be enabled to place their details before our readers. It is of great consequence to have the ligature in readiness, so that it may be tightened at once. Grasping the limb tightly will do in the absence of proper means, but it is much better to keep a bandage or folded handkerchief tied on the arm ready to be tightened. Dr Brown-Séquard has invented an apparatus to encircle the arm, and to tighten by a screw, in order that the pressure may be quickly applied.

Dr Brown-Séquard frequently uses the actual cautery locally in a variety of nervous affections. In epilepsy, patients frequently complain of either a pain or a sensation proceeding from some part of the body. A woman, aged twenty, had had fits for thirteen years; they invariably commenced with pain in the left side, just below the mamma. Dr Brown-Séquard applied the cautery to this part in two or three places. The relief was most marked. It had not prevented the fits altogether, but it had reduced their number very considerably. Instead of having them every other day, she had them only once a week. The cauterising iron is heated to a white heat, and is then applied suddenly to the part once or twice. It appears to cause but trifling pain, and the patients do not seem at all to dread its repetition.—'Medical Times and Gazette.'

ON THE CONVERSION OF CYSTICERCUS CELLULOSÆ INTO TÆNIA SOLIUM.

Some time since Dr Küchenmeister having fed a deliquent with measly pork three days prior to his death, found several young tænias attached to the intestinal canal, and Leuckart has since related a case of death from the same cause. But, as there are still incredulous persons, the Author resolved to institute other experiments on the person of a criminal condemned to death. The pork containing the cysticerci was administered on November 24, 1859, and January 18, 1860; and the post-mortem was made on March 31. Almost 50 per cent. of the cysticerci were found in the condition of tapeworms. His general conclusions are—1. The numbers of the tænia which were found must convince the most incredulous of the reality of the conversion. 2. That the tænia really resulted from the cysticerci administered, is seen from so so many being still in an immature state. 3. The presence of so many examples delayed the development. In ordinary cases a quarter of a year would suffice for maturity to be attained. 4. Even under the most favourable circumstances, when the cysticerci are freed of their envelopes, one-half undergo no conversion, and swallowed unseparated the proportion would be still less. 5. Raw, measly pork may be exposed to considerable cold without the cysticerci losing their vitality. 6. In weather which is not hot enough to induce early putrefaction, the susceptibility of development can be retained for at least eight days, and probably for a longer period after the death of the pig. 7. The greater the number of the raw cysticerci that are consumed, the greater number of tæniæ will be found. In one case in which such food was largely consumed, thirty-three portions of heads were found. 8. In persons leading a quiet life, avoiding all excess in eating and drinking, and partaking of a uniform diet, even many of these worms may not give rise to any disturbances in the system. This prisoner, between the time of eating the cysticerci and his execution, was remarkably well in health, a considerable increase in the deposit of fat taking place. 9. Notwithstanding the quantity of separated proglottides at the lower portion of the intestinal canal, the muscles contained no cysticerci. This man,

however, had no vomiting, and none of the embryos of the taniæ entered the stomach, which, according to the Author's investigations, is a necessary preliminary to the appearance of cysticercus in man. 10. The worms were found very firmly adherent in part to the free surface of the intestine, or at the sides of the valvulæ conniventes, and in part buried between these last. They could only be detached with great difficulty, and when the heads were loosened from one portion of the intestine, they at once fastened on to another with just as much force. 11. This explains why a means which, in some cases, acts very efficaciously in expelling the worms, in other cases proves of less avail. Thus, when the head is attached to the free surface of the intestine, or of the valvulæ, sharp purgatives will detach it; but, when placed at the base of the valvulæ, the effect of the purgatives may be only to bury it still deeper, and when the body is expelled without the head, the worm may be reproduced. When the head of the worm has become detached from the intestine, we must not allow it time to re-attach itself; and those medicinal agents alone which induce powerful peristaltic action, and are accompanied by abundant secretion, are to be relied upon for procuring a radical cure. 12. Finally, the Author replies to the reproaches which have been directed against him for his experimental feeding of condemned criminals. He maintains that, as a curable disease only had been produced, the man, even in the event of his having been pardoned, would have sustained no permanent mischief. He declares that, by employing active purgation by means of pomegranate extract, prepared as directed in his work on 'Parasites,' he has never failed in expelling the worm. A further excuse for the experiment is derived from the fact that, owing to the regularity of diet observed by the criminal, and the absence of all excesses likely to give rise to vomiting, there was no possibility of the proglottides obtaining an entrance into the stomach, and becoming thence diffused amidst other of the structures.—'Deutsche Klinik,' No. 20, and 'Medical Times and Gazette.'

A SEVERE BURN TREATED WITH ALUM.

In the July number of the 'Maryland and Virginia Medical Journal,' Dr Wm. M. Turner reports a case of severe burn, that was unexpectedly cured by a new method of treatment. The burn was in a person of broken-down constitution and of intemperate habits, and was very large in extent. The Doctor saw the case first a week after the accident; he says, "A more foul and offensive wound I never saw before in the wards of any hospital. The odour was almost unbearable. The man was quivering with pain, wore an anxious look, and had a small, thready, irritable pulse."

Treatment was instituted, and continued for a considerable time, with no favourable influence. The patient continued, apparently, to sink under the exhausting influence of the offensive discharges, and occasional profuse hæmorrhages. For the purpose of arresting the hæmorrhage, powdered alum was applied, and the general influence was so good as to induce its further continuance. He says, "I continued with the alum powder, dusting the entire surface, and instead of covering with rags spread with simple cerate, I applied the cerate of the impure carbonate of zinc, or calamine cerate. This I did not spread on a cloth, but melted in a large iron spoon, and after the alum was well applied, I poured the melted cerate over the entire surface, and covered the wound with very light oil silk. From that moment I had no more trouble; the man slept so well that anodynes were dispensed with, and nature afforded rest, unaided. The tonic treatment soon produced an appetite, and rich food gave the patient good blood. The wounds healed very rapidly after commencing the alum treatment; and what is more singular, more fortunate, and very inexplicable, there was no drawing cicatrix left. The man is to-day in better health than he ever was, and can walk anywhere he pleases."—'American Medical Monthly.'

A NEW OPERATION FOR AMPUTATION OF THE FOOT.

In the same number of the above-mentioned Journal, Dr A. P. Smith recommends a new operation for amputation of the foot. Instead of disarticulating, as is usual in all the various plans hitherto practised, Dr Smith advises a direct section of the bones. This operation is easier to perform than one that requires the knife to follow the irregular tarso-metatarsal articulations, exposes much less bone surface, and gives a granulating surface of bone rather than a cartilaginous, which is an acknowledged advantage. It is further claimed that "the granulating ends of the bones more readily form union with the surrounding soft parts," and "the preservation of the articulations renders the result more satisfactory, and less limping and discomfort in walking."—'American Medical Monthly.'

Births, Marriages, and Deaths.

BIRTHS.

BROWN.—October 24, at Rochester, the wife of John D. Brown, M.D., of a daughter.

COOTE.—October 23, the wife of Holmes Coote, Esq., F.R.C.S., of New Bridge street, of a son.

GILLARD.—October 21, at Hovingham, York, the wife of Richard Gillard, Esq., M.R.C.S., of a son.

HORNER.—October 21, at Spenser road. Hornsey New Town, Stoke Newington, the wife of Thomas Horner, Esq., L.R.C.P.E., of a son.

KNAGGS.—September 2, at Fort Peddie, South Africa, the wife of Henry Knaggs, Esq., M.B., Assistant-Surgeon Cape Mounted Riflemen, of a daughter.

LITHGOW.—October 11, at Royal terrace, Weymouth, the wife of James Lithgow, M.D., of a daughter.

OLDHAM.—October 18, at West Hartlepool, the wife of Riton Oldham, Esq., F.R.C.S., of a daughter.

TERRY.—October 26, at Mells, near Froome, Somerset, the wife of George Terry, Esq., M.R.C.S., of a son.

MARRIAGES.

CRAWFORD—STODDART.—October 25, at All Saints Church, St John's Wood, W. Crawford, Esq., M.B., Surgeon, R.N., to Marian Catherine, only surviving daughter of the late Rev. John Stoddart, D.D.

MATTHEW—YOUNG.—October 27, at Flitcham, Norfolk, Thomas P. Matthew, Esq., Army Staff-Surgeon Major, to Emilie Frances, fifth daughter of Dr Young, late of Clapham common, Surrey.

SUTTON—WHITMARSH.—October 17, at St Leonard's, Shoreditch, John Sutton, eldest son of John Sutton, Esq., M.R.C.S.E., Finsbury, to Rebecca, fourth surviving daughter of J. Whitmarsh, Esq., Whitmarsh Lodge, Honiton.

DEATHS.

CAMPBELL.—August 25, at M'Carthy Island, River Gambia, Africa, of yellow fever, Charles Drelincourt Campbell, M.D. Univ. Glasg., L.R.C.S. Irel., L.S.A. Dub., Staff Assistant-Surgeon, Army.

GIBSON.—October 26, at Inellan, Scotland, David Gibson, of Glasgow, M.D. Univ. Edin., L.F.P. & S. Glasg.

GILMOUR.—October 27, drowned at the entrance to the Trafford Dock, Liverpool, James Gilmour, of Upper Parliament street, Liverpool, Extra-Lic. R.C.P. Lond., L.F.P. & S. Glasg., L.S.A. Lond.

JONES.—October 19, at Pembroke, Thomas C. Jones, Deputy-Inspector of Hospitals and Fleets, on the Retired List (seniority, July 25, 1855), for many years Surgeon at H.M. Dockyard, Pembroke, aged 80.

MARCHANT.—October 25, at Hampton Wick, Georgina Annie, only child of the late Staff-Surgeon W. D. Marchant, aged 6¼ years.

MUSCROFT.—October 17, at Pontefract, Yorkshire, suddenly, Charles Muscroft, M.D. St Andrews, M.R.C.S. Eng., L.S.A. Lond., aged 35.

NORMAN.—October 24, at High street, Colchester, Essex, John Serjeant Norman, formerly of West Mersea, Essex, M.R.C.S. Eng., L.S.A. Lond., aged 68.

SCOTT.—October 11, at Malta, Martha, wife of James E. Scott, M.D., Surgeon, Rifle Brigade.

SCOTT.—October 11, at Malta, James E. Montgomery, the infant son of J. E. Scott, M.D., Surgeon, Rifle Brigade.

TURNER.—October 20, at Tunbridge Wells, Richard Turner, M.R.C.S. Eng., L.S.A. Lond., aged 44.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 26th ult.:—Robert Foreman Cook, Gateshead; George Joseph Dinham, Mile end; Joseph Frederick Eyeley, Llanymynech, North Wales; Edward Charles Hammond, Cambridge; Hauteville Hone John Sterling, Deal, Kent. At the same meeting of the Court, Mr Walter Frederick Cope Bartlett, late of the Royal Naval Hospital, Hong Kong, passed his examination as Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date August 8th, 1856.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, October 25:—William Batho, Amesbury, Wilts; Christopher Thomas Coward, Stepney green, Stepney; Frederick George Dalton, Westerham, Kent; George Griffith Phillips, Newcastle Emlyn, Cardiganshire; Eliezer Williams, Llandilo, Carmarthenshire. The following gentlemen also on the same day passed their first examination:—William Cribb, Chambers terrace, Camden town; Edwin Rawson, Wilsden, near Bingley.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—Edwin Swinfen Bellyse, M.D., L.R.C.S., and L.A.C., Nantwich, was elected a Fellow of this College on the 17th ult.

ROYAL COLLEGE OF PHYSICIANS.—It has been remitted to the Council of the College to arrange the scheme for carrying into effect the new powers conferred upon the Fellows by the recent Act of electing a president.

LONDON HOSPITAL.—Mr Critchett has resigned his share of the Chair of Surgery at this hospital. He will, however, continue to give his annual course of lectures on Ophthalmic Surgery.

MEDICAL STATISTICS OF PRUSSIA.—The 'Elberfeld Gazette' states that in Prussia, in a population of 17,739,913 souls, there are 358 district physicians; 4,327 having their grades; 996 surgeons, first class, and 643 second class; 1,026 veterinary surgeons; 1,529 apothecaries; and 11,411 midwives.

ON the 3rd ult., Dr Henry Bedwell was admitted a Licentiate of the Royal College of Physicians, Edinburgh; and on the 10th ult., was elected a Fellow of the Royal College of Surgeons, England. Date of diploma as Member, June 1840.

DEAF-MUTISM.—ADMINISTRATION OF CHLOROFORM.—At the last sitting of the Academy of Sciences of Paris, Dr Baudelocque presented a patient of his to the members—a soldier, named Charles Freschalle, who having been seized with typhus fever in the Crimea, lost the power of speech in consequence. On the 1st of September last, having been dumb for four years, he placed himself under the guidance of Dr Baudelocque, who succeeded in gradually curing him. Dr Baudelocque also produced a young boy, born deaf and dumb, and who now can speak and also hear a little. Dr Jeancourt sent in a paper on the employment of chloroform. He considers that whenever the act of breathing is continued regularly during inhalation, chloroformation presents no danger; but when this continuity is interrupted, either by the fault of the operator or the patient, there may be danger. Hence he establishes the general maxim: that, to avoid all accidents in producing anæsthesia, great care must be taken to cause an incessant renewal of the air in the lungs until the sleep has begun. Afterwards it will continue without intermission.

DEATH OF A CENTENARIAN.—On Sunday week, Mr D. Muirhead, of Tynecastle, near Edinburgh, died at the very advanced age of 106 years.

VIOLENT DEATH OF DR GILMOUR, OF LIVERPOOL.—The body of Dr Gilmour, residing at 19 Upper Parliament street, was, on Saturday week, found floating in the Trafford dock, at the south end of the town. The face bore marks of ill-treatment, being much cut and bruised; otherwise the body was generally unscathed, and appeared to have been but a short time in the water.

OUR TROOPS IN CHINA.—The 'Times'' special correspondent says: "Notwithstanding the position of the town, and the many inducements to cholera and typhus, the health of the army is

most extraordinary—very much better than at Tah-lien-hwan. There the per-centage was a little above four, here it is positively only one and a quarter per cent. on the whole force, for 'no one now has leisure to be sick, in such a jostling time.' The excitement carries the men through, for they know they are soon to meet the enemy, and should they fall ill they will be sent to the fleet. However, this state of things could not possibly last amid the close streets and the pestilential atmosphere, redolent of cholera and typhus, which surrounds us, and it is a subject of universal congratulation that we go into the open the day after to-morrow. I am sorry to learn, however, that the force left at Hongkong is in a very bad state, and that the men are dying fast. It is high time that something should be done about this charnel-house for English troops, and I have reason to know that the strongest representations have been made to the Home Government against any European regiment being again stationed there. Kowloon, our new acquisition, affords an excellent site for barracks."

Consumption of Tobacco in France.—The consumption of tobacco in France increases in an immense proportion. In 1815 it was only 53,000,000 lb., and in 1858, 173,000,000 lb., having in that time more than tripled. In a period of 47 years, it produced to the Treasury a gross sum of 4,386,794,264 fr., and a net amount of 3,044,078,346 fr. The sale of tobacco, as is known, is a Government monopoly, and the gross receipts of it are set down in the budget of the present year at 183,000,000 fr. From that sum, however, must be deducted 15,424,000 fr. for salaries; 12,437,200 fr. for rent, buildings, wages to workmen, repairs, supplies of paper, envelopes, salt, and casks; 211,000 fr. for indemnities to departments in which the plant is cultivated; 205,000 fr. for fees to experts; 43,009,000 fr. for purchase of foreign and native tobacco; and 96,933 fr. for extraordinary services; total, 57,501,533 fr.: thus leaving a balance of 125,498,467 fr. to the Treasury. The increase in the price of tobacco just imposed will raise the receipts, it is estimated, to about 220,000,000 fr.

Unwholesome Meat. — All the slaughter-houses in the City were visited during last week, and the Medical Officer reported that the Inspector of Meat, Mr Newman, had seized 1,192 lbs., or rather more than half a ton, of meat that was unfit for human food, all of which had been destroyed.

Epilepsy a Consequence of Tobacco-smoking.—"I may be permitted to state that one of the most severe cases of epilepsy I ever saw arose in a boy twelve years of age, who had been for some time a tobacco-smoker, which habit he continued after the disease attacked him, and it was in vain that remedies were applied so long as the habit was persisted in; but after it became known that he pursued this pernicious practice, and he was prevented continuing it, he speedily recovered, and has been since kept in good health. We shall, no doubt, be told that thousands pursue this practice without producing epilepsy; and this is true: but how many of those thousands suffer considerable inconvenience and derangement of the functions of the nervous and digestive system, without tracing them to their true origin!"—Sir Charles Hastings, M.D., 'On the Tobacco Question.'

Homœoquackery painted by a German Journal.—The number of Homœopathic Physicians is 3254, of whom 1612 are in America. The Professorhips of the science are 5 in Germany—namely, 2 at Prague, 2 at Munich, 1 at Vienna; in the latter city, also, is one of Veterinary Homœopathy. The number of Homœopaths in Germany is 471, and 35 for animals; 21 of the former are attached to Hospitals. Of Hospitals in Germany there are only 10, and 9 of them are in Austria, 3 of the 9 being at Vienna, one being of 160 beds, another of 80, and another of 60. The journals which treat of Homœopathy in Germany are 8; 4 of them doing so scientifically, the rest for the ordinary public. The largest society of Homœopaths is in that country; it consists of 230 members, and holds annual sittings. In France there are 403 Homœopaths; in England, 244, with two Hospitals at London; in Spain, 94, with an Hospital at Madrid; in Belgium, 26; in Holland, 7; in Switzerland, 34; in Italy, 14; in the Scandinavian countries, 12; in the Danubian Principalities, 4; in Russia, 67, with a Hospital at Moscow; in Portugal, 47; in Asia, 4; and in Africa, 6. The rest are in America. In the latter country also are Hospitals at Boston, Chicago, Philadelphia; and, in addition, clinical lectures are given in many places.

The Military Hospitals of Garibaldi.—The directors of the London and Mediterranean Steam Navigation Company have announced their willingness to convey to Naples and Palermo, free of charge for freight, by their vessels from London, the packages of Medical stores and requisites contributed by many kind-hearted persons in this country for the use of the sick and wounded belonging in Garibaldi's army.

The Wounded at Naples.—The 'Times' correspondent, writing from Naples, on October 20, says:—It will be satisfactory to the benevolent in England to be assured that their donations are made good use of, and are the means of relieving great numbers of poor sufferers. I went round the various wards, in which seven or eight hundred men were in bed, and could not help expressing my surprise at the greatly improved state of cleanliness and order which exists in every part. The air was purer, the wards not so crowded, and the patients seemed more satisfied; at all events, I did not hear so many complaints as I had formerly heard. There were many cases of severe wounds, and it was touching to observe with what courage suffering is endured. One poor fellow had been shot through the chest, the ball coming out behind under his shoulder. Broken arms and legs, and the stumps of limbs, I saw resting on the water cushions which our kind countrymen have sent out, and deriving so much comfort from them that any sacrifice would have been amply repaid by the sight. In one ward I saw them changing the coarse canvas shirts of the country for the comparatively fine ones which have arrived from England—5000 in all. What a blessing for those who are tossing in fever, or are worn out with the agony of their wounds! "And these wounds," said the Doctor who accompanied us, "are all the worse that the Royalists have cut or jagged the ball before loading, in order that it may tear the flesh more. I extracted such an one yesterday."

The Progress of Vaccination.—On May 14, 1796, Jenner vaccinated a boy named Phipps, eight years old, from the hand of a dairy-woman who had the true cowpock; the boy went well through the experiment, was inoculated for small-pox in July, and failed to take it. From this time forward it was the custom to make May 14 a day of rejoicing in Prussia and elsewhere, and to publish the annual results of vaccination. For many years the vaccinations exceeded the births, showing that the people were aware of their danger while any remained unsecured. In Prussia the deaths from small-pox had averaged 40,000 annually before vaccination was introduced; and within twenty years they had shrunk to 3,000, though there had been a large accession of new territory. Sweden and Denmark, and some territories in Germany remained absolutely free from small-pox for twenty years after the practice of vaccination had been properly adopted—a sudden change from the few preceding years, when 600,000 persons died annually of small-pox in the world at large, and 210,000 in Europe; and when every quarter of a century saw twenty-five millions of human beings carried off by the foulest of distempers.—'Once a Week.'

Female Physicians.—Ladies were amongst the earliest of doctors, and some of them gave rise to a considerable amount of gossip in their day. In Chili, the Spaniards found female as well as male practitioners, with sufficient skill in both to win respect from the Europeans. That, at least, foreign "doctoresses" formed no part of the system of the Orientals, may, when we remember their jealous seclusion of women, be set down as, at all events, singular. But perhaps these might themselves spread a "soft infection," and then might be realized the sentiment of the lines—

"Non est in medico semper relevetur id æger
Interdum doctâ plus valet arte malum."

The Lectures at the London College of Physicians are to be delivered as follows during the ensuing year:—The Lumleian Lectures, by Dr Barker; Croonian Lectures by Dr Guy; and the Gulstonian Lectures by Dr Brown-Séquard. Short Courses of Lectures will also be given by Dr Garrod and Dr Lionel Beale.

M. Groux, with the congenital fissure of the sternum, is again in London. On Wednesday he gave a statement of the features of interest in his case, at Guy's Hospital, before a large gathering of students. He now performs a series of experiments upon himself, which alters the character of his *séance* from what it formerly was, and renders his case of much general interest. The experiment he repeats with the magneto-electric machine, to show, by the striking of bells, the synchronism or non-synchronism in the action of different parts of the heart and large arteries, is exceedingly ingenious and beautiful. M. Groux may rival the frog as a gift of Nature to the physiologist.

Death from an Over-dose of Colchicum.—An inquest was lately held at Bristol, on the body of a woman who had died at about ten o'clock on the previous night. The husband of the deceased deposed that she suffered from an affection in the head, which was relieved by occasional bleedings at the nose, and from rheumatism in her hands, for which she took tincture of colchicum, which had benefited him when he had taken it after suffering rheumatic pains at sea. He told her his dose was thirty drops, and knew there was a small portion remaining in the bottle he had brought from sea, though he did not know how much it was. On Sunday night his wife took the bottle, drank all that it contained, and went to bed. In the night she was affected with sickness, which turned to a bowel complaint. She vomited during the night, and again on the following day; and thinking the symptoms extraordinary, as the medicine had never so operated upon him, he sent for a Surgeon. The evidence of the Surgeon, Mr Omerod, was to the effect that the symptoms were such as would be caused by an over-dose of the tincture of colchicum. He saw her five times—twice on Monday and three times on Tuesday. She died shortly after he saw her for the last time. The Coroner, in summing up, said it seemed perfectly clear that the poor woman swallowed the tincture of colchicum as a medicine, and not with any other intention than to benefit herself, and in hope of obtaining relief from her pain; but, from a want of discretion as to quantity, she took too much, and it brought on her death. The jury returned a verdict that the woman "Died from taking too large a dose of colchicum, without medical advice."

A Resuscitated Murderer. — The following strange story appears in an American paper:—"There is now no use in concealing the fact that Albert W. Hicks, who was ostensibly executed for piracy on Bedloe's Island on the 12th of last July, is still living, though in a dangerous state, but likely to recover the full use of his faculties and limbs. The sight of his left eye is gone, and his left leg continues paralysed; but, apart from these injuries, he would appear to have suffered nothing, and his residence at his sister's house in Poughkeepsie has proved every way beneficial. It will be remembered that much comment was excited by the utterly fearless manner in which Hicks conducted himself previous to his execution. He laughed at the idea of the gallows, and was only anxious, as he repeatedly said, to have 'things conducted according to agreement.' In this agreement it is now believed that a prominent Federal officer had a part, and it is on record in the daily papers that he was present at the execution, wearing his Deputy Marshal's badge, although no longer in the Marshal's force. It was also remarked at the time that Hicks was only pulled up a distance of two feet and a half—utterly insufficient to break his neck—and that he was only allowed to remain thirteen minutes hanging. He was then cut down and pronounced dead, after which his body was immediately handed over to the care of Drs J. T. Bell and Henry D. O'Reilly, of Brooklyn. These gentlemen are responsible for his resuscitation, and the electro-chemical bath invented by Prof. Vergues was the immediate instrument. The body of the pirate was wrapped in warm blankets, and removed at once to the house of Dr O'Reilly, in Brooklyn, where Drs O'Reilly and Mellery, of this city, were in attendance. The pulse was found to be wholly quiet, but after various experiments the medical men came to the conclusion that it was only a case of suspended animation. The body was therefore at once placed in the electro-chemical bath, and while subjected to the charges of the battery and the action of the acids, Dr Crane commenced a series of experiments for the inflation of the lungs. In the course of about two hours these were partially successful, the pirate beginning to give faint indications of respiration; and these cheering signs animated the medical men in attendance to redoubled exertions. A cautery was applied to the right foot, and received answer in an immediate contraction of the leg; the same experiment was repeated under the right ear, taking care not to injure the jugular vein, and the head at once commenced rolling in a manner indicating acute feeling. Very slowly, but steadily, Albert W. Hicks regained consciousness, though for several days unable to speak, his throat being too severely injured. It was then found that his left eye—the

side on which the noose had been—had lost all power of sight, and that his left arm and left leg were utterly paralysed. In this condition he was conveyed to Poughkeepsie, where his sister, Mrs Gavan, lives; and under her roof he is now sheltered, though the friends of the family do not desire to give too much publicity to the fact."—'Express.'

THE EMPLOYMENT OF IMPERFECTLY-DISGORGED LEECHES IN FRANCE.—As long as the supply of leeches in France was derived from natural marshes, little notice was taken of the quantity of blood they might contain; but since that source of supply no longer sufficiently meets the demand, artificial marshes have been formed, so as to produce as rapid a reproduction of the annelide as possible. They are there fed by means of worn-out horses driven in among them. When they have reached a saleable size, they are transferred to a special depôt for purification and disgorgement, whence after a while they are delivered over to agents for sale. Desiring to turn their capital over more speedily, and to avoid their serious losses from escapes and depredations, the speculators have not infrequently sold out leeches still containing much blood, even sixty per cent. of their weight. So considerable had this abuse become, that the authorities have some time since interfered and prohibited the sale of any leech containing more than fifteen per cent. of undigested blood. The inspectors take any leeches they choose as samples from the receptacles in the shops or elsewhere, and having well dried them, weigh them. They then plunge them for two minutes into a tepid saline solution, and having forced out by means of longitudinal pressure all the blood they contain, again weigh them to ascertain the per-centage of such blood. Several *Pharmaciens* have of late been fined for having in their possession leeches containing more than fifteen per cent. of blood, and it has become a matter of difficulty for them to keep a supply of the animal at all without incurring the risk of such fines. Indeed, although some leeches may be found which do not contain any appreciable quantity of blood, it is stated that were all leeches to be rejected which contain more than fifteen per cent., the necessary supply could never be kept up. In fact, nothing is more irregular than the disgorging process. If the leeches are fished after remaining in the basins several months for this purpose, while some contain no blood, others still contain more or less considerable quantities. If the sojourn be still further prolonged, numbers of the leeches will die, and this, together with the losses from other causes, will greatly raise their price. It may be said that the leech-farmer should replace those leeches which contain more than the fifteen per cent.; but how is he to put this to the proof in the case of thousands upon thousands of leeches? All he can do is to determine by a well-experienced eye when the leech is fit for medical use; and it is very rare that factors will sell leeches with a guarantee that they do not contain more blood than the fifteen per cent., and some of the best merchants threaten to abandon the employment or only sell to foreign customers who are less particular. In point of fact, numerous trials have shown that leeches from the Gironde, which furnish thirty per cent. on expression, are far better adapted for medical purposes than are leeches emaciated by long fasting. Whenever we only find black blood in part digested in a suspected leech, while its physical qualities are good otherwise, it is quite fit for use. For use, a vigorous, well-nourished leech, in all the plenitude of its powers, is far preferable to an exsanguineous, half-starved annelide.—'Journal de Chimie Médicale,' 1860, p. 425.

DRAWING-ROOM EARTHQUAKES.—This drawing-room earthquake may be easily produced by a single pair of feet in vigorous movement to and fro from toe to heel, and if the feet be worked alternately in a room of some extent a very powerful vibration may thus be created, and sustained with a very little practice, as any one may ascertain by experimenting. If the performer has thin soles and no heels, he will be able to accomplish this on a soft carpet almost without noise, and he has simply to desist when attention is directed to his feet; or if a lady is the source of the earthquake, her crinoline will conceal her pedal play. Any of my readers with average muscular power, and a slight amount of exertion, may produce such earthquakes in any drawing-room in London, and no one whose mind is not sedulously prepared beforehand will dream of attributing them to spiritual agency.—'Once a Week.'

APPOINTMENTS FOR THE WEEK.

Wednesday, November 7.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m.

Thursday, November 8.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

Friday, November 9.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 10.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, November 12.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

ROYAL INSTITUTION.—2 p.m.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—Clinical Lecture on "Epilepsy and Paralysis," by Dr Brown-Sequard, 4 p.m.

MEDICAL SOCIETY OF LONDON.—8½ p.m.

Tuesday, November 13.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

First Step in Chemistry. By Robert Galloway, F.C.S. Third Edition. London: John Churchill.

On Gout. By Wm. Gairdner, M.D. Fourth Edition. London: John Churchill.

The Healthy Urine of Man. By the Rev. Samuel Haughton, M.A. Dublin: Printed at the University Press by M. H. Gill.

NOTICES TO CORRESPONDENTS.

MEDICUS.—Mr Baker Brown has performed the largest number of operations for vesico-vaginal fistula of any man in this country. Why there should be a desire to depreciate his success, we cannot say. His operations at the Surgical Home are worth attending. We have no doubt that any Practitioner properly applying would be admitted.

H. W.—It cannot be effected.

A SUBSCRIBER.—We are sorry that we cannot insert the communication forwarded.

Mr FOWLER.—1st. Yes.—2nd. No.

Mr BLAKE is thanked.

ASTERISK.—Newspaper received. We are obliged to our Correspondent for his suggestions.

E. B.—Your opinion is quite correct. There is no such restriction.

A SURGEON.—It is extremely doubtful whether the pus-globule is actually absorbed in cases of pyæmia. Lebert's views are probably correct, that the deposits, so called, are not truly deposits, but the results of a state of inflammation. Under the microscope, a small injected spot is first seen; and subsequently, in the centre of the vascularisation a drop of pus is manifested. The vascularity then declines, and the purulent collection increases. There are cases of pyæmia in which no primary abscess was discoverable. This countenances Rokitansky's view, that pyæmia may occur as a primitive affection, or as a special crasis of the blood. When absorption takes place from an abscess, it is not probably an absorption of a pus-globule, but of a pyogenic fluid: in short, pyæmia admits of several explanations. Mr Lee has shown that a debilitated state of the system has an important share in developing this condition. The Birkenhead case is thus easily explained.

A STUDENT.—1st. No.—2nd. Write to Mr Belfour.

A COUNTRY SUBSCRIBER.—It shall be attended to.

Mr GRIFFIN.—Received.

Dr TUCKER.—Received and inserted.

INQUIRER.—Nothing has yet been done with the handsome bequest by the late Mr Morley to St George's Hospital. It would be a noble opportunity to establish an extra-urban hospital, and we hope the intention will soon be realised.

CHIRURGUS (Plymouth.)—The connection of diabetes with cataract is well established—not so the connection of the latter with rheumatism. We may observe, however, that Dr Richardson has shown that rheumatism depends upon the presence of lactic acid in the blood.

H. J.—We have not yet received the volume.

VIATOR.—Enclosures received. Very bad!

A FATHER.—It will not be overlooked.

AN OLD SUBSCRIBER.—1st. No.—2nd. No.—3rd. No.

W. B. S.—The machines are, we believe, as useful as others invented for the same purpose; but we cannot express an opinion as to the general usefulness of such appliances.

Mr DENNIS C. O'CONNOR.—Communication received, and will be attended to.

JUSTUS ET TENAX, on the Educational Regulations of the Medical Council, received. We think it wrong that these regulations should be made retrospective.

AN INDIAN SURGEON is thanked. The papers will be useful.

M.R.C.S. & L.A.C.—Mr Moore, the agent, will be able to procure you such a situation as you desire.

A Perusal of all the New BOOKS and NEW EDITIONS as soon as published, for ONE GUINEA PER ANNUM.

LEWIS'S MEDICAL LIBRARY,

15 GOWER STREET NORTH.

Books may be retained as long, or exchanged as frequently, as suits the convenience of Subscribers. Prospectuses gratis on application.

Medical Clubs, in Town and Country: from Two to Ten Guineas per Annum.—New Books supplied at 20 per cent. discount.

A Book about Doctors, 2 vols., and all the new MEDICAL BOOKS, in unlimited supply, at

LEWIS'S MEDICAL LIBRARY,

15 Gower Street, North.

SINGLE SUBSCRIPTION, ONE GUINEA PER ANNUM.

Now ready, price 5s. 6d.,
or free by post to any part of the United Kingdom, price 6s.
Fourth Edition, greatly enlarged and improved.

A Grammatical Introduction to the LONDON PHARMACOPŒIA, and a KEY to PHYSICIANS' PRESCRIPTIONS. By S. F. LEACH.

"This little work will be found extremely useful to students who have received but an imperfect classical education."—'The Lancet.'

Hughes and Butler, Medical Booksellers and Publishers, 15 St Martin's-le-Grand

Bull's Library.—All Subscribers to this Library have the choice of above 50,000 of the best Works in History, Biography, Philosophy, Religion, Poetry, &c., in the English, French, German, and Italian Languages. Subscription, One Guinea a Year and upwards. Prospectuses supplied gratis.—BULL'S LIBRARY, 19 Holles street, Cavendish square, W.

Cheap Books at Bull's LIBRARY.—SURPLUS COPIES of "Kingsley's Miscellanies," "McClintock's Arctic Voyage," "Friends in Council," "Trollope's West Indies," "De Quincey's Works," and many other books, are now ON SALE, at greatly-reduced prices. Catalogues sent gratis and post-free.—BULL'S LIBRARY, 19 Holles street, Cavendish square, W.

Imperative Sale of Clocks OF EVERY DESCRIPTION, WATCHES, GOLD CHAINS, AND JEWELLERY.—In consequence of REMOVAL to 135 REGENT STREET, the select and first-class Stock of the above is now exhibited and marked off in plain figures, at from 30 to 50 per cent. reduction. The opportunity is short (only during the necessary alterations in the new premises), and to any purchaser is worth a journey.

ARNOLD, Watchmaker, 69 RED LION STREET, HOLBORN.

GAS STOVES,

GASELIERS, AND GAS FITTINGS OF ALL KINDS, FOR CHEMISTS, &c.

H. MATHER,

18 HIGH HOLBORN.

Vacancy in the Editorship of the BRITISH MEDICAL JOURNAL.—As the office of Editor of the British Medical Journal will become vacant on the 31st of December next, it is requested that all Candidates for the appointment will communicate, not later than the 17th of November, with Dr WILLIAMS, of WORCESTER, and forward to him, with their Testimonials, the Scheme they propose for Conducting the Journal.

CHARLES HASTINGS, Knt., M.D., &c.,
President of Council.

Worcester, Oct. 23, 1860.

Surgical Instruments.—J. ARNOLD continues to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under his own superintendence.

J. ARNOLD, 35 and 36 West Smithfield, E.C.
Established 1819.

Elastic Supporting Fabrics, of very superior textures, for Varicose Veins, Accouchement, Spinal Affections, Hernia, &c. Instructions for measurement, and prices on application to the Manufacturers, POPE and PLANTE, 4 Waterloo place, Pallmall, London, S.W.

For Infants.—The British FEEDING BOTTLE (registered) may be placed in any position without the food running out. The supply can be regulated by a stop-cock; being electro-plated, it may be instantaneously cleaned. Unlike wood, ivory, or bone, it is impervious to moisture, cannot crack or become sour; there is no possibility of the infant drawing air with the food.

By W. T. COOPER, Pharmaceutical Chemist, 26 Oxford street, London.

Price 7s. 6d., or free to any railway station, 8s. 6d.

Chlorodyne. — R. Freeman,

Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s.6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly-prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

WATER MATTRESSES & CUSHIONS,

For Bed Sores, Consumption,

Paralysis, Fevers, and all Invalids and Bedridden Patients. Air Cushions and Pillows, Bed Sheets, Elastic Stockings, Enemas, Ear Trumpets, Railway and Bed Urinals, Bed Pans and Slips, &c.

WILLIAM LEE, 115, NEW BOND STREET, W.

Water Beds on Hire, 7s. per Week. Deposit, £10.

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 16 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished, of a Weekly Periodical.

Kinahan's LL Whisky v.

COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Catalogues gratis.

Bank of Deposit, Estab-

LISHED A.D. 1844, 3 PALLMALL EAST, LONDON.—CAPITAL STOCK £100.000.

Parties desirous of INVESTING MONEY are requested to examine the Plan of THE BANK OF DEPOSIT, by which a high rate of interest may be obtained with ample security.

Deposits made by Special Agreement, may be withdrawn without notice.

The Interest is payable in January and July.

PETER MORRISON, Managing Director.

Forms for opening Accounts sent free on application.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 73 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE for Sale.

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

To Gentlemen.—Mr Miles,

(Alfred Webb Miles,) Established 18th February, 1841,

Originator of the WORLD-FAMED TROUSERS, at 16s. per pair, has the pleasure to inform thirty thousand customers that his stock for the forthcoming Winter is now replete with all the new and best designs for Over-Coats, Morning and Travelling Suits, Vests, Trousers, at prices as heretofore. Gentlemen who have not already favoured this establishment with their interest and support are most respectfully informed that it is distinguished not only by the extent, variety, and quality of its patterns and materials, but it excels in the cut and workmanship.

CAUTION.—Mr Miles is not connected with any person imitating and advertising in the same name; his only address is 73 Brook street, Hanover square, and he has no other establishment in London or elsewhere.

Save Half your Coals, Cure

your Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week and may be seen in operation daily at the American Stove Warehouse, 155 Ch[illegible], E.C.—Illustrated Prospectus free,

---

DINNEFORD'S

Pure Fluid Magnesia,

now greatly improved in purity and condensation. "Mr Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—'Pharmaceutical Journal,' May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used for DISPENSING. In the stone jars (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers,

DINNEFORD and CO., Chemists, 172 Bond street, London; all Wholesale Druggists and Patent Medicine Houses.

PULVIS JACOBI *VER.*, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D.*, Physician to the Hardwicke Fever Hospital, Dublin, *in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* 1. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi* Ver., *Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.

Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.

S. Bowles (late Windsor and

Co.), PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6 James street, Covent garden, W.C. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

TEETH WITHOUT SPRINGS,

BY HER MAJESTY'S ROYAL LETTERS PATENT.

Newly-invented Applica-

TION of PREPARED INDIA-RUBBER in the construction of Artificial Teeth, Gums, and Palates.

MR EPHRAIM MOSELY,

SURGEON-DENTIST, 9 GROSVENOR STREET,

SOLE INVENTOR AND PATENTEE.

A new, original, and invaluable invention, consisting in the adaption, with the most absolute perfection and success, of CHEMICALLY-PREPARED INDIA-RUBBER, in lieu of the gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features:—All sharp edges are avoided; no springs, wires, or fastenings, are required; a greatly-increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, are secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the Chemically-prepared Indie-rubber, and as it is a non-conductor, fluids of any temperature may be retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. Teeth filled with gold, and Mr Ephraim Mosely's Cement, the only stopping that will not become discoloured, particularly recommended for front teeth.—9 Grosvenor street (W), London; 14 Gay street, Bath; 10 Eldon square, Newcastle-on-Tyne.

The Roman Thermo-

ELECTRICAL BATH. By J. TUCKER, M.D. Price 6d., from the Author, at Sligo.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM,

32 SOHO SQUARE, LONDON, W.

October 22nd, 1860.

Notice.—The Copy of the

MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Section of the Act, will contain those Names only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first or additional Qualifications, and Notices of Alteration of Residence, may be sent to this Office as soon possible.

United Kingdom Life

ASSURANCE COMPANY, No. 8 WATERLOO PLACE, PALLMALL, LONDON, S.W.

The Funds or Property of the Company, as at 31st of December, 1858, amounted to £652,618 3s. 10d., invested in Government or other approved Securities.

CHAIRMAN.—The Hon. FRANCIS SCOTT.

DEPUTY-CHAIRMAN.—CHAS. BERWICK CURTIS, Esq.

INVALID LIVES.—Persons not in sound health may have their lives insured at equitable rates.

ACCOMMODATION IN PAYMENT of PREMIUMS.—Only one-half of the Annual Premium, when the Insurance is for life is required to be paid for the first five years, simple interest being charged on the balance. Such arrangement is equivalent to an immediate advance of fifty per cent. upon the Annual Premium, without the borrower having recourse to the unpleasant necessity of procuring Sureties, or assigning, and thereby parting with his Policy, during the currency of the Loan, irrespective of the great attendant expenses in such arrangements.

The above mode of Insurance has been found most advantageous when Policies have been required to cover monetary transactions, or when incomes applicable for Insurance are at present limited, as it only necessitates half the outlay formerly required by other Companies before the present system was instituted by this Office.

LOANS are granted, likewise, on real and personal Securities.

FORMS OF PROPOSALS, and every information afforded, on application to the Resident Director, 8 Waterloo place, Pallmall London, S.W.

(By Order) E. LENNOX BOYD, Resident Director.

Newton Wilson and Co.'s

World-famed PATENT.—THE NEW PATENT NURSING CHAIR, in which the child nurses, amuses, exercises, and weighs itself, is a marvel of ingenuity and utility, unanimously recommended by the Press and the Faculty. No family should be without one. Price 12s. 6d. upwards. Prospectus free.

WILSON'S PATENT CARPET SWEEPER, which cleans a carpet thoroughly without labour, without injury, and without raising a grain of dust. Price 15s.

Newton Wilson and Co., 144 High Holborn, London.

Important to Surgeons.—

The old-established and well-known Business of JOHN MILLIKIN, now MILLIKIN and LAWLEY, 161 Strand, adjoining King's College.—A change in the proprietorship offers to Surgeons the opportunity of purchasing any kind of Instrument from this well-manufactured stock, which cannot be surpassed in style, quality, or price.

Messrs MILLIKIN & LAWLEY beg to draw the attention of their friends and customers to the superior stock of Mathematical Instruments, their great variety of Cutlery, and the selection of first-class Microscopes, Opera and Race Glasses.

A great variety of Skeletons, Skulls, Hands, Feet, &c., of superior quality, at moderate charges.

Every description of Surgical Instruments made to order, with the utmost PRECISION and DESPATCH.

Surgical Instruments and Cutlery Repaired Daily.

Liquor Castanea Equina.—

Messrs. REW and Co. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chesnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per pound.

The Oil of Horse-Chesnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chesnut are prepared only by REW and CO.

LITHIA WATER, LITHIA POTASH, and LITHIA AMMONIA WATER. These Waters are prepared according to the Instructions of Dr Garrod, and each bottle is guaranteed to contain the proper proportion of Lithia. 5s. per doz.

R. M. REW and CO., Operative Chemists, 282 Regent street, London.

PURE SPIRITS FOR THE FACULTY.

S.V.R. 56 O.P., 21s. per

Imperial Gallon, net Cash.

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and CO., Old Furnival's Distillery Holborn.

PATHOLOGY OF THE SYMPATHETIC NERVES.

By JAMES RORIE, M.D.

II.—Centric Paralysis (Fever).

There is an affection of the system, the analogy between which and inflammation has long been observed, and which, from the similarity of its symptoms, has received a somewhat identical name—I refer to *fever*. The analogy has, however, as yet gone no farther than the symptoms; for while inflammation is described as a condition presenting the phenomena of redness, heat, pain, &c., "fever," says Wood, in his 'Practice of Physic,' "is an acute affection of the system, in which all the functions are more or less deranged, the most striking phenomena being sensorial and nervous irregularity, increased frequency of pulse, increased heat, and disinclination for food." This, however, instead of being a definite condition, is merely a list of symptoms.

What, then, really is fever? Inflammation I have endeavoured to show to be (instead of heat, pain, redness, &c.) phenomena the result of local paralysis of the sympathetic system; so here I trust I shall be able to prove that fever, instead of the indefinite mass of symptoms already mentioned, is in reality phenomena resulting from centric or general paralysis of the sympathetic.

The analogy which we have already seen to exist between the two nervous systems, holds also here in a remarkable manner. An affection of a cerebro-spinal nerve produces loss of function of the skin and muscles which it supplies; an affection of a portion of the sympathetic produces loss of function of the capillaries, &c. (inflammation); an affection of the brain and spinal cord—*i.e.*, the cerebro-spinal centres—produces general loss of function of the motor and sensory organs; an affection of the sympathetic centres produces general paralysis of the nutritive functions of the body (fever).

In the following description, we will follow the same course with regard to fevers which we have done with reference to inflammation, and first consider what facts we have to deal with before entering on any theory.

But at the very outset there are difficulties which appear at first sight insurmountable. Fevers differ so much from one another, that it will appear absurd to ascribe them all to the same cause. This difference, however, I believe to be due to a dissimilarity of the exciting causes, namely, the hypothetical poisons; while what we may term the proximate cause, namely, the changes in the body which immediately give rise to the phenomena termed fever, is the same—viz., general paralysis of the sympathetic system. But this complexity is rendered still more complex, in consequence of the exciting cause which has led to the proximate still continuing to operate on the phenomena resulting from the proximate cause. This may be rendered more intelligible by an example. A poison (?), say the rubeolar, entering the body of a child, acts as an exciting cause, and produces the proximate cause—paralysis of the sympathetic nerves—which, in its turn, gives rise to the phenomena known as fever; but the poison (the exciting cause) has a tendency to pass off more immediately by the respiratory passages, thus giving rise to the coryza, one of the chief characteristic symptoms of measles.

We have thus two classes of facts to consider: 1. The phenomena common to all fevers—*i.e.*, the phenomena resulting from the proximate cause, and with which we have at present only to do; and 2. The special phenomena of fevers—*i.e.*, phenomena depending on the action of the exciting causes, and to which I shall only refer in so far as may be necessary to support the views here advocated.

1. *Phenomena common to all Fevers.*—The progress of a fever, as the term is understood by writers on general pathology—that is, the phenomena which occurring in the human subsubject constitute a febrile condition—is usually divided into four stages. Thus, according to Wood, we have (*a*) the forming stage; (*b*) the cold stage; (*c*) the hot stage; and (*d*) the declining stage. As, however, the first stage is more or less intimately connected with the second, and belongs in a great measure to the special phenomena, we will divide the progress of a fever into (*a*) the stage of accession; (*b*) the stage of fever proper; (c) termination in death or recovery.

(*a*) On a person commencing to suffer from fever, he becomes conscious at first only of a sense of weariness and confused pain in his limbs, &c.; depression of spirits, disturbed sleep, &c.; and then a feeling of chilliness. "This," says Wood, "is the first decided step in the febrile movement. There is usually at first a greater sensitiveness of the surface to the impression of cold, so that a current of cool air, or the contact of a cool body, produces a sense of chilliness which runs momentarily through the frame and then subsides. The feeling of cold, however, soon becomes more permanent, and quite independent of surrounding objects, beginning most commonly in the back, and extending to the limbs and over the body, producing rigors, shivering, chattering of the teeth, and sometimes universal tremors and even shaking, though the patient may be near a fire, or covered with blankets in bed. In general, the sensation of chilliness is attended with a positive reduction of temperature upon the surface, especially in the extremities." The pain now increases greatly in the back, loins, and head; "sensibility is often diminished, and the mental functions impaired; and even delirium occasionally occurs."

"The circulation, which even before the commencement of the cold stage is often languid, now becomes obviously depressed; the pulse is weak, small, often irregular—sometimes more frequent, sometimes less so, than in health; the capillary circulation is slow and feeble; the face is pale, the features often shrunk, the skin generally pale and contracted, with the appearance of goose-flesh; and, in very bad cases, the fingers are sometimes shrunk and wrinkled as after long immersion of the hand in water. There is often a purplish or bluish appearance in the hands and feet, especially about the finger and toe nails, arising from stagnation of blood in the capillaries.

Other symptoms of functional derangement show themselves in this stage: "the respiration is short and somewhat hurried, and both the breathing and pulse are accelerated by muscular exertion. Nausea and vomiting often occur during the chill, attended with thirst, and a dryish, clammy state of the mouth and fauces."

The duration of this stage varies in different fevers from a few minutes to several days. It may even prove fatal at the very first, but usually terminates in

(*b*) *The Stage of Fever Proper.*—"The symptoms of the chill," says the Author already quoted, "usually pass by degrees into those of the hot stage. The coldness subsides, and is succeeded by a sense of heat which is at first not uncomfortable, but soon becomes excessive and distressing. The sensation of heat is not confined to the surface, but extends also to to the internal organs. Nor is the sensation delusive: the surface feels hot to the hand of another, and an elevation of temperature is indicated also by the thermometer, which, when placed under the tongue, rises in some instances as high as 107 deg. At the same time that the heat increases, the circulation is often accelerated to 110 or even 130 beats per minute. Violent head symptoms now show themselves: the face is flushed, the head painful, the senses usually more acute, and the mental functions disordered; the eyes are painfully sensitive to light, and the ears to sound; and both vision and hearing are usually sharpened. The senses of taste and smell are also impaired.

"The digestive organs are always disordered, the appetite is entirely lost, and there is generally a disgust for food and for warm drinks. Nausea and vomiting are not infrequent; a disagreeable taste in the mouth is common; and the tongue is almost always covered with fur, which is usually at first thin and white, then thickens and becomes yellowish, and sometimes assumes a brown or blackish colour. The end and the edges of the tongue, when not coated, are generally redder than in health. The bowels participate in the general disorder of the alimentary mucous membrane, being affected for the most part with constipation or diarrhœa; and the discharges are almost always unhealthy, either in colour, odour, or consistence. The secretions are always deranged in fever. When the disorder is at its height, they are usually deficient; hence the dry skin, the burning eye, the dry tongue and mouth, the constipated bowels, the scanty and high-coloured urine. In other conditions of fever, especially in its decline, or when its violence has so far remitted as to permit the secretory organs to resume their function, the quantity secreted is often in excess; hence the copious perspiration, the serous and bilious diarrhœas, and the profuse discharges of urine which occur under the circumstances mentioned. The character as well as the amount of the secretion is also changed. The breath and perspiration often acquire a disagreeable odour, the urine is changed in colour and consistence, and the bile discharged from the stomach and bowels is seldom quite healthy in appearance. The respiration, which in the primary stage is short and hurried, becomes more free when the fever is fully developed, but still remains frequent; and there is very often a short, dry cough." This stage, like the preceding, may continue for a longer or shorter time, when it terminates in

(*c*) *The Stage of Termination.*—When fever begins to decline, the change is often marked by the occurrence of some spontaneous evacuation—such as profuse perspiration, increased urine, bilious or serous discharge from the bowels, or hæmorrhage. Occasionally along with some one of these discharges, or in place of them, one or more abscesses form in various parts of the body, often containing large quantities of pus. By far the most frequent of the evacuations which attend the decline of fever is perspiration.

(To be continued.)

ON THE NON-DIGESTION OF FAT,

CONSIDERED IN ITS SPECIAL CORRELATION WITH AFFECTIONS OF THE PANCREAS.

By Dr E. ANCELET, of Vailly-sur-Aisne.

(*Translated for the Medical Circular.*)

(Continued from page 304.)

A *résumé* of these thirty cases presents us with the following facts:—

The fat may, on its expulsion from the intestine, be either in a liquid state or solid, or in both these forms at the same time. In 14 cases its physical state is not noticed. But, be it as it may, it presents the general characters of fat, melts with heat and congeals with cold, is inflammable, &c., and, in a word, does not seem changed in its composition. It may be expelled by itself, or with fæcal

matters; and these may be liquid or solid, and in 9 cases were colourless. The evacuation takes place with pain or without. It is seen every day, or after intervals of some days, or it has its remissions. This phenomenon shows itself for a week, several weeks or months, a year or two, or even thirteen years. The daily quantity of fat observed in 4 cases varied from 1 to 9 ounces: in 4 other cases it is only said to have been considerable. The patients had at the same time attacks of colic, pains in the region of the liver, and diabetes. Six were icteric. In 5 cases the patients were cured, and Haller's patient recovered after the expulsion of a biliary calculus. In 9 cases the result is not stated: 16 of these patients died, 3 of whom are said to have been marasmic; and marasmus is incidentally mentioned as affecting several others. In 1 case the intestine was thickened and ulcerated; in another, the liver was fat and the gall-bladder contained bile; while in 1 it was diseased, though care was not taken to ascertain the nature of the lesion. In 5 cases the pancreatic and biliary ducts were obliterated either by scirrhus or calculi of the pancreas. In Bright's case the pancreas was cancerous, but the ductus choledocus remained permeable. The obliteration of the pancreatic canal is merely noticed in 3 cases. Lastly: in another, the pancreas, stomach, and duodenum were inflamed; the liver was sound.

It will be recollected that Bright, by a process of exclusion, (*a*) came to regard stearrhœa as a symptom properly belonging to affections of the pancreas—an approximation made by Kuntzman a dozen years before. M. Moyse, who collected and classed eighteen of the cases we have cited, and M. Bernard, when he declared it to be a pathognomonic sign, saw in it a proof of the digestive action which the prancreatic juice has on fat aliment; and these facts seem the more conclusive that they preceded the physiological theory.

To appreciate fairly the value of this argument, let us consider the following questions. Are fatty evacuations seen where the pancreas is sound? An important point to be cleared up before any other, would be to determine, if I may so speak, the digestive capacity for fat, and to ascertain whether, when the quantity of fat is considerably increased, and which an animal digests in twenty-four hours, for example, the whole is absorbed, or whether a part escapes without being digested, and in what proportion. Bernard contented himself with once submitting a dog, in good condition, to the regimen of those in which he had destroyed the pancreas: the kidneys contained no fat. The demonstration is insufficient; since a cat fed two or three days on pure fat, had fat both in the large intestine and in the cæcum.

I directed a man in good health to take 100 grammes of olive oil, but to change nothing of his ordinary diet. This produced three liquid stools in which was contained an oily substance. But I shall not here enter into further details, as I propose to institute a series of experiments in the view of noticing more closely these phenomena. At present, however, we must conclude that there are two kinds of stearrhœa;—one normal, depending exclusively on a superabundance of fat in the aliment; and the other pathological, produced by disturbance in the function of digestion. Viewed in this light, the cases of Rivière (and of Babington) cease to be pathological.

In the cases of stearrhœa recorded by Pearson and Prout, where there was no excess in the ingestion of fat, no mention is made of any morbid alteration of the pancreas, which was not examined, probably, with all the care requisite. The retention of bile, noticed in two of these cases, and which is the necessary consequence of the slightest alterations in this organ, permits at least the supposition that that organ was not sound. We must not be too much of materialists even in pathological anatomy. The anatomical must be placed side by side with the pathological lesions, if such be their proper denomination—lesions of relation, which, by influencing the neighbouring parts, without attacking the organ itself, disturb its functions, and interfere with the normal and free discharge of the pancreatic juice. The solution of this—the first question—is therefore doubtful.

The second question comes next to be considered. Is stearrhœa ever absent when the pancreas is affected? At the autopsy of a man, thirty-five years of age, Hull found the pancreas almost destroyed by the pressure of two abdominal tumours. This man died in a state of marasmus. The cystic and pancreatic ducts were almost obliterated at their duodenal insertion, and the duodenum had begun to suffer change. Hull *was informed* that no fat had been found in the fæces. This case is evidently of no value, for the examination of the fæces was not such as to enable us to assert that fat was absent: we class this case, therefore, with a numerous list of similar cases, which we have in view, where this symptom was neither alluded to nor looked for. According to Bernard, Fearnside cites several cases of acute affections of the pancreas in which stearrhœa did not shew itself; which, says this expert physiologist, may to a certain extent be accounted for by abstinence from food, and, therefore, owing to the non-reception into the large intestine of fat materials. From want of precise information as to the regimen enjoined these patients, it must be admitted that this argument is not wanting in probability, and that facts, too, tend to its confirmation. Thus, in Kuutzman's patient the fat increased when the diet consisted of meat. In Bright's case, the fatty dejections, which had been noticed for a length of time, came first under the eye of the observer after the patient had taken a dose of castor-oil. In Gross's case, they appeared when the patient took fat, and disappeared when its use was discontinued. Are we in this way to account for those remissions, sometimes prolonged, that have been opposed to the physiological theory, and noticed in cases where the pancreas was so diseased that it could no longer discharge its function? But if viewed in this light, Clark's case may be opposed, in which modifications of aliment seemed to have no influence on the presence of fat. Moreover, we may say with Tiedmann, that, in certain cases at least, the quantity of fat excreted is greater than the quantity taken with the food: must it come, then, from some other source; and must the appreciations of observers be inaccurate?

The third question regards pathological stearrhœa. Is it the consequence of alteration in the pancreas, or of alteration in some other organ—of the liver, for instance, as M. Longet seems disposed to believe? The intimate anatomical relations that exist between the pancreatic and biliary ducts, which, in some way or other, renders the one responsible for the other, encumbers this question with a degree of obscurity which facts and recorded experiments seem incapable of dissipating. In the numerous cases which we have passed in review, we see, in fact, that affections of the pancreas are very often accompanied with retention of bile—a material cause of icterus, which will, perhaps, appear to be still more frequent when it comes to be considered more closely. Without going beyond the imperfect cases cited in this chapter, the afflux of bile was at least in ten cases impeded; and it cannot be concluded from the other cases, in which no notice of this is found, that it did not exist. If in any case it be said that the biliary duct was still permeable, I own that the solitary fact makes on my mind but a slight impression. The patient was icteric—a circumstance to be noted—but other cases which we have collected serve to put us on our guard against that cause of error. Thus, in M. Rostan's case, among others, the biliary duct, when isolated, allowed passage to the bile; but when pressed on by the hypertrophied head of the pancreas, there was interruption to its flow. If affections of the pancreas are not only a frequent cause, but an inevitable source, of dyscholia; do not artificial affections, such as inflammation produced by experiment, give rise to similar effects? This objection has been so little heeded by experimentalists, that not one of them has in a satisfactory manner stated the condition of the biliary apparatus; nor have they, seemingly, examined the state of the sclerotic. As to the colourlessness of the fæces, which, when ascertained, might serve as an index, it has seemed enough to explain it by an hypothesis perfectly gratuitous. "It is remarkable," says M. Bernard, "that bile communicates to the matters with which it comes into contact a bright yellow, but with pancreatic juice gives a deep brown tint. Hence the pancreatic juice contributes indirectly to the colour imparted to the fæces. In icterus the fæcal matters are colourless, but for an inverse reason." For our own part, and until a contrary proof can be adduced, we shall see in this fact nothing more than a symptom of dyscholia. Reciprocally, the silence of observers as to the state of the pancreas, and even, as we have said, the affirmation that it was sound, and the presence of a calculus in the biliary ducts, can be no demonstration that fatty dejections have an exclusive connection with suppression of the biliary flux. Thus, in Haller's case, the calculus impacted in the ductus choledocus must at the same time have occasioned obstruction of the duct of Wirsang. These considerations, seen in the light of experimental physiology, have a high importance; for if this reciprocity of action, that binds them *in solidum*, be taken into account, it will no longer be allowable to conclude anything from the experiments of Bidder, Smith, and Schelbuch, undertaken to prove that obstruction to the course of the bile hinders the digestion of fat. It is the same with those of M. Bernard as regards the pancreatic juice; and the problem may be said to be still unsolved, if, rather, it be not incapable of solution.

Marasmus, noticed in most of the cases where there has been disease of the pancreas, is another argument adduced to prove the non-digestion of fat. This, unquestionably, is the general fact, and, according to Pemberton, emaciation takes place more rapidly, is more decided, and advances with quicker step, in patients suffering from affections of the pancreas than in any other. Let us observe here, in passing, that this emaciation, which has in it nothing extraordinary, may be propagated from the mother to the fœtus, of which, however, we have seen but one instance. The infant was scarcely more than a skeleton.

But M. Longet opposes cases of profound changes in the pancreas in subjects who showed little or no emaciation—examples taken from Casper, Greisel, Abercrombie, de Haen, and Davidoff; to which we may add those of Harlhman and Tacheron, though in this last example it may be objected that the cancer occupied only the tail of the pancreas, and that the functions of the rest of the gland were not interfered with. Should these cases, few in number, be regarded only as exceptions that do not affect the general rule, it should also be observed that those of Abercrombie and Casper belong to the category of those

(*a*) An admirable procedure, which, in difficult diagnostic investigations, often leads to sound inference, if not to certainty, though less absolute, possibly, than that obtained by those geometricians who, according to Dr Wallis, "allow the method of exhaustions to be good demonstration."—Translater.

rare cases where cancer affects the pancreas only.

We shall now, by way of general conclusion, remark, that by submitting physiological experiments to the control of pathological facts, and discussing them in a rigorous manner, we see the deductions that have been drawn from them invalidated by causes of error; and we no longer observe that neatness in the demonstrations—presented with raro talent—which before struck us so vividly. The whole has to be reviewed; and, if allowed to express our wishes, we would say that whoever would, in physiology, appreciate in a conclusive manner the difference between the action of bile and that of the pancreatic juice in the process of digestion in the living animal, should be assured that the means for preventing the flow of one of these fluids should not indirectly hinder the afflux of the other; and that these conditions once fulfilled, in order, for example, to demonstrate the non-digestion of fatty materials, it is not sufficient to discover fat in the fæces, but the digestive capacity for fat in a given time in the normal state, and in a given time, must be first ascertained, as well as the quantitative variations which such and such a lesion may produce.

Pathology should be restricted to similar conditions; and the digestion of fat once ascertained, is its digestion due either to medicines or aliments? If the alimentation is at least normal, and no longer accounts for the presence of fat in the fæces, the case is pathological, and there is diminution or entire loss of the special digestive faculty. Under what conditions, next, does stearrhœa show itself? Do its intermissions, where they are seen, correspond strictly with the modifications of the regimen, and can it be modified by therapeutic agents? In cases where the autopsy can be accomplished, what are the anatomical or physiological lesions to which this symptom can be referred? I must own, in concluding, that it is almost with sadness that I give utterance to these negative conclusions, which will take away, perhaps, all sort of interest from a work I began nearly six years ago, and have since pursued in the midst of difficulties. But it is not serving science the less to show the weak side of things, whether it be by reducing to their true value propositions that have not been sufficiently weighed, or by provoking to new investigations, and new proofs for confirmation, and giving them definitively the right of citizenship. Should doubt only come out of these discussions, doubt would be far better than erroneous belief; and should our mission be confined to clearing up ground for a foundation, rearing the edifice may be the work of futurity.

ON SUB-MAXILLARY ADENITIS,

RESULTING FROM DENTITION.

By Dr GOURIET, of Niort.

There is not in the province of Medicine or Surgery a subject so common as not to present points of interest when pursued into its ramifications, of which we have a proof in dentition, from beginning to end. The untoward symptoms which this evolution may produce are usually divided into local and symptomatic. As intermediate between these, but having more especial relation to the latter, we regard sub-maxillary adenitis. We may justly wonder at the silence on this complication which almost all authors have observed when describing a host of affections of minor importance. It has, however, been noticed, and sufficiently insisted on, by Dr Piorry, who, in his 'Pathologie Iatrique,' says, "It is during the first dentition, and when the gums and the buccal mucous membrane are so frequently red and ulcerated, that we see tumefaction of the cervical glands occur in children; but still more frequently in the second dentition, and when the passage of the last of the molars, between twenty-five and thirty-five years of age, gives rise to ulceration of the gums."

Lisfranc, in a work unhappily unfinished, did not disdain to devote nearly the whole of a volume to minor surgery. He there says, "It is not unnecessary, perhaps, to tell young practitioners that the first dentition often occasions engorgement of the sub-maxillary lymphatic glands, and that these congestions have too long been ascribed to the existence of scrofula." Most authors speak only of the connection there is between adenitis and dental caries—a subject with which the present has nothing to do. It must be owned that a superficial lesion of the face or scalp may account for the glandular intumescence; but in some cases nothing can be referred to that cause, and the whole weight is thrown on scrofula, which most frequently does not exist, and here an examination of the state of dentition would have removed all doubt. This error of diagnosis is more common than will be believed, and happens to some who do not rank with *young practitioners*, though the illustrious surgeon of La Pitié has preferred addressing his remarks to such. Having been a witness of this mistake, we have taken some pains to ascertain with precision all the circumstances, and, from a great number of cases, the following propositions may, we think, be deduced:—

1st. When during the course of dentition no apparent lesion of the skin or mucous membrane can account for sub-maxillary adenitis, to regard dentition as the cause must be the rule, to which the scrofulous diathesis is the exception.

2nd. It is not necessary for the development of these tumours, that the buccal mucous membrane should be inflamed; *it is sufficient that the exit of the tooth be retarded.* The painful efforts then made by the dental bulb occasion a glandular reaction through the medium of the deep-seated lymphatics that creep under the inferior surface of the mucous chorion.

3rd. The iodide of potassium, *intus et extra*, and resolvents in general, combat the effects, without reaching the cause; and have few chances of success in adults, while in children they almost invariably fail, on account of the rapid course of inflammatory affections in so young subjects.

4th. This untoward symptom seems, in dentition, to hinder other symptoms from becoming so serious as they would be otherwise, though I do not say that this is any circumstance for gratulation.

The observations that precede are the result of the examination of children born of healthy parents, the children themselves perfectly healthy, and living under the best hygienic conditions.

Cutting the wisdom-tooth may give rise to the same affection of the glands, but in a much greater proportion. Of this the following is an example: In January last, a young man, 24 years of age, strong and active, who showed no evidence of the existence of any diathesis, was seized with an acute pain deep in his mouth, and great difficulty of deglutition; white swelling at the same time occurred in the left sub-maxillary region—symptoms that rapidly became worse. At my first visit, a week after, the following was the state of the patient:—high fever, loud and difficult respiration, inability to open his mouth or to swallow; well-marked torticollis, by which the head is turned to the right shoulder; under the left ramus of the maxilla, and stretching down nearly to the lower part of the neck, is a tumour the size of a goose-egg, tense and resisting, in the centre of which there is a portion of still greater firmness, of the size of a large walnut. The whole of this swelling is the seat of lancinating pains; but there is no fluctuation. Supposing the affection too far advanced to admit of resolution, cataplasms, sprinkled with laudanum, were ordered. Five days passed in atrocious suffering with threatening of instant suffocation, when, perceiving a fluctuating point, I made a puncture with a lancet, when a considerable quantity of consistent phlegmonous pus escaped, and continued at intervals to flow for nearly a week. Four days after opening the abscess, the patient was able to dispart the maxilla so far as to enable me to see the bottom of his mouth. The left lower wisdom-tooth had all but come through, and was surrounded with a very thick gingival border with unequal but not ulcerated lobes. His strength returned very slowly on account of the low diet he was obliged to observe, and more than a month elapsed ere the neck recovered its natural state. At this moment, four months later, the tooth which occasioned this adenitis is as high as its fellow adjoining; its gingival border has disappeared; but there is not yet any appearence of the other wisdom-teeth.

Numerous cases of this sort lead to the supposition that such are examples of idiopathic adenitis; or, should the pus have a bad appearance, of scrofulous adenitis. It would be interesting to know whether the affections of the cervical glands in young soldiers, attributed to the pressure of their military collars, &c.. may not sometimes depend on the cause under consideration, even where the tooth is still in the gum and undeveloped, as in the first dentition. On this point, however, I do not pronounce, and allude to it only as a subject for future inquiry.

As to treatment, you may try means for effecting resolution; but in children, as we have said, they usually fail. Where you are not successful, the next thing is to promote maturation; and when that is attained, to puncture—cataplasms and the lancet. Puncture, which is preferable to incision, should be practised as soon as fluctuation is perceptible. A tent need not be introduced, as it might prolong the suppuration beyond its just limits: but should the orifice contract too much, it may be daily enlarged with the bulb of a probe. This treatment is also the best in cases of scrofulous adenitis, and interferes in no measure with internal treatment. By not waiting for attenuation of the skin and spontaneous opening, you usually eschew every sort of scar; which in a child at the breast is of little importance, but which at a later period of existence may be of far greater moment.

Of the local symptoms occasioned by cutting the wisdom-teeth we would next speak, and first of all determine an important organogenic question. The providential reason for successive dentitions seems to be, to place the immediate organs of mastication in relation with the dimensions of the maxillæ by which they are borne; for were the teeth to remain permanently in the jaw, as the latter becomes enlarged, separation of the teeth from each other would necessarily follow, and difficult mastication would be one of the unfailing results. Hence the milk-teeth are deciduous, and give place to others of larger size. A similar principle is seen in the crustaceæ, as well as in many reptiles and insects, that at different times lose their inextensible cutaneous envelop, to become covered with another suited to each stage of growth. The lateness of the exit of the last of the molars, especially of the wisdom-teeth, is explained by the simple consideration that at an earlier period the alveolar margin is too

narrow in extent to contain them.(a) The growth of the maxillæ should therefore precede the second dentition. This enlargement both facilitates the fall of the milk-teeth, and the exit of the new and permanent teeth. But should the tooth be developed before the jaw-bone has acquired its proper size, there results a conflict between the tooth endeavouring to gain its exit and the alveoli that oppose it. The incisors and the canine teeth, not having room to rank in their natural situations, stand out obliquely, and remain permanently in that vicious position, though without causing much mischief; owing, perhaps, to the little thickness of the bone in this situation, and its comparative want of hardness at this early age. But the wisdom-tooth, when it becomes prematurely developed, has to overcome enormous resistance, for reasons the reverse of the above, and hence the severer symptoms to which it may give rise; and then extraction of the last but one of the molar teeth is to be recommended as the only means of facilitating its exit. But even this in some cases is not sufficient, and then the wisdom-tooth itself must be extracted—an operation that may present great difficulties should the tooth be imbedded in osseous tissue, as was doubtless the case in the instance mentioned by Lisfranc, where the patient suffered for thirty-five years, till the tooth was removed by M. Désirabode. When the resistance offered by the bone is once surmounted, the tooth in its passage through the gum occasions symptoms less formidable, but more frequent in their occurrence. A very acute pain may arise before the tooth has made the slightest appearance. In general, the mucous membrane opens anteriorly, showing some portion of the enamel, and is seen to be inflamed and ulcerated, and its margins covered with fungoid excrescences. It is under these circumstances especially that the adenitis of which we speak arises. It is now that a trifling operation practised on the gingival tissue becomes an expeditious means of relief, puts an end to suffering, and prevents every complication. A simple incision is made in form of the letter V, having the summit anteriorly. Lisfranc, however, preferred a crucial incision, or, in place of that, a simple incision with excision of the two flaps; alleging for reason, that often after simple division the tissues reunite; and that where they do not, the lateral flaps so formed become ulcerated and hypertrophied, and degenerate even to cancer, of which he had seen examples. But it is difficult, in spite of such imposing authority, to believe in this last transformation, which must under any circumstances be at least infinitely rare. Reunion of the wound can never take place if care be observed to prolong the incision sufficiently backward, and daily pass two or three times some soft body between the lips of the wound to prevent adhesion; and while proceeding thus, the gingival shreds themselves become absorbed. It is for these reasons we prefer a simple incision, which when practised on the lower jaw, where these affections are most frequently seen, should be carried to the bottom of the fossette bounded by the external and internal maxillary lines. The absence of considerable vessels in the track of this incision renders it a very harmless operation, and the slight pain which attends it is not comparable to that occasioned by cutting away several shreds. But for its execution, simple as it is, the ordinary straight bistoury is not the best instrument. In fact, if you cut from behind forward, and from above downward, (I speak of the lower jaw,) using the wisdom-tooth for a rest or fulcrum, you make an incision *with a tail*, less deep behind than before; besides incurring the risk of injuring the cutting edge of the bistoury against the crown of the tooth: and if, to avoid this inconvenience, you introduce the point of the instrument under the anterior edge of the gingival cushion, and direct it backwards and upwards, you are likely to impinge against the inequalities of the tooth, and the heel of the bistoury will be at the same time too much directed towards the opposite maxilla. The instrument which seems to me the best suited for this operation is M. Charrière's. It is introduced below the gum, and you carry the incision from before backward, cutting from the tooth to the surface. The point of the instrument being curved, you are able by this movement to avoid the inequalities of the crown of the tooth, and to divide the gum as far as you choose, and without *tails*. Should these minute details be thought tedious, we would only say that small things in the practice of Medicine are of every-day utility, that dental pathology is unjustly too much neglected, and that no part of his art is unworthy the attention of the practitioner.

(a) Cuvier, 'Leçons d'Anat. Comp.;' and Burdach, 'Traité de Phys.'

THE SPIRIT OF THE PERIODICALS.

'The Lancet' opens this week with a continuation of Dr Brown-Sequard's Lectures on *Paralysis*, in which are given the general conclusions of the course. We shall, therefore, extract the whole article:

"Before entering into the discussion of the general characteristics of the various forms of paraplegia, we will give here some statistical accounts that may be found interesting. The facts on which these accounts are grounded have all been observed by myself. We have left aside not only all the cases of paraplegia in which there were doubts as regards the diagnosis, but also those cases about which we have not kept a few notes.

"The following table shows the relative frequency of the various forms of paraplegia in men and women:—

	Men.	Women.	Total.
Myelitis	33	9	42
Non-inflammatory softening	25	8	33
Reflex paraplegia	19	6	25
Congestion	8	4	12
Tumour or pressure upon the cord	7	2	9
Spinal meningitis	6	1	7
Hæmorrhage	5	2	7
Hæmorrhage followed by myelitis	4	1	5
Hysterical paraplegia	...	4	4
	107	37	144

"These facts show that the most frequent causes of paraplegia are the inflammation and the non-inflammatory softening of the spinal cord. Next in importance, as regards frequency, is the reflex paraplegia. The most remarkable feature of this table is, that paraplegia is much more frequent in men than in women. This conclusion is borne out also by the cases about which we have not come to any positive diagnosis; out of 27 of such cases, 18 were men, and 9 women.

"As regards the age at which paraplegia begins, we have notes of 156 cases, showing that it may appear at any age, but that certain forms belong more to certain ages than to others. For instance, reflex paraplegia is the most common form in children, myelitis is the most frequent cause of paraplegia in adults, and non-inflammatory softening the predominant cause of this paralysis in old age.

"*Signification of the various Symptoms belonging to, or co-existing with, Paraplegia.*—We have given many details as regards these symptoms in our descriptions of the reflex paraplegia (Lect. I. and II.); of myelitis, meningitis, and congestion of the cord and its meninges (Lect. III.); of the non-inflammatory softening, hæmorrhage, and tumours (Lect. IV.) We will now take up each of the most important symptoms, and show to what form of paraplegia it is especially attached, and what is its cause.

"1st. *Cramps, Twitchings, and other Convulsions.*—The signification of tonic or chlonic convulsions in paralysed muscles, in cases of paraplegia, is quite evident: they are incontestable results of an irritation of either the anterior roots of the spinal nerves, the spinal cord, or the sensitive nerves in any part of their length, through a reflex action. In cases of myelitis it is chiefly under the form of cramps that convulsions occur; the frequency of these spasms is one of the characteristics of this affection. In cases of tumours pressing upon the spinal cord, especially upon its posterior surface, cramps are not so frequent as twitchings or a general spasm producing a drawing up of the lower limbs, which sometimes remain permanently in a state of spasmodic flexion. In cases of chronic meningitis, or congestion of the spinal cord or its membranes, twitchings are more frequent than cramps. In cases of reflex paraplegia, the external irritation that produces the paralysis sometimes produces also spasmodic movements by a reflex action. Especially in those cases where the rectum or the urethra are the parts from which starts the irritation, there is what the patient calls a *catchiness* or a drawing up of the legs. In cases of hæmorrhage in the spinal canal, tetanic convulsions are frequently observed. Rigid spasms of the muscles of the back are amongst the most prominent symptoms of spinal meningitis. Amongst the affections of the spinal cord that produce paraplegia, one of the most frequent—the non-inflammatory or white softening—is characterised by a total absence of cramps, twitchings, or other convulsions.

"On the whole, some form of morbid muscular contractions exists constantly in myelitis or spinal meningitis, and frequently in cases of congestion of the spinal cord or its membranes, or of tumours or other cause of pressure upon the spinal cord, and also, sometimes (by a reflex action), in cases of reflex paraplegia. On the other hand, a complete absence of morbid contractions will be observed in all cases of non-inflammatory softening, and in the majority of cases of reflex paraplegia.

"2nd. *Referred Sensations in the Paralysed Limbs.*—These morbid sensations, like morbid contractions, are the results of some kind of irritation, and, as we have tried to prove in Lect. III., the vital properties of the spinal cord changing when it is inflamed, these sensations may be produced by an inflammation of the grey matter. The various kinds of conductors passing through or along the grey matter being then irritated, give origin to all kinds of sensations which are referred to the various parts of the lower limbs. Sensations of cold or of heat, of touch (formication, tickling, pressure, tightness, &c.), of pain (pins and needles), and also sensations arising from muscles, and giving the idea that the limbs are in a different position from that in which they really are,—in fact, all the sensations that pressure or some other cause of irritation may produce when applied to the ulnar or the sciatic nerves,—are often observed. In myelitis, some of these sensations always exist; in meningitis, or when there is simply a congestion of the spinal membranes, most of them are also observed, but less intense than in myelitis. In cases of irritation of the posterior roots of nerves by a tumour or a displaced bone, &c., referred sensations exist also. In such cases of irritation by a tumour, &c., and also in cases of congestion or meningitis, there is a feature which distinguishes these affections from myelitis: it is that in this last affection there may be a reference of sensations to all the parts of the body that receive their nerves from the part of the spinal cord which is below the upper limit of the inflammation, while in the three other affections the sensations are referred only to those parts of the body which receive their nerves from the part of the spinal cord at the level of the seat of the irritation. The non-inflammatory softening, a hæmorrhage, or a tumour in the grey matter (as long as they do not produce inflammation), and also the reflex paraplegia, are characterised by the absence of referred sensations.

"3rd.—*Feeling of Tightness round the Body or round the Lower Limbs.*—This sensation, which is so frequent in myelitis, exists also, sometimes, in cases of tumours, of congestion of the spinal cord, and in meningitis. It is absent in cases of non-inflammatory softening and of reflex paraplegia. From this last fact it results that the tightness across the chest or the abdomen, at the level of the upper limit of the paralysis, does not depend, as has been said, upon the effort made in

moving the paralysed parts by the non-paralysed muscles just above them. Another objection to this explanation is, that the same feeling which exists around the body exists also, sometimes, around the lower limbs, in myelitis. The most probable mode of production of this strange feeling is, that it is due to some irritation of sensitive nerve-fibres in the spinal canal producing a sensation referred to the periphery of the body (abdomen, chest, or limbs).

"4th. *Alterations in the Nutrition of Paralysed Parts.*—These alterations chiefly depend upon an irritation of the spinal cord or its nerves. It is principally in myelitis that they are observed. A rapid wasting of the paralysed muscles, the production of bullæ or sloughs over the sacrum, the nates, &c., are the most frequent results of an irritation of the vaso-motor or of the other nerves that have an influence upon the nutrition of the lower half of the body. These alterations are not observed in cases of reflex paraplegia, or of non-inflammatory softening of the spinal cord; neither do they exist in cases of hæmorrhage, or of a tumour in the grey matter, unless an inflammation is produced.

"5th. *Erection of the Penis.*—This is another symptom showing an irritation of the spinal cord or its nerves. It exists frequently at night, and sometimes in the daytime, in cases of myelitis or congestion of the spinal meninges. It is also observed, but less frequently, in cases of meningitis, of tumour upon the spinal cord, of hæmorrhage in the spinal canal (outside of the cord), and sometimes even in the reflex paraplegia, but then only on the introduction of a catheter or in consequence of some peripheric irritation. This symptom does not exist in cases of non-inflammatory softening, or of hæmorrhage or a tumour in the grey matter of the spinal cord.

6th. *Temperature of the Paralysed Lower Limbs.*—In those affections in which there is an irritation of the spinal cord or its membranes (congestion, myelitis, meningitis, pressure on the cord by effused blood, a tumour, or a displaced bone, &c.), the lower limbs, and especially the feet, are almost constantly very cold. This symptom is the consequence of the irritation of the vaso-motor nerves, which produces a contraction of the muscular fibres of bloodvessels, just as the irritation of the nerves of the muscles of the legs, feet, &c., produces cramps, twitchings, &c. In the reflex paraplegia the feet are also sometimes very cold, in consequence of a reflex contraction of their bloodvessels. In cases of non-inflammatory softening of the lumbar enlargement of the spinal cord, with a complete destruction of the vital properties of this part, the lower limbs are almost constantly very warm, as a result of the paralysis of the vaso-motor nerves.

"7th. *Degree and Extent of Paralysis of the Lower Limbs, the Bladder, and the Rectum.*—Of course great differences exist as regards the degree and extent of the paralysis, according to the degree and extent of the alterations in the spinal cord. We do not intend entering into any details on this subject. We wish only to say here that—1st, as regards the mode of appearance of the paraplegia, if it be sudden it is almost always due to hæmorrhage either in the cord or outside of it; 2nd, as regards the degree of the paralysis, it is equal in all the muscles of the lower limbs if the alteration occupies the whole of the lumbar enlargement or is above it, except in cases of reflex paraplegia, where some muscles may be much more affected than others; 3rd, as regards the changes in the degree and extent of the paralysis, they are rapid and frequent in cases of reflex paraplegia, of chronic meningitis with effusion, and of spinal congestion, while, on the contrary, they are slow and rare in cases of myelitis, tumours, and non-inflammatory softening; 4th, as regards the paralysis of the bladder and of the rectum, they exist more frequently in cases of myelitis, of non-inflammatory softening or of hæmorrhage in the grey matter, than in the reflex paraplegia, or in cases of tumour, of congestion, or even meningitis.

"8th. *Anæsthesia and Hyperæsthesia.*—Myelitis existing most frequently in the grey matter, anæsthesia (the different kinds of it, with the loss of the power of guiding the voluntary movements) is one of the ordinary symptoms of this affection. This symptom is less frequent or less intense in most other cases of paraplegia, except, of course, a hæmorrhage in the grey matter. As regards hyperæsthesia—*i. e.*, a morbidly increased insensibility—it is frequent in cases of incomplete paraplegia, when the posterior columns of the spinal cord, in a small part of their length, are destroyed, either by a tumour or by a softening (inflammatory or not).

"9th. *Reflex Power.*—In all cases of paraplegia in which the lumbar enlargement of the spinal cord remains uninjured, the reflex power of that enlargement increases notably. On the contrary, the reverse is observed in cases of alteration of this enlargement."

Mr HILTON'S Lectures on *Pain* are continued in the same journal. We make some extracts from this article.

"Some surgeons, when speaking of deep abscesses, say, with rash confidence, 'Plunge in a knife.' It is a grand term—'plunge a knife into a deep abscess.' It is an heroic, not a courageous plunge for the surgeon; for it is without danger to himself, but perhaps it is a fatal stab to the patient. Some more careful surgeons say, 'Wait until the abscess comes nearer to the surface, so that it can be opened without danger;' but the patient may die in the meantime. Now the plan I have been in the habit of adopting and recommending is this—for example, in the case of opening a deep abscess in the axilla,—cut with a lancet through the skin and cellular tissue and fascia of the axilla about half or three-quarters of an inch behind the axillary edge of the great pectoral muscle; at that part we can meet with no large bloodvessel. There is only a small branch of one of the external thoracic arteries, which sometimes runs along the edge of the axilla; excluding that, which if wounded can be easily ligatured, we run no other risk, so far as I can see. Then push a grooved probe or grooved director upwards into the swelling in the axilla; and if you will watch the groove in the probe or director as it is being passed up through the comparatively healthy tissues into the axilla, a little stream of opaque serum or pus will show itself. Then take a blunt (not a sharp) instrument, such as a pair of 'dressing forceps,' and run the closed blades along the groove in the probe or director into the swelling, and by opening the handles you at the same time open the blades situated within the abscess, and so tear open the abscess; and, lastly, by keeping the blades of the forceps open during the withdrawal of the instrument, you leave a lacerated track or canal, communicating with the collection of pus, which will not readily unite, and which will permit the easy exit of the matter. In this way you may open an abscess deep in the axilla, or in other important parts of the body, without fear of inflicting any injury upon the patient. Having been connected many years with a large hospital, I have necessarily had good opportunities of trying this method. I have not opened a deep abscess during that time in any other way, and I can say, honestly and truly, that it has never failed, and that I have never observed any inconvenience from it.

"A curious coincidence happened to me with respect to this method of proceeding. I was requested some years ago to see a surgeon in London, who was suffering from a large inflammatory swelling in the arm-pit, resulting from a wound made at a post-mortem examination. When I saw him, he was quite typhoid; he had a dry, brown tongue, and he was delirious. His pulse was very feeble, and there were other circumstances indicating impending fatal mischief. I opened the abscess in the axilla in the way which I have pointed out, passing the grooved director between two and three inches up into the axilla, and opening the abscess by a pair of dressing forceps. The patient got well, the starting point of his recovery being the opening of the abscess. About ten years afterwards, this same surgeon came to me one morning, in a great hurry, to request me to go with him immediately to see a patient who was dying. He then told me that on the previous afternoon he had opened an abscess in the arm-pit. 'I did it,' he said, 'without any difficulty, as well as possible, for I used Liston's knife' (blaming the poor knife for what had happened). 'I opened the abscess yesterday, and let out the matter, and this morning I find the arm-pit fuller than before it was opened, and blood is coming out of the hole I made. The man is nearly dead, and his arm is as big as two.' We went directly and found the man nearly at the point of death from loss of blood. I had to enlarge the aperture in the axilla, so as enable me to introduce my hand, and scoop out the whole of the blood, and to expose the cavity to the external air. No further hæmorrhage occurred, but the patient was very nearly killed. Now, this was the very same surgeon whose axillary abscess I had opened with the dressing forceps high up (two or three inches from the surface), without doing him any mischief. He, with 'Liston's knife,' wounded a bloodvessel in the arm-pit, which led to the patient's fearful danger.

"*Orbital Abscess.*—Some years ago I had in Guy's Hospital a patient with a fractured base of the skull, the fracture extending across the posterior part of the orbit. After some little time the parts within the orbit began to swell, and the eye to be protruded. The patient was amaurotic on that same side, and was suffering locally as well as constitutionally very severely. With the hope and probability of finding a collection of blood or pus at the deeper part of the orbit, I made, with a common lancet, a small cut horizontally through the fibres of the orbicularis palpebrarum of the upper eyelid, and passed through it a grooved probe or director along the roof, towards the apex of the orbit. A little purulent fluid was visible in the groove of the director. I then introduced along the groove the blades of a small pair of dressing forceps, and opened an abscess by separating the handles of the forceps; the matter escaped freely, the patient was relieved of his distress, the pressure upon the optic nerve was thus removed, the amaurosis disappeared, and he ultimately recovered without further aid.

"*Deep Cervical Abscess.*—About four or five years ago I was sent for by a surgeon in my neighbourhood to see his wife. She was a delicate woman, in about the mid-period of pregnancy, and it was feared that she would miscarry in consequence of having a large inflammatory, painful swelling deep in the right side of the neck. There was an obvious fluctuation in the swelling, and it was thought to be an abscess. She was suffering greatly, and the question was, how to reach the seat of the disease. I should not have dared to put a knife in, because, with all the anatomical accuracy which a surgeon may possess, it must be admitted that movable parts get very much displaced by the enlargement of an abscess, so that it is not possible for the best anatomist to tell with accuracy the exact position of those bloodvessels and nerves which it is important to avoid. I cut through the cervical fascia with a lancet, thrust into the swelling a grooved probe, and used the dressing forceps. In this way the abscess was opened, and the patient did perfectly well. This was the case of the wife of a surgeon, who saw the difficulty of opening the abscess, and who appreciated the advantages of this safe method of proceeding."

Instances of a Post-pharyngeal Abscess, an Iliac Abscess, Sub-gluteal Abscess, and thus opened, are related, and the Author concludes thus:

"*Sub-fascial and Sub-muscular Abscesses.*—I have pursued this same safe plan over and over again in sub-fascial or sub-muscular abscess or abscesses formed upon or under the periosteum in the thigh. It has occurred to me many times in such cases, after dividing the fascia lata, to see the healthy muscles stand up boldly and clearly in the wound; and, instead of cutting through them, I have reached the abscess by running a director right through the muscles into the collection of fluid, and then introducing the dressing forceps in the way I have described. It is, I believe, impossible that any surgeon can foreknow the exact position of the descending branches of the circumflex arteries, or perforating arteries of the profunda, in a case of deep abscess of the thigh; so that when he plunges his knife into the deep swelling, he can feel no certainty as to his being able to avoid bloodvessels or nerves. But if the plan which I have recommended be pursued, it is hardly possible that any such mischief or accident can occur; and I can add this satisfactory assurance, that I have not yet had a single case in which this method of opening deep abscesses has been followed by important hæmorrhage.

"I have recently (October, 1860) seen a young patient who a short time since had a deep abscess in the thigh, just above the knee-joint. The surgeon in attendance opened the abscess by some

kind of cutting instrument. Pus and arterial blood escaped from the opening, but the bleeding was stopped for a time by plugging the wound. A recurrence of sudden and profuse arterial hæmorrhage took place in a few days, which nearly destroyed the patient. It was then thought right to ligature the femoral artery at the upper third of the thigh, and the bleeding ceased from that time.

"In the case of a patient having an abscess close upon the interosseous ligament in the forearm, if the attempt to reach it be made by cutting down upon it, it is extremely difficult, next to impossible, to ascertain previously the exact position and direction of displaced nerves, veins, or arteries; so it must be equally impossible, with certainty, to avoid wounding some of these important parts. But if you simply cut through the fascia so as to expose the muscle at the most prominent point of the swelling (taking care to avoid the course of the larger bloodvessels, which may be felt with the finger), and then thrust the grooved director through them down to the interosseous ligament, the matter will show itself by welling up the groove of the director, and the introduction of a dressing forceps will then complete the operation with safety.

"I think I have now said enough of this operation. I have not brought it forward from any egotistical feeling, but simply for the purpose of showing in what manner deep abscesses may be opened with the greatest safety."

Dr Brinton's Lecture on Physiology is continued this week in the same judicious spirit; and Mr Horace Swete of Somerset reports a case of *Gunshot Wound of the Face*, causing the destruction of the greater part of the lower jaw.

The 'Medical Times and Gazette' contains a continuation of Dr Simpson's Lectures on the *Diseases of Women*. This treats of puerperal insanity in connection with albuminuria. He lays down the following propositions:

"*a.* That albuminuria precedes and attends the first access of puerperal insanity in a large proportion of cases; but perhaps not so frequently and so constantly as it precedes and attends upon attacks of puerperal convulsions. I have found it present, in eight out of ten cases of puerperal insanity, at the commencement of the disease; and possibly it escaped observation in these two cases from not being looked for sufficiently early in their progress. For it seems to me,

"*b.* That the coagulability of the urine in puerperal insanity generally disappears within a short time after the attack commences, and hence disappears more speedily than happens in puerperal convulsions. The fire of disease goes on burning in these cases of insanity after the lighted match is merely applied, and the strange morbid clockwork runs on, as it were, after the key that wound it up is withdrawn. I have seen all traces of albuminuria in puerperal insanity disappear from the urine within fifty hours from the access of the malady. The general rapidity of its disappearance is, perhaps, the principal, or, indeed, the only reason why this complication has escaped the notice of those Physicians among us who devote themselves with such ardour and zeal to the treatment of insanity in our public asylums. As another proposition let me state,

"*c.* That when the puerperal insanity recurs in the form of successive attacks or explosions, each attack may be found connected with a new attack or advent of albuminuria. In one of the first cases in which I had occasion to watch the connection of puerperal insanity with puerperal albuminuria, two accesses of mania came on, both very suddenly; and the last of them proved ultimately fatal. Between the two attacks there was an interval in which all symptoms of any mental disorders were completely absent. The first urine passed after the access of each paroxysm was highly albuminous. During the intervals between the two attacks it lost all tendency to coagulate under either heat or nitric acid.

"Puerperal convulsions, which, as I have said, are almost invariably connected with albuminuria, are often attended—particularly when very severe in their character—with some temporary degree of incoherence, delirum, or stupefaction; but they rarely, as far as I have seen, terminate in true and established puerperal insanity. Dr Churchill, however, states that he has seen puerperal insanity accompany or follow puerperal convulsions in more than one case; and instances of the same kind are alluded to by Drs Reid, Merriman, Gooch, Esquirol, and others. Dr Ingleby seems to have noticed, in repeated examples, the lapse of puerperal convulsions into mania. In his essay on 'Puerperal Convulsions' he observes, 'I am acquainted with several cases of puerperal convulsions which were succeeded by puerperal mania; the transition (he adds) might probably be the result of the large bleedings which were necessary to subdue the primary disease.' We have a more simple and certain explanation of the connection between them in the pathological fact, that both are found to be dependent upon, and in some way or other connected with, the pre-existence of albumen in the urine. But if you ask me, further, How does the presence of albuminuria in the urine account for the supervention of either puerperal convulsions or puerperal mania? and more particularly, How can it originate two such diverse morbid states as convulsions and insanity?—then in answer I can only, I fear, confess my ignorance of the probable or possible rationale of the problem. Pathological Chemistry must make very great progress, ere we can hope to solve perfectly any such deep pathological riddles. The mere presence of a great amount of albumen in the urine does not in itself afford any explanation of the result, because the loss by excess of a far greater amount of albumen from the mass of circulating blood would produce no special effects or results upon the nervous system. But the presence of an excess of albumen in the urine is usually accompanied with other and far more important changes directly in the chemistry of the renal secretion, and indirectly in the chemistry of the blood itself. When albuminuria exists, there is always liable to accompany it a diminished elimination of the urea, and perhaps of other excrementitious matters that pass off by the urine; and, consequently, there is a corresponding retention within the circulating system of these effete substances that should be duly and systematically thrown off by the action of the kidneys. Urea when thus, or when otherwise, accumulated in morbid excess within the circulating system, does not, according to the observations and experiments of Frerichs and others, produce any very special intoxicating or poisonous effects upon the nervous system, merely *per se*, or simply as urea. But the accumulated urea is apparently liable to decompose and become altered under varying influences into various new organic compounds within the body, some of which, like morphia, strychnine, coniine, and other vegetable alkaloids, produce different diseased states, by exerting different toxicological effects upon the cerebro-spinal and other systems. Dr Frerichs holds that the mere simple and common decomposition of the accumulated urea into carbonate of ammonia is the cause of albuminuria ending in convulsions and coma. Urea, as urea, does not, in his opinion, and according to his experiments, produce convulsive and comatose effects; but these effects are produced by a sudden excess in the circulating system of carbonate of ammonia, a salt which urea readily forms when it becomes decomposed. But when the whole constitution and chemistry of the blood becomes deranged and altered by the sudden accumulation of the excrementitial materials of the urine within it, as is always liable to happen in puerperal albuminuria, other organic toxicological agents may become developed within the system from the decomposing urea or other components of the urine—possibly some of these newly-formed products or agents of an *alkaloidal* character—and one or other of which may be as certain of exciting delirium and insanity, as an overdose of morphia or brucine, or other poisonous vegetable alkaloids, is certain of exciting their special toxicological effects upon the economy. Mr Calvert and other chemists have lately found organic alkaloids of various, and most of them of still unknown, types, formed during animal decomposition. In the blood of the puerperal female,—greatly modified as it is in the normal states of pregnancy and delivery, and containing as it does after parturition the effete elements of the involving or disintegrating uterus, and the materials for the new lacteal secretion,—ferments and agents may possibly exist, which are more apt to develop special morbid poisons out of the retained renal excretions than happens in other states of the system. But I repeat, the whole subject is yet quite dark and conjectural, and will remain so till pathological chemistry is able to cast some light upon it."

The Author then states that, like puerperal convulsions, puerperal insanity occurs most frequently in first confinements, and that it is often produced by mental emotions, instances of which he cites. On the semeiology of the disease, he remarks:

"The forms which insanity usually assumes in the puerperal female are those of mania and melancholia—most frequently the former. But there is nothing special in the character or symptoms of puerperal insanity as distinguished from other forms of insanity. The symptoms, when the disease is established, are simply those of common mania or common melancholia, or of some intermediate type of mental disorder. Before the attack the patient is usually for a time restless and irritable, and does not sleep. If you have a puerperal patient complaining of great or total want of sleep, watch her narrowly and anxiously; for she may speedily lapse into insanity. If, in addition to this wakefulness, you discover the urine to be albuminous, the probability of insanity impending over her becomes only the greater. The first suspicious symptom of the actual disease generally consists in some oddity of thought, or of expression, or of affection. I lately saw a case in the country where the patient's insanity began with her insisting upon her Doctor, at one of his visits, baptising her infant. She is markedly different in some of these points from what she is naturally. She begins betimes to utter nonsense, or to talk very volubly, and falls at last into a state of complete delirium, when, unless she be constantly watched, she may make some unhappy attempt on her own or another's life. Or, again, the patient may begin by being low-spirited and dull, refusing her food, and taking no interest in her offspring, or even showing an aversion to it; she takes an unreasonable and unnatural dislike to her husband, her nurse, or her medical attendant: or harbours peculiar suspicions regarding them or regarding her food, fearing that she is to be poisoned or otherwise killed, and gradually settles down into a state of confirmed melancholia. The remarks I have to make regarding the prospect of the patient's recovery, and the means of treating the disease, I must reserve for another opportunity."

Mr Le Gros Clark's Clinical Lectures are continued in the same journal.

We quote the following on *Fissure of the Rectum*:

"I have recently admitted a patient (on whom indeed I am going to operate to-day), suffering from a complaint which is so often misunderstood, and therefore mistreated, that I am glad to take this opportunity of directing your attention to the case. The patient is a respectable middle-aged female, who was sent up to me to undergo the operation for fistula. In reply to my inquiries, she stated that she had no external wound, but that some discharge came from the bowel; that she was comparatively easy, except when the bowels acted and for some time afterwards: at these periods, she said, the pain was agonising, and that her medical attendant supposed there must be some disease at the lower part of the spine. Before examining her, I felt pretty sure of the nature of her complaint, and found, as I expected, a fissure in the rectum. She had endured this suffering for two years.

"I have treated many cases like this one in the way I will presently describe, and with invariable success, where the fissure is uncomplicated with other disease. The suffering of the patient is alone almost sufficient to characterise and identify the malady. It is described as being, during defecation, of a lacerating, stabbing, or burning nature, and so acute as to be almost intolerable when the evacuation is solid. I have known the pain spoken of in the most exaggerated language, and suggest the impression that there must be some serious disease, such as scirrhus in the bowel, or inflammation of the prostate gland, or, as in this case, disease of the coccyx or womb. Many of you heard this patient's remark, to the effect that she is the mother of thirteen children, and 'would rather go through the suffering of parturition than pass a

confined motion by the bowel!' On examination in these cases, the sphincter is found spasmodically closed, from the dread the patient has acquired of allowing the bowels to be stretched at its lower part: this I have known to be mistaken for stricture of the rectum. On introducing the fingers with caution, the patient at once complains of the characteristic suffering; and, on feeling the circumference of the bowel just above the anus, a longitudinal groove or fissure will be felt, situated almost invariably at the back part, on or near to the median line. A practised hand readily detects this shallow cleft; but, if desirable, it may be easily seen with the aid of a speculum. I have treated these cases with various forms of caustic, yet ineffectually; but the operation with the knife is simple, productive of very little pain, and almost infallible. The knife I use has a straight, narrow, button-pointed blade, which is introduced, on the flat, along the palmar surface of the forefinger as it rests within the rectum, the patient leaning forward over the back of a chair or on a bed. The edge of the knife is then turned backwards, and, as it is drawn out, the whole of the fissure, to the extent usually of about an inch, is divided to the free margin of the bowel. This incision should cut through the muscular fibres encircling the gut, close to or at the fissure. But little bleeding follows, and no dressing is required. The bowels should be freely cleared out on the day before, and then kept at rest for a couple of days. A good deal of smarting pain is felt for a few hours, and the first act of defecation is painful; but after that all pain usually ceases, and recovery speedily follows.

"This condition of the bowel is analogous to a similar condition of the lower lip, to which many persons are subject, especially during the winter months. The fissure being established, it is perpetuated by the constant action of the annular fibres of the intestine upon its margins; and this cause, co-operating with the passive distension at each act of defecation, prevents the part from healing, and induces that spasmodic constriction which is always more or less noticeable in the external sphincter. On this explanation the treatment is founded, the object being to keep the fissured part at rest by division of the annular fibres, including the inner margin of the external sphincter; and this may be accomplished without risk, on account of the ulcerated cleft being, usually, at the back part of the bowel."

Mr ZACHARIAH LAWRENCE contributes an article on the *Utrecht School of Ophthalmic Surgery*, and Dr BENJAMIN HOBSON continues his article on *Medicine in China*. It appears that the theoretical views of the Chinese resemble those propounded by Hippocrates, though their practice differs. They speak of the human body as made up of five elements—earth, wood, water, fire, and metal (the air is excluded)—which have relation to the five solid viscera (the brain is excluded), which again have relation to the five planets, the five tastes, and the five colours. Between these there is a suitable harmony and connection. Medicines are classed under one of these five elements. They also believe in dual powers of nature, called yin and yang. Some passages are curious as exhibiting manners in China: for instance—

"Such persons of independent judgment and keener powers of observation than their fellows, not unfrequently rise to considerable celebrity and wealth. I heard of one well known in Canton, nicknamed Tawang Seen-shang, or Dr Rhubarb (from his frequent use of this medicine and his great faith in its remedial powers). He and some others that I could name were engaged from morning to night in medical practice. They would keep at home prescribing for the sick until a late breakfast hour; after ten they would commence going their rounds in the sedan chair, carried with great haste by three or four men. Those patients were visited first who had their names and residences first placed in the entry book, and as the streets were narrow and crowded, to avoid trouble in finding the house, a copy of the Doctor's sign-board would be pasted up outside the patient's door, so that the chair-bearers should be able to recognise the house at once without delay. The Doctor being ushered into the hall or principal room, is met with bows and salutations by the father or elder brother of the family. Tea and pipes are offered in due form; and he is requested to feel his patient's pulse: if a male, he sits opposite to him; if a female, a screen of bamboo intervenes, which is only removed in case it is requisite to see the tongue. The right hand is placed upon a book to steady it, and the Doctor, with much gravity and a learned look, places his three fingers upon the pulsatiog vessel, pressing it alternately with each finger on the inner and onter side; and then making with the three fingers a steady pressure for several minutes—not with watch in hand, to note the frequency of its beats, but with a thoughtful, calculating mind, to diagnose the disease and prognosticate its issue. The fingers being removed, the patient immediately stretches out the other hand, which is felt in the same manner. Perhaps a few questions are now asked of the father or mother concerning the sick person; but these are usually few, as it is presumed the pulse reveals everything needful to know. Ink and paper are produced, and a prescription is written out, which consists of numerous ingredients; but there are one or two of only prime importance, the rest are servants or adjuvants. They are all taken from the Vegetable Kingdom, and are mostly simples of little efficacy. The prescription is always taken to a druggist to be dispensed, the prescriber never makes up the medicines himself, and as large doses are popular (*a quid pro quo*), so the decoction made from the whole always amounts to pints or even quarts, which are swallowed in large potions with the greatest ease; powders, boluses, pills, and electuaries are also used. If the patient is an officer of the Government or a wealthy person, the nature of the disease, prognosis, and treatment are written out for the inspection of the family; for this the Doctor's fee is a dollar, about 5s.; but, generally speaking, both the Doctor and the patient's friends are quite satisfied with a verbal communication, and if the man has a gift for speaking, and has brass enough to use it to his advantage (both of which are seldom wanting in time-serving men), he will describe with a learned and self-satisfied air the ailment of the patient, and the number of days it will take to cure him. The fee is wrapped up in paper, and called 'golden thanks,' and varies from 6d. to 2s. 6d., or more, according to the means of the patient; the chair-bearers being paid extra; the Doctor returns to make another visit, if invited, but not otherwise. It is more common, if the patient is not at once benefited by the prescription, to call in another, then a third, then a fourth, and even more, until tired of Physicians (for the Chinese patience is soon exhausted, and their faith by no means strong in all their Doctors' asservations) they have, as a last resource, application made to one of the genii, or a god possessing wonderful healing powers. The result is, that the patient dies or lives not according to the treatment received, for that must be generally inefficacious, but according as the natural strength of the patient is equal to surmount the difficulties by which he is surrounded."

Dr Hobson found in a Chinese Materia Medica a list of 442 medicinal agents. The list is detailed: we shall not, however, extract it, but give the Author's comments.

"Many of the medicines cannot be discovered from being in a dried state, and from only a portion of the plant being obtainable. They are imported from all parts of the Empire, from Japan, Siam, and the Straits, and form an important and lucrative branch of trade.

"The first treatise on Materia Medica in China is attributed to the famous Shin-nung, who lived in the traditionary period of the Chinese Chronology, who is spoken of as the Father of Husbandry and Medicine. The present Pun-tsaoo, or Chinese Herbal, contains upwards of a thousand different medicinal herbs, fruits, seeds, parts of animals, and mineral substances; but while it is rich in warm vegetable stimulants, carminatives, stomachics, and astringents, it is greatly defective in pharmaceutical preparations, as mineral oxides, acids, salts, tinctures, &c. The Mineral Kingdom supplies, as we have seen, but a very small part of the whole, which no doubt arises from the ignorance of chemical combinations, and the influence which gases, acids, and alkalies exert upon one another, both in the Vegetable and Mineral Kingdoms. The composition of the simplest compound bodies is unknown; what we know to be the compound they regard as simple bodies. The utmost surprise is expressed when told that gases, in certain proportions, constitute our atmosphere and water. The Chinese have no names for gaseous substances. Ke, which means air or breath, comprises them all. When composing a work on pneumatics, names had to be found for oxygen, nitrogen, hydrogen, carbonic acid, &c. Nothing appeared known concerning the existence of gaseous bodies, and still less of their composition and peculiar properties; and, from the same cause, the air-pump, barometer, thermometer, electric and galvanic machines, had not only to be explained, but names invented before they could be described. The same applies to radiation of heat, solar light, optics, and other branches of natural science, which are all yet in their infancy in China. The properties of medicines as aperient, anthelmintic, alterative, astringent, demulcent, diaphoretic, &c., are understood, and are easily explained; but, owing to the entire absence of chemical knowledge, there is at present an almost insuperable difficulty to give them, in an easy and intelligible manner, the composition of bodies. The analysis given above will show most of the principal medical agents in use. It will be less limited, in proportion as China drops her exclusiveness. Our Materia Medica, we know, is extremely rich and valuable, because it is made up not only from the well-known natural or artificial products of our own country, but is added to and improved by the admission of most useful medicines from other countries. For example—our rhubarb and musk from China, our opium from Turkey, our camphor and spices from Singapore, our aloes from the Cape of Good Hope, our cinchona from South America, and various other products from all parts of the world, so that, if these supplies were cut off, British Physicians would scarcely be able to write a prescription suited to the varied complaints they meet with at the present day. The Chinese Doctors, however, do write prescriptions, and their patients do take a great deal of physic (homœopathic doses would not answer); but I have been told, again and again, by the prescribers, that they keep their list within 100 drugs, and even fewer, for all diseases, they having no faith in more than one-tenth recommended in their books. When Medicine is really studied as a science in China, and the true nature of diseases begins to be understood, they will need the infusion of new and well-tried remedies from Europe in their Pharmacopœia. I will mention a few things that they need. These are the mineral acids, ether, a proof spirit for tinctures (their own spirituous liquor, prepared from rice, is too weak to dissolve camphor), aloes, ammonia, ammoniacum, nitrate of silver, belladonna, good calomel (the Chinese use an impure preparation, which is not to be depended upon), cinchona (quinine is now much valued, and would be generally sought after if it were less expensive; it sells there for £1 per ounce), cod-liver oil, copaiba, ergot, carbonate of iron, soda, magnesia, ipecacuanha, acetate of lead, carbonate and sulphate of potash, quassia (for its cheapness; they have a red and yellow gentian, but it is dear compared with quassia), turpentine, jalap, croton-oil (they have the seeds, but not the oil), iodine, hydrodate of potash, hyoscyamus, squill, sulphur (because of the frequency of scabies, and the greater cheapness of the imported article), preparations of antimony (the metal, though so common in Borneo, is unknown in China), and of zinc, and its valuable preparations. These, and several others, I have named and described in a work on Medicine, and in course of time I hope they will be added to their own improved Materia Medica; that at present is a curious medley, and little good could arise to us from a translation of it into English. I will allude only to human milk as a good medicine for old people! Their books say 'that its taste is sweet, and that it nourishes the viscera, is a soothing application to abraded skin and inflamed eyes, and fattens old, decayed persons. Its virtues surpass considerably cows', goats', or mares' milk. Formerly some toothless old men, who took human milk, lived on a hundred years, became fat, had good spirits, renewed their youth, and begat children.' The wonderfully nourishing properties of women's milk to aged persons is not, unfortunately, confined to books, it is generally believed by the common people; and in one instance I saw the ill effects of this dangerous error. An infant, a few months old, in consequence of the mother being unable to continue nursing, was committed to a Chinese wet-nurse; and as money was no object, the woman that had the best supply of milk was chosen for this purpose. For a few days the child seemed to go on tolerably well, but it soon became affected with head symptoms; and as one child had died a year before from symptoms somewhat similar, the parents became alarmed, and begged that I would come in, in consultation, to see the child. I found the child lying listless and almost insensible on a friend's lap, labouring under the symptoms so graphically described by Dr Marshall Hall and Dr Watson, of spurious hydrocephalus. I examined the nurse, who was a young healthy-looking woman, with breasts full of milk to overflowing. I had some put in a cup for inspection; it threw up no cream on its surface, and looked pale and watery. On farther investigation I discovered that the woman had been in the habit of selling her milk by small cups-full to old persons, under the idea of its highly nutritive properties; and thus her milk, though abundant in quantity, soon became quite degenerated in quality; and instead of being nutritious, was actually poisoning the child dependent upon it, and now fast sinking from inanition. I recommended the nurse to be changed immediately. Happily a suitable one was found in

(Continued at Page 328.)

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B — The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under	3s.	6d.	
Per Line Extra			6d.
A Column	2l.	2s.	0d.
A Page or Three Columns	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 14, 1860.

THE TURKISH AND ROMAN BATHS.

When Priessnitz invented the Hydropathic system, he had no foresight of the development which the principle of the Water-cure would attain. The palaces of Moor House and Malvern were never outlined in the phantoms of his heated fancy. English facts, however, always surpass German imagination. If the faculty of imitation be denied to us, that of development is certainly in conspicuous strength. The seed that perishes in Germany, or grows at most to the dimensions of a stunted shrub, in England expends into a goodly tree; and though it should distil poison, we never fail to regard the culture with admiration. Here, indeed, our natural energy, resources, and freedom of action enable us to produce the best specimens of even the worst things. So Hydropathy has enjoyed the advantage of our wealth and liberty; and whilst it has ceased to be the curer of all diseases, it has become the business of the indolent, the delight of the satiated, the hope of the desponding, and the relaxation of the overworked. Men who fancy themselves ill fly to it for a remedy, and those who are incurably sick deceive their fears with its illusions. This is, indeed, something, but not that which Hydropathy originally professed to be.

The vast pretensions set up for the Water-cure led reasonable people to consider that, though those pretensions might be exaggerated and fallacious, yet the sanitary virtues of cold water had not been so much esteemed by the English people as they deserved. The uses of water in cleansing the skin, purifying the body, and making the home decent, were soon acknowledged, and societies of philanthropic men exerted themselves to establish Baths and Washhouses in the various towns of the Kingdom, where the poor man and the artisan could, for a small sum, obtain a daily bath if they pleased, and be provided with ample accommodation for all the laundry-work of the family. Thanks to Lord Shaftesbury and his friends, these institutions have been a great blessing to the community. The health of the people has been increased by the accommodation they have afforded, and domestic cleanliness and comfort are now possible in the homes of the poor.

The movement, however, has not stopped at this point. Through the activity and public spirit of Mr Kelly of Liverpool, Drinking Fountains have been everywhere established, and one of the most shameful evils of our towns, that of dram-drinking, has been thus assailed. It will take many years for the antidote to work a cure. The vice has eaten deep into our social system, and in innumerable instances it has gone, doubtless, beyond the power of any human remedy. But we are not without hope that the facilities now provided for the assuagement of a working man's thirst with the Samaritan blessing, a cup of cold water, will foster a habit of sobriety among the rising generation, and redeem the character of our people. The beer-shop and gin-palace are undermined, and time will bring about their downfall.

Recently, however, a new phase in this sanitary movement has taken place. Our readers must have perused the vigorous letters published in this Journal, by Dr Tucker of Sligo, on the subject of the Turkish and Roman Baths; and he is only one of many who are now labouring to institute a more complete system of Bathing in this country, and who have taken the ancient Roman or the modern Turkish bath as a model. There is some question as to the individual who has the right to be considered the author of the new system; some persons extolling the claim of Mr Urquhart, who has advocated the Turkish plan, and others that of Dr Barter, who has adopted the Roman system. This dispute is unimportant; for, in reality, these systems of bathing, modified in various ways, have long been in use in this country, but have been confined to the accommodation of the wealthy. The writer of this article many years ago submitted to a regimen of vapour-baths, cold douches, shampooing, and cups of coffee, and suffered an attack of cynanche tonsillaris as the reward of his intrepidity.

There is an effort now in operation to make these Baths universal, and to bring them within the means of the humblest of the people. The idea is not new; it must have occurred to most men who have taken an interest in the establishment of Public Baths; but the public effort and the general aim are of recent date.

Is there any reasonable objection to the establishment of such a system of Bathing? There are many persons who will think that the introduction among us of the most remarkable characteristic of the days of Roman degeneracy and of modern Turkish sloth will inevitably lead to, if it be not already the exponent of, a luxurious and enervating civilisation. We have no such fears. If the establishment of such Baths indicate a present deterioration of national character, the fact is so, and the Baths are not to blame: but this we do not believe, any more than we apprehend that they will in future exercise an injurious influence upon the moral excellence and physical hardihood of our fellow-countrymen. We believe that we shall know how to use without abusing such an efficient means of increasing bodily comfort and improving health.

It would be easy and not expensive to annex two or three chambers to the existing Public Baths, in order to give effect to the system. They are now provided with warm baths and plunging baths; why should they not be supplied also with the means of giving their customers a douche, a shower-bath, or a vapour or hot-air bath, as may be required? The warm bath is, from a sanitary and remedial point of view, one of the least useful of all these modes of bathing; and yet it is the only one to which our countrymen are in the habit of resorting. The hot-air bath is, according to the testimony of those who have tried it, superior to the others; and yet such a bath is with difficulty obtained. If a thing be done at all, it is worth doing well; our Bathing system is yet only half done, and will not be complete without these additional arrangements.

Is the prospect too grand to be conceived of a Bathing Establishment in every town, after the old Roman model, with its frigidarium, tepidarium, and sudatorium, having also a restaurant attached—on cold-water principles, of course—and a public library with class-rooms for students, and elegant gardens, wheresoever possible, for a promenade? Might not the Directors of the Crystal Palace establish such an institution, with advantage to their own coffers and benefit to the public? We have no doubt that it would be successful, and that a great impulse would be given to the cause.

The habits and conditions of town-life almost necessitate institutions of this nature for the preservation of the health of the people. A man who takes abundant exercise in the pure air of a mountain-side, whose very toil is cheered by the sun and braced by the wind, whose blood is rapidly decarbonised by the free contact of the atmosphere with its deteriorated elements in every corner of his permeable and spacious lungs, whose skin acts with freedom, and maintains an active supplemental oxygenising function, whose brain is not overtaxed with work, and whose physical labours are rarely more than recreative,—such a man may not require the use of artificial modes of restoration. But our town-life is itself artificial. The pure air of heaven is unbreathed, and the glowing beams of the sun unfelt, by tens of thousands who tend engines in underground cellars, or work in the gas-light, who sew and weave in fetid garrets, or measure silks and woollens in shops and warehouses close with animal exhalations and unilluminated by the direct rays of the

sun. Neither the lungs, nor the skin, nor the muscular system of such persons discharges its proper functions, and disease is quickly established. The undilated pulmonary organs soon become the habitat of tubercle; the skin, covered with layers of effete epidermis, casts additional duty upon the kidneys, and becomes itself subject to noisome diseases; the kidneys, in their turn, degenerate, and premature death is established as a law of humanity. Extreme cases require unusual remedies. Believing that a more perfect and general system of Bathing than that now in use would be beneficial to the denizens of towns, we hope that the attempts now made may meet with encouragement and success.

SUMMARY OF THE WEEK.

"BAD TIMES" FOR DOCTORS.

We heard a Surgeon in full practice assert the other day, that he had not sent out a chalk mixture for the whole summer. We do not know how this phenomenon could be accounted for, unless it be that there have been no diarrhœas. This inference appears to have been correct; for not only in the practice of our Metropolitan friend, but throughout the country there has been, as we are informed by the recent Quarterly Report of the Registrar-General, an extraordinary diminution of the ordinary diseases of the season. The perpetual rains have made England very uncomfortable, but exceedingly healthy. An Englishman is by nature amphibious, and a deluge above and below agrees with him. His bodily energies are nourished by imbibing atmospheric moisture, and he fattens upon a fog. Let us hear no more slanders against November weather. The suicides about this time of the year have more to do with the anticipated quarter-day and Christmas bills than the gloomy condition of the atmosphere. The Registrar-General's returns make this apparent. There never has been such an excess of births as during the last quarter, never so small a number of deaths. Diarrhœa disappeared with last year's sunshine; and Mr Leigh of Manchester sagely remarks, that the absence of diarrhœa and the coincident abundance of fruit prove that diarrhœa is not caused by the latter, but by heat. The constant rains have swept all pollution into the sea; our streets have been kept clean, our drains wholesome, and even our Metropolitan river has relinquished its historical character. Pure breezes have wooed its embraces, and salmon have come as far as Erith to pay it a visit. It has been possible to eat whitebait at Blackwall without being stifled by heat or asphyxiated by carburetted hydrogen, and the health of Aldermen and rich citizens has been the better for it. Legislation, too, has been agreeable business; no complaints of foul gases have been heard, and the House had a very long Session. No wonder our Premier was in such a good condition for an autumnal tour, and that Sir George Lewis looks so surprisingly cheerful. The Doctors are the only members of the State that have good reason to be gloomy. If this weather continue much longer, their occupation will be gone, and Homœopathy will be in the ascendant. The lustration which the earth has undergone must have cleansed it of all miasmatic germs, and there is every probability that the present quarter will be as salubrious as the past. The weekly reports of the Medical Officers have, at any rate up to this time, given us an assurance that this happy state of things will continue. Our brethren are fortunate in having nothing to do, and we advise them to make the most of their leisure by chartering the Great Eastern and making an excursion in a body to see the siege of Gaeta. If they would prefer a trip to Pekin, and a kotow before his Celestial Majesty, they will have plenty of time to get there and back before the next epidemic. We will take care to give them due notice of the first signs of the disease-mist in our atmosphere.

When the frozen-out gardeners appeal to public charity next year, we have no doubt that they will meet with unusual sympathy from the members of the Medical Profession.

THE MEDICAL SOCIETY OF LONDON.

Is the practice of Medicine to be divorced from the theory of it, and scepticism and speculation to chase venerable experience out of the field? Why is it that the papers read this Session at the old and honoured Medical Society of London, hitherto the favourite arena of practical men, have been generally on abstruse or novel subjects in animal or general chemistry, only incidentally and by courtesy applied to the professed pursuits of the Fellows of this Society? We hope the Fellows will consider the interests of the Society, and stay this flood in time. If certain of the Fellows desire to make their inquiries through the medium of the Society, let it be done through a new Physiological Section, which might be advantageously created. But do not occupy the Weekly Meeting with speculations on which no Fellow can give an opinion. The debates, which are the soul of a Society of this nature, are on these occasions literally extinguished; and all that passes is a series of brief and modest questions, eliciting long and often obscure answers. The Fellows are getting tired of this practice, and unless a different course be taken the Society will suffer serious injury. Let the papers be shorter and more practical, and the debates, instead of being languid, will be as animated and useful as of yore.

MORE ARSENIC-EATING.

The Manchester Philosophical Society has been entertained with a disquisition by Professor Roscoe on the arsenic-eating practice of the Styrian peasants. Anxious to determine the truth of the statements that have been made, he communicated with his friend Professor Pebal of Lemberg, who supplied him with copies of seventeen letters which had been addressed by as many Medical men to the Government Medical Inspector at Gratz. It seems, however, that whilst all these gentlemen alleged that the practice existed, many of them had no personal knowledge of it, others described certain cases which they had been "told of by trustworthy persons," whilst others actually report upon cases they had seen. Of these three orders of witnesses, the first are mere gossips, the second a mere circumstantial variety of the first, and the third must either be honest men or dupes. Let us see. Now we are told that "the most narrowly-examined, and therefore the most interesting case of arsenic-eating, is one recorded by Dr Schäfer." Did Dr Schäfer see this case himself? Not a bit of it; his authority is a third person, a Dr Knappe of Oberzehring. Why did not Professor Roscoe address his inquiries to Dr Knappe? Well, this Dr Knappe saw a man, thirty years of age, in robust health, eat a piece of arsenious acid weighing 4½ grains, and on the next day another piece weighing 5½ grains. His urine was examined, and found to contain arsenic. He informed Dr Knappe that he was in the habit of consuming this quantity three or four times a week. Now, all this is very circumstantial; but it is not such evidence as would be admitted in a Court of Law. However, stranger statements are made by Dr Holler, who, together with friends named in his report, guarantee that they are acquainted with forty persons who eat arsenic; and Dr Forcher of Gratz gives a list of eleven persons in his neighbourhood who indulge in the poison. Now, what is the real value of these written statements? What *Government Officer* has yet *seen* a man eat 5 grains of arsenic? We are not even assured that Drs Holler and Forcher have actually *seen* these persons eat the arsenic. That the substance said to be consumed is really arsenic, Professor Roscoe tries to convince us by stating that he had received 6 grains of a white substance from Professor Gottlieb of Gratz, which, *he said*, had been given to him by an old woman, who *said* that she had seen a man eating it in the mountains. This was found, on analysis, to be genuine arsenious acid. So it might be; and yet the testimony is such that it would be laughed out of Court at the Old Bailey. Seeing is believing: the statements may be true, but we should like to judge for ourselves. We are forcibly reminded of the Greek braggart who boasted that he jumped forty feet when he was at Rhodes. "Very likely," responded one of the by-standers; "so fancy you are at Rhodes now, and jump it." In these days of gas, steam,

electricity, table-turning, and clairvoyance, we ought not to be astonished at wonders, however extraordinary; so we declare ourselves willing to believe, and will wait patiently for the demonstration.

THE MEDICAL STAFF IN CHINA.

The high sanitary condition of our Army in China reflects great credit not only on the departments at home, but also on the skill and management of Drs Mure and Rutherford, and the Medical Officers generally. Whilst the French General could not bring up more than half his troops, the other half having been disabled by sickness, the English General was in full force, his sick counting only by as many hundreds as the French General counted thousands. Our former Chinese war showed the reverse of all this. The importance, therefore, of good sanitary arrangements in the administration of armies was never more signally proved. It is satisfactory also to receive accounts of the gallantry and devotedness of the Medical Staff in attending the wounded before the Taku Forts. It is recorded that one shot passed between the legs of Dr Woodroffe and Dr Birnie, as they were standing together, —a sufficiently narrow escape to be remembered even by a veteran. It is also stated that the hospital tent in front of one of the forts on the south side of the river was fired into by the Chinese at the moment that Dr Rennie was in the act of amputating a leg. Many other interesting incidents of a similar kind are related. The excellence of the sanitary arrangements is, however, the chief matter on which we can congratulate the country.

THE EDITORSHIP OF THE 'ASSOCIATION JOURNAL.'

This enviable office has found candidates; the favoured among whom are, we understand, Dr Markham and Dr Thudichum, both clever gentlemen, and the latter is he who informed the Association, at their last annual meeting, that he was acquainted with the scientific literature of the whole world. He is obviously, therefore, the best qualified candidate, and no other gentleman can have a chance of competing successfully with a man of such universal pretensions. We hope he will obtain the appointment, in order that we may be provided with a grand exemplar of editorial capacity.

THOMAS SMETHURST.

The convict Smethurst, whose trial last year for the murder of Isabella Banks must be fresh in the memory of our readers, and whose subsequent conviction on the charge of bigamy caused him to be confined in Horsemonger-lane Gaol, will be liberated this month, his year of punishment being expired.

ALLOWANCES FOR WOUNDED OFFICERS.

Her Majesty has issued a series of new Regulations relative to pensions and allowances to be granted in future to wounded Officers of the Army. If an eye or a limb be lost in action, the Officer so suffering will be entitled to one year's full pay, and he will be recommended for a pension varying in amount according to rank. Minor injuries will be compensated also according to their severity. These are liberal regulations, and will, no doubt, be well received by the Army.

THE SPIRIT OF THE PERIODICALS.

(Continued from page 325.)

a few hours; and in three days afterwards, I saw the child laughing and playing on the sofa by the side of its new nurse."

We extract the following from the 'Journal of Practical Medicine and Surgery,' on *Fibrôma:*

"M. Huguier, who steadily continues his special studies on diseases of women, described to the Society of Surgery a new variety of tumour, which might be denominated interstitial fibrous growth (fibrôma) of the abdominal wall. Messrs Gosselin, Michon, and Chassaignac have observed analogous instances, and the total number of cases recorded amounts to nine. In all, the tumours presented much resemblance to each other. They are met with in young women, and occupy the vicinity of Poupart's ligament, inside the anterior superior spinous process of the ilium, to which they are often attached, as well as to the crista ilii, by a more or less elongated and firm pedicle. They are situated within the thickness of the abdominal walls, between the muscular layers in front, and the fascia transversalis and peritoneum, upon which they lie at the back, and to which they sometimes become adhesive. They seldom have any connection with the pelvic viscera, and do not interfere with their functions. They are more or less movable, and prominent either in the abdomen or above the skin. Usually indolent and very hard, they are spherical or ovoid, regular in their contour, and consist in a perfectly or partially developed fibrous tissue.

"In a case of this kind observed by Messrs Verneuil and Perret, these surgeons declined active interference. Messrs Huguier and Michon have been more enterprising, and the excision in their hands proved fully successful, although twice already the peritoneum has been opened. These growths should therefore be attacked at the first stage of their appearance, because, although the general health of the patients remains for a long time unchanged, these tumours invariably induce at last dangerous and even fatal symptoms."

The annexed article, giving an account of M. ARAN'S practice in *Typhoid Fever*, is also deserving of attention:

"M. Aran classes typhoid with eruptive fevers. When once they have set in, they progress through certain periods; but although their course may not be arrested, the Professor considers their symptoms may be modified and their duration abridged. With regard to treatment, typhoid fever presents very different indications according as the physician has to deal with the incipient or the more advanced stages. At the onset the system has not yet suffered, and active and persevering medications may be resorted to. A fact which now appears positively demonstrated, said M. Aran, is that the chances of success of the treatment are greater during the incipient stage than at a later date. M. Bouillaud, therefore, has recourse to his system of active and reiterated depletion during the first week only, because prostration does not make its appearance before the second.

"In this embarrassing question of the treatment of typhoid fever, M. Aran differs much from generally-received opinions. After much reflection, he has finally adopted M. Bouillaud's method. This medication, modified and adapted to the peculiarities of each case, has yielded in his hands remarkably satisfactory results; but he does not thence conclude that it is capable of suddenly checking the disease. When the heat of the skin is excessive, the tongue dry, thirst intense—when delirium is present, the brain wandering at night, and the abdomen very tender on pressure, unexpected amelioration follows repeated blood-letting. With regard to the propriety of applying the method in its utmost degree of energy, and of having recourse to local blood-letting in the left flank, M. Aran proceeds as follows:

"On both the first and second days, M. Bouillaud prescribes venesection morning and evening, and in the interval cupping with scarification. On the third day, this Professor takes blood once from the arm, and once by cupping; cupping only is resorted to on the fourth, a quantity of blood varying between four and six pounds being thus altogether abstracted from the patient. Now this rule is clearly not applicable to all cases. M. Aran, on the first day, usually prescribes phlebotomy, to the amount of 12 or 16 oz., and 15 leeches to the mastoids. This is repeated on the second day, and on the third the blood-letting is conditional. The leeches are preferably applied behind the ears, because M. Aran considers the morbid condition of the brain as more urgent than the abdominal symptoms.

"Even after this active depletion, the patients cannot be looked upon as absolutely cured; a certain amount of feverishness persists in the evening, together with borborygms and diarrhœa, and it is as yet impossible to allow solid nutriment. Beef-tea and soups are readily tolerated by the stomach, but solid food immediately recalls the fever, a circumstance due to the persistency of the local anatomical change and its regular progress, analagous to that of variola, scarlatina, &c. In subjects who have been treated by repeated depletion, convalescence sets in soon, and the disease is shortened by eight or ten days. But this should not constitute the only medication, and here M. Aran differs from Professor Bouillaud. When the bowels are constipated, he prescribes aperients, and emetics for gastric derangement. Aperients, says he, are never injurious, but they cannot work the miracles which many ascribe to them. When the disease is complicated by bronchitis, M. Aran finds a daily emetic beneficial, and also resorts to dry cupping of the chest, a remedy which M. Béhier earnestly recommends.

"As to nutriment, M. Aran is partial to the administration of food in many maladies. Recently he prescribed mutton-chops in a case of diphtheritic angina; he follows the same line of conduct in colica pictonum. In typhoid fever he does not hesitate to give nutriment at an early period, the stomach and upper part of the alimentary duct being entirely free from morbid change in this affection; but he does not recommend ham, like certain fanatical practitioners, nor farinaceous diet, which leaves a residue likely to keep up diarrhœa. He merely allows beef-tea, soups, wine-and-water, according to the condition of the patients and the effect of the prescription."

Dr NELSON has contributed an article on *Lingering Labour* to the 'British American Journal.' After condemning the impropriety of rupturing the membranes too early, he observes:

"However, this is not always the case, and often the very persistence and integrity of the membranous bag after, and even before, the completion of the first stage of labour, is in itself productive of vexatious delay, more particularly when the expulsive efforts are only of a moderate degree of severity, or even when they become, from, apparently, unappreciable causes, totally suspended. I have for the last eighteen years enjoyed something of a large private and consultation midwifery practice, and have adopted the following course, which, although it may not be entirely orthodox, has, however, the merit of being based upon a somewhat extended experience, and attended with invariable success. I am particularly careful to preserve the amniotic fluid till the os uteri is well dilated; and though the head is just being engaged in the superior strait, it often happens that the pains, although they may be strong, and probably as pressing as at any other period, still there appears to be a want of their direct application upon the fœtal body, the consequence is that the labour begins to flag, and at times is almost stationary; but if the

membranes are ruptured at this stage, the presentation being correct, and the waters evacuated, the uterus has *room* to contract, there *now* being a vacuum; it embraces more closely, or even moulds itself over, the various parts of the child still retained in the womb, and, necessarily, a speedy termination of the labour occurs, which would otherwise have been more or less prolonged. We sometimes observe that the abdomen, *cæteris paribus*, is in some women very large, giving rise to the idea that the womb contains two children, or that it is inordinately distended by the amniotic secretion: to determine the first point, a careful external examination will generally detect a sufficiency of the hard parts of one or two children; while the second may be defined by the uniformity of the abdominal surface and its unusual degree of fluctuation, combined with the distant feel of the fœtal parts. In such a case as this the labour cannot progress, as the over-distension of the womb tends to induce a paralysed state of its muscular fibres, and nature here teaches us the remedy, by a spontaneous and early discharge of the fluid contents of the uterus.

"Whether I have been more fortunate than other practitioners in having but lucky cases falling to my lot, I cannot say; but, of this I am certain, that I have never been more than from two to six hours in attendance on any case, even although called at the commencement of the first stage, and when the os was opened sufficient only to allow the introduction of the point of the finger, to satisfy myself as to the nature of the presentation. It may be proper, however, to remark that much of my success and the immunity of my patients from prolonged suffering may be possibly due to the use of my friend, 'Dr Pollard's Obstetrical Supporter,' an invention admirably calculated to afford every assistance to the parturient woman to lay out her strength as the calls of the uterine action demand; while to the physician it is a saving of an almost incredible amount of the being squeezed-and-pulled-around fashion, to say nothing of direct hard work."

We also quote the following remarks on the general and local remedies and other measures employed in the case under consideration:

"I conceive it will require but a few words in reference to the administration of opium in one form or other, tartarised antimony, and secale cornutum, or the use of bleeding or the warm bath: what are the indications for the use of the foregoing means?—The answer is comprised in a very few words,—first, to produce such a degree of general debility or languor as will facilitate the dilatation, or overcome the resistance offered by a preternaturally rigid os uteri; and, secondly, to increase the expulsive action of the uterus when this latter appears to fall into a state of atony. I will now, in a few words, point out under what circumstances the above various agents should be employed:

"1. *Opium.*—This drug, by relieving muscular spasm generally, and suspending uterine action locally, will, therefore, subdue the very distressing, and if I may be allowed the expression, the useless pains, by inducing a certain amount of sleep, and necessarily a corresponding immunity of suffering: on awakening, the patient will not only find herself refreshed, but the pains will be changed in character, increased in frequency and severity, and with them a greater aptitude on the part of the woman to render that assistance which is required of her; it is no use to administer this drug to suspend the prolonged pains caused by malposition, nor has it any *direct* power to relax a rigid os.

"2. *Tartarised Antimony; Bleeding and the Warm Bath.*—These means are only applicable in producing a sufficient degree of constitutional relaxation, as will tell upon a rigid and unyielding state of the os uteri; in the above case their use was most positively counterindicated; here was a soft and largely-dilated os, ready to allow of the passage of the product it had safely enclosed for a period of nine months, but in this it was foiled, owing to that assistance, which was so plainly pointed out, and was not rendered by those who should have done so.

"3. *Secale Cornutum.*—The last thing done was the administration of the secale; the pains, for two days, had been of the hardest and best adapted character; but, forsooth, they must be increased and multiplied to expel (!) the child, if that could be done, to the imminent risk of rupture of the uterus! Let my readers make a note of this mode of treating a case of midwifery; and, although I would not advise them to follow this *wise* course of practice, I would still have them bear in remembrance the not unexpected results.

"*Vesico-vaginal Fistula.*—During my first examination, which was necessarily more protracted than under ordinary circumstances, the strong odour of urine pervading the bed, and the peculiar acrid feel of the soft parts, together with the story of the *second* bag of membranes, led me to make a careful exploration of the superior and anterior walls of the vagina; there was no tumour, but, with a little manipulation, the index finger of the right hand entered a small opening back of the symphysis, and imparted the sensation as if in a close cavity, its edges were hard, thick, and resisting; there was no giving way of the parts around the opening, as is always the case by the gradual tearing of the amniotic membrane. The os uteri was fully dilated, and its superior segment not only very much thinned and relaxed, but allowed the free passage of the finger between it and the child's head. After the expulsion of the placenta, I had the opportunity of making a still closer examination, and became immediately satisfied that there existed an opening—a little less in size than a quarter-dollar piece—at the inferior and anterior portion of the bladder, just posterior to its neck; and this had been caused by the boring and scratching of a thirty-years' *helping* and experienced finger!

"To remedy, at once, the very sad results which would have resulted from the protracted neglect of this lamentable accident, and save the patient's life from being embittered by a repulsive infirmity, I advised the husband to keep a large-sized catheter in the urethra and bladder, that as much of the urine as possible might pass through the instrument; to syringe out, twice a day, the vagina with tepid and emollient injections; and after cleansing the wound of the lochial discharge, to apply the solid nitrate of silver, through a fenestred speculum, freely to the edges of the fistulous opening, once in two or three days. This plan was pursued till the cessation of the lochiæ, which took place about the twelfth day, when the tepid and emollient injections were changed to cool and strong astringent ones; the use of the catheter was still continued, and a piece of sponge introduced in the vagina, directly under the opening, to catch and retain what urine might drop through; the sponge to be renewed several times daily, thus ensuring comfort to the patient, and in a great degree, immunity of the soft parts from the contact of the acrid secretion. The opening gradually closed, till at the expiration of a couple of months it was reduced to the size of a probe; and this being cauterized, once or twice a week, with a sharp piece of the nitrate of silver, resulted in as happy and perfect a cure as it was certainly unexpected. Some eighteen months since, and nearly the same period of time, after the unfortunate occurrence I have just reported, the patient, now a resident of Vermont, has been safely confined of a living child, after a favourable accouchement.

"*Vesico-urethro-vaginal Fistula.*—The following case, which came under my care shortly after my return to Montreal, will not, I believe, be found an inappropriate conclusion to this paper. In March, 1859, I was requested to visit Mrs —, a native of Brighton, England, but for four years a resident of this city. I found her to be a woman of a fine *physique*, aged forty-six, the mother of several children; her last confinement having taken place ten years before, and although the labour presented nothing unusual, still, for some unexplained reason, it was concluded with the forceps. For some weeks after nothing particular occurred, though she complained of a more or less constant sense of weight and distress in the vagina, accompanied by a very frequent desire to micturate, which desire, however, was only relieved in part, and this not without some pain. Six months after her confinement she became aware of the presence of a small swelling in the upper wall of the vagina, back of the external opening of the meatus urinarius; the swelling gradually increased, till it filled almost completely the vaginal passage, preventing sexual congress, and attended with a throbbing sensation and increased weight and distress. One day, coming down a flight of stairs, she made a misstep, and in the effort to recover herself, gave a jump of a couple of steps, falling rather heavily; she immediately felt something give way, and found her person wet; on examination it was discovered that the tumour had been broken, and its contents had flowed upon her person and underclothing—there was nothing unpleasant in the odour of the discharge, save that it possessed a very strong urinary smell, was of a deep yellow colour, ropy, and of some consistence. This little fortuitous accident did not prevent her from attending to her household duties; on the contrary, it had done what several professional men, who had been consulted, could not do; it proved a certain temporary relief, and taught her that the same thing could be done, in after years, to secure a few weeks' or months' respite from her unpleasant ailment. Nothing unusual was observed after this occurrence, only that she now noticed that there was an increased and rather annoying degree of moisture about the external parts, and occasionally a few yellow spots upon her linen; to this she paid little or no attention, being under the impression that, like many other women, she was labouring under a slight attack of leucorrhœa. However, in the course of three or four months, this trifling discharge gradually decreased, at the same time that the small swelling commenced to show itself in the same situation it had occupied in the first instance; it passed through the same stages, till, having attained nearly the size of an egg, it was spontaneously ruptured, the contents evacuated, and relief followed as at its first appearance. Such was the state of things, and so it continued for ten years, recurring from two to three times a year.

"After her removal to this city, she was successively under the charge of three practitioners, who, however, did not appear to benefit her, although they never employed any local means—either by examinations or direct applications—they became satisfied that there was something wrong with the womb, but that time and the final change of life would, probably, effect the cure. Having heard the same story so often, it did not quiet her mind, and she had almost given up in despair, when she was recommended to call on me by an American lady.

"Having been made acquainted with the foregoing particulars, I proposed a vaginal examination, to which, at first, she rather objected, inasmuch as this mode of determining the nature of her complaint had never been hinted at by any of her former attendants; however, being a person of good common sense and proper feeling, when made aware of the necessity of this examination, she readily complied with the demand. At this time, a little over two months had elapsed since the emptying of the sac by the customary spontaneous rupture of its membrane, and it had now acquired near two-thirds the size of a hen's egg; it was situated half an inch posteriorly to the meatus urinarius, running backwards along the course of the urethra an extent of near two inches; it was firm and elastic, evidently fluctuating, and insensible unless subjected to undue pressure. A catheter passed readily into the bladder, and a small quantity of urine discharged. The first step in the treatment was to open the abscess—or sac—and then to endeavour to prevent its return by causing the obliteration of its cavity. With a lancet a small puncture was made in the most depending and anterior portion of the sac, when near two ounces of the same thick, yellow-coloured fluid were evacuated; a probe was now introduced in the opening, and the cavity carefully explored in all its directions, when a small passage or sinus—just admitting the probe—was discovered running parallel to the urethral canal, a distance of some two inches; a catheter was passed into the bladder, when catheter and probe both came into contact in the cavity of this organ. The peculiar features of the case were now very clearly explained and demonstrated—it was nothing more than an interstitial fistular separation of the urethro-vaginal mucous membranes, extending from the neck of the bladder to nearly the entire extent of the urinary passage. The manner in which the swelling was developed is to be explained as follows: A few drops of urine were constantly lodged in the sinus, which kept gradually increasing after the healing of the opening resulting from the spontaneous rupture of the sac, till it had acquired its ordinary size; then another break would take place, and immediately after this occurrence, for some days, and

even weeks, there was a continual oozing of urine through the *now* complete fistule, and which occasioned the disagreeable and unusual moisture of the parts; then the opening would gradually close, and proportionally the sac would increase by the greater amount of urine retained in it, and, although it would materially diminish during the recumbent posture, it was, nevertheless, never completely empty, by the retention of the thickened urine, the more fluid parts being either removed through the process of absorption, or flowing back into the bladder.

"The indication here was to lay open the track of the sinus, and attempt the radical cure by attacking the small vesical opening. This was done in the following manner: A grooved probe was introduced the entire length of the fistulous canal, and then a very small straight pointed bistoury was carried along, dividing the sinus and making it one with the vaginal canal. After the bleeding—which was somewhat profuse from so slight a division of parts—had been checked, a silver catheter was passed into the urethra, while a large-sized fenestered speculum was introduced into the vagina. I now found out the very simple cause of this poor woman's sufferings for ten years, a small *hole*—for it was nothing more nor less—at the junction of the body with the neck of the bladder; this was freely cauterised with a sharpened stick of nitrate of silver, and on withdrawing the speculum the caustic was slightly applied along the fistulous track, to promote the granulating process; a large bougie was introduced into the urethra in place of the ordinary silver catheter, and a piece of compressed sponge, in the vagina, directly under the vesical opening. This completed the first dressing, and I may almost say the only one, as a slight modification of the same process was gone through twice only at one week's interval, when the fistulous opening became perfectly closed; and, although I have since then repeatedly seen the patient, having been retained as the family physician, she has never, in fourteen months, felt anything like a return of her old complaint. Two months after the last application of the caustic, I made a most careful digital and visual examination, but could detect nothing to warrant me in saying that she was not radically cured.

"A third case, it should have been second in order of priority, in the person of Mrs ——, of Plattsburgh, presented itself to me a short time before I left that village, and pretty much under the same circumstances as in the last-named patient:—the general and local symptoms were nearly identical, so was the treatment, and the result equally successful and satisfactory; consequently, it is only neccessary to mention that for these cures, through a very simple and commonplace mode of treatment, an undue amount of credit has been awarded to me, when really it was only because I looked carefully into small things, and sought for the fountain-head of the mischief, being fully satisfied that if I took care of the cents, the dollars would take care of themselves. This axiom proved theoretically and practically true in both of my cases."

REVIEWS.

The Principles and Practice of Surgery. By William Pirrie, F.R.S.E. 2nd Edition.

This is a much improved edition upon the former one, and as a scientific work is creditable to the Aberdeen school. The opening chapter on Inflammation has been re-written by Mr Pirrie's son, who has ably set forth his subject. He has made use of Dr Bennett's diagrams of the progress of inflammation, and generally adheres to his views; but he is a moderate advocate of antiphlogistic measures in the treatment of inflammatory affections. The histology of tubercle and cancer is also illustrated with woodcuts; and there is an abundance of good plates (some of which are taken rom the works of the highest authorities), on all the subjects treated of throughout the work.

On Gout: its History, its Causes, and its Cure. By William Gairdner, M.D. 4th Edition.

A work that has gone through four editions recommends itself. The present edition has the advantage of the notes of the German translator, Dr Braun, and is, to that extent, improved.

On the Medical History and Treatment of Diseases of the Teeth, &c. By Benjamin Ward Richardson, M.A., M.D.

Having been appointed one of the Lecturers to the College of Dentists, Dr Richardson delivered a Course of twelve Lectures to the members of that body on the Diseases of the Teeth, and he has collected those lectures for wider publication in the present volume. The Author considers the various causes of disorder of the teeth as arising from constitutional cachexia, the hæmorrhagic diathesis, neuralgia, hysteria, dyspepsia, rheumatism, gout, the diseases of infancy and childhood, malignant affections, metallic poisons, diet and modes of life, chloroform, &c., and he suggests the appropriate management in the several instances. It is a useful work for Surgeons as well as Dentists, to each of whom we strongly recommend its perusal.

Phthisis and the Stethoscope. By Richard Payne Cotton, M.D. 2nd Edition.

A small book upon an important subject, therefore most useful in relation to diagnosis. No student or young practitioner should be without it.

Glycerin and Cod-liver Oil; their History, Introduction, Therapeutic Value, &c. By W. Burnham Willmott.

Mr Willmott, being a chemist, enters elaborately into the various modes of preparing glycerin and obtaining cod-liver oil, which, however, we shall not reproduce.

We quote some of his remarks on the therapeutic uses of glycerin.

"After tracing the history of glycerin, and remarking upon its great value in cutaneous diseases, &c., M. Cap goes on to say:—'But I must hasten to my own personal remarks, which apply to the part which I consider glycerin ought to take in pharmacy. It is evident that its unctuous state, its slightly hygrometric properties, its analogies to water and oil, and finally its perfect harmlessness, render this substance fit for many various uses. It blends with wonderful ease with every form of medicament. It may be used either alone or with other therapeutic agents. It mixes in all proportions with water for baths, injections, fomentations, and lotions of all descriptions. Applied to burns or other wounds, it keeps them from the air, and maintains the suppleness of their edges. When added to cataplasms, it preserves their softness, and, which is very important, it prevents them from adhering by their edges to the surfaces on which they are applied. This combination of properties presents, as may be seen in glycerin, a new and valuable *excipient* to be added to the scanty list of bodies of this nature now at the disposal of art—an excipient which appears to hold a place between water and oil, for it participates in most of the qualities of both. Glycerin unites as well with aqueous and alcoholic liquids as it does with lard, ointments, pomades, and soaps. It will serve as a base for liniments, ointments, and embrocations; it will mix with extracts, tinctures, alcoholates, and medicinal wines; a few drops of glycerin, added to a pillular mass, will prevent it from drying, &c.; it will consequently assist in most uses of medicine, surgery, and veterinary science, adding to any preparation with which it is mixed the advantage of its lenitive, sedative properties, softening the tissues, and preparing them for the absorption of the medicinal substances to which it is united.

"But this is not the limit of its pharmaceutical uses. Glycerin dissolves the vegetable acids, the deliquescent salts, the sulphates of potassa, soda and copper, the nitrates of potassa and silver, the alkaline chlorides, potassa, soda, baryta, strontia, bromine, iodine, and even oxide of lead. It dissolves or suspends the vegetable alkaloids in the same manner as the aqueous liquids, and at the same time the resulting products may be used for the same purposes as though mixed with oil. Thus the salts of morphia dissolve in it completely, even cold, in all proportions. Sulphate of quinine, in the proportion of one-tenth, dissolves in it when hot; but when cold, separates in clots, which, when triturated with the supernatant liquid, give it the consistence of a cerate, very useful for frictions and embrocations. It is the same with the salts of brucine, strychnine, veratrine, and most preparations of the same order, which enables us to consider that we have now, if not medicinal oils with a vegetable alkaloid base, at least a series of new preparations which will fufil a perfectly analogous use in therapeutics."

The Author particularises the various affections of the ear, skin, and eye, in which medical practitioners have extolled its virtues. With reference to its use as an excipient in the place of lard, Mr Willmott very fairly admits its inferiority. In fact, this has long been proved. There is one use of glycerin that must not be overlooked—that of its combination with the iodide of iron, which it effectually preserves. So much has been written on the subject of cod-liver oil, and its therapeutic uses are so well understood, that we deem it needless to quote from our Author on this topic. His little book is a useful remembrancer.

Operative Surgery, adapted to the Living and Dead Subject. By C. F. Maunder.

We hardly know better how to exemplify the usefulness of a little treatise of this nature than by extracting a portion of it. We will therefore take the following paragraphs on a very common disease—*Nævus.*

"Treatment by *ligature* as already described under article 'Ligature.'

"By *pressure:* a mode only to be adopted when the aneurism by anastomosis lies over bone.

"By *injection* of some irritant fluid, as tincture of iodine, or a solution of perchloride of iron: a puncture sufficiently large to admit the nozzle of a small syringe is made in the skin, and a quantity of the fluid, from five to fifteen drops, in proportion to the size of the tumour, is injected after *subcutaneous incision* has been adopted. Inflammation, followed either by obliteration and absorption, or by suppuration and cicatrization, is the result.

"By *seton:* one or more threads may be passed through the tumour.

"By *vaccination:* applicable to very small examples of this disease.

"By *subcutaneous incision:* the blade of a knife, or cutting needle, being passed in various directions, so as to break up or cut up the enlarged vessels.

"By *actual cautery:* one or more wires being passed through the tumour, and heated by electricity.

"By *ligature* of one or more arteries, or even a main artery: applicable to those cases in which arteries enter largely into the formation of the tumour, and perhaps previous to the free use of needles at various points, or under circumstances consequent on position, where the tumour cannot be treated locally.

"By *caustics:* one of these agents being applied to the surface, or introduced into the interior, on a probe or needle.

"By *excision:* the surgeon must cut wide of the tumour, otherwise bleeding may be profuse.

"When this plan can be adopted, it should be had recourse to, because, when the wound heals, a linear cicatrix is the result; but often, by other means which destroy much skin, an ugly scar is produced, and increases in size as the patient, if a child, arrives at manhood.

"In all cases the surgeon should destroy as little skin as possible, to avoid ugly scars and deformities."

All the operations applicable to arteries, the excision of bones, and minor surgery generally, are thus tersely and lucidly explained; and more we scarcely say in favour of this little *brochure.*

We must add that the work is well supplied with good illustrations.

Aspirations from the Inner and Spiritual Life, aiming to reconcile Religion, Literature, Science, Art, with Faith, and Hope, and

Love, and Immortality. By Henry M'Cormac, M.D.

That Dr M'Cormac exhibits a thoughtful, tender, yet eccentric genius in this volume, every reader of it must allow; at the same time the review of the book would be beyond the province of a Medical journal.

A New and Rational Explanation of the Diseases peculiar to Infants and Children, &c. By Thomas Ballard, M.R.C.S.

Mr Ballard's leading notion is, that fruitless sucking is the cause of most of the diseases of the infantile state; and though we cannot go with Mr Ballard the full length of his views, we are satisfied, nevertheless, that there is much truth in them—truth not yet recognised. He says:

"Perhaps the most common and familiar instance of fruitless sucking, causing frequent evacuations from the bowels in the young of the human species, is that which occurs during the first few days of extra-uterine life: every accoucheur and nurse knows, that for the first few days in all cases, and for a longer period in many, the infant's bowels are moved several times during the day, and the evacuations are commonly green. This effect is attributed to a supposed purgative property possessed by the colostrum, or first milk, that is secreted—a view not merely based on popular opinion, but sanctioned by some of the highest obstetrical authorities. I have made many experiments in reference to this subject, and have quite satisfied myself that this theory is unfounded, and that the frequent stools of newly-born infants depend upon their sucking at the breast before the milk is secreted in sufficient quantity to satisfy their craving. If the breast of a woman recently delivered be examined by means of an exhausted glass, it will be found that no milk can be obtained until the third day, and very little until after then; yet both the nurse and mother will be under the impression that the infant obtains plenty when it sucks.

"*Case* 3.—A patient was delivered of her third child early on Thursday morning; the nurse persisted that the child obtained plenty of milk in the evening of that day; the evidence being—that she heard it swallow. I could not obtain sufficient for a microscopical examination until Sunday, and the secretion was not freely established until Monday.

"I have repeated this examination, and have never met with a less favourable result: frequently, especially in first confinements, a much longer time has elapsed before the breast yielded milk, but in no cases have I found it earlier, and I quote the above case because the woman has always been a good nurse; she is of mature age, and in every respect healthy, therefore a good average illustration of what usually occurs. I have prevented infants from sucking until I could obtain milk by means of the exhausted glass, and then carefully watched their evacuations, and in no case has there been any evidence of a purgative effect."

Again:

"This sympathetic relation, then, displays itself in young infants most frequently by the occurrence of erythema in connection with green-stool diarrhœa, caused by fruitless sucking, which symptoms, with the addition of the peculiar affection of the mouth, constitute a disease almost *peculiar* to sucking infants, the exact nature of which I believe has not before been clearly demonstrated: I allude to thrush or muguet. . . .

"The true nature of the disease I suppose to be, that the delicate mucous membrane of the month becomes inflamed, in consequence of excessive sucking, and that an inflammatory exudation results, which, from its situation, being warm and moist, affords a very appropriate nidus for the growth of the oidium which is found so universally growing under circumstances equally favourable to its nature; the accompanying enteric symptoms coinciding with those I have previously described as resulting from fruitless sucking. The best confirmation I can adduce in proof of the correctness of this opinion, is the fact that in all instances where I have been able to make my views of the cause of the disease understood, no case of thrush has occurred; and in addition to this, the relation of some cases of which I have notes, where I have successfully treated the disease in accordance with them."

The Author points out a great defect in the ordinary teats used for artificial sucking, viz. that of collapsing when the child sucks—a defect we have also noticed, and when an artificial teat has been applied to a flat broad nipple to shield it, we have seen an infant literally starved. We cannot transcribe the entire list of ailments, both infantile and maternal, which Mr Ballard attributes to this cause; for, having laid down his foundation, he builds upon it a considerable superstructure. We agree with him, however, that excoriated nipple and mammary abscess are due to this cause, with this qualification, however, that ineffectual sucking rarely occurs unless the nipple be imperfectly developed—a circumstance by no means infrequent among modern mothers—or the skin exceedingly delicate. Mr Ballard's book will repay perusal.

Letts's Appointment Diary

Is one of the best we have seen. It provides space for the registering of appointments for every hour in every day of the year. Its compass is so small, moreover, that it can be carried conveniently in the breast-pocket.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

October 21st.—Removal of Sequestrum, and Necrosed and Carious Bone, extending the whole Shaft of Tibia—Removal of Lower Jaw—Tumour on Thigh.—Mr Bowman.

October 28th.—Lithotomy.—Mr Fergusson.

Removal of Sequestrum, etc.

This patient, about eight years of age, a Welsh boy, could not speak a word of English. Had been suffering from long-continued scrofulous disease in the whole shaft of the tibia. Sinuses existed along the length of its anterior aspect, from above to below. Sequestrum stuck out for about two inches at the superior sinus, and from thence (and portions also above) lay embedded along the whole shaft. Mr Bowman proposed, as the best treatment, to separate it by detached pieces, thus avoiding a large suppurating wound. Such large wounds with superficial hard solid bone upon their edges caused great irritation and suffering. They were also most difficult to heal, which occurring with great suppuration in an attenuated, worn-out subject like this patient, was particularly to be avoided. Mr Bowman first dilated freely the lower sinus—gouged out a large cavity at the extremity of the tibia. In this part, amongst the cancellous structure, a large quantity of pus had formed, which escaped. He then removed the projecting piece of bone at the upper sinus. With nippers he removed more necrosed bone, and enlarged the wound. Cold dressings were applied.

Removal of Lower Jaw.

The patient was a young man about twenty-two years of age. About ten years since he had swelling of the gum, near the last molar tooth. This having increased, was burnt away with acids while in the country. He remained well until about twelve months ago, when it rapidly increased. It became imbedded in the alveolar process and jaw-bone, which became flattened and expanded by its continual pressure. It thus buried itself in the bone, which became greatly thickened and enlarged. Mr Bowman, after sawing through the bone near to its symphysis, dissected away the half of the bone, and removed the ramus of the jaw at its condyloid extremity. Cold dressings applied.

Removal of Tumour on Thigh.

This patient, a female, had a large tumour on the anterior aspect of the right thigh. It had been ten months growing. Mr Bowman thought it had had a longer growth. He saw it last August for the first time. It was very obscure in its character, and lay very deep amongst muscles and large vessels—as malignant tumours do frequently. He diagnosed it to be of fibro-cystic growth. It caused great pain. Nothing could be decided until an exploratory operation was made. A longitudinal incision about six inches long was made, and tumour removed. It was now examined.

Lithotomy.

Mr Fergusson gave the history of this case. He said—This is a young man, come from the country, wishing for rapid easement and relief from this disease, having suffered for eighteen months or two years. The question in the case was, lithotomy or lithotrity? I told him his was a fit case for lithotrity, which required a long and patient proceeding. He preferred the operation of lithotomy. I readily diagnosed a moderate-sized stone, either mulberry or lithic acid constituents. The sound, he said (holding the stone to view), touches these little eminences distinctly in the bladder and tells this. The operation which followed was a display of art unrivalled in precision, promptness, and celerity. Surgery is an art, as also is it a science. It permits description, and gives æsthetical results. A small leather bag turned out four or five instruments—a bone syringe, three forceps, a sound, and a staff. The patient has been sounded on the operating table by Mr Wood. Mr Fergusson seats himself opposite the patient, and takes from his pocket a clasp knife. He is heard to say, "A little nearer the margin of the table." The clasp knife by this time has passed by a second cut into the staff at the membranous part of the urethra. It only notches the margin of the mucous membrane of the prostate, when it is returned in its line of advance with a lateral sweep outwards. The index finger of the operator's left hand being advanced in the line of retreat of the blade of the knife, the forceps are passed by guidance of this finger, the palmar aspect of which reaches and lies upon the stone in the bladder. The finger returned, a slight gnsh occurs which the forceps instantly stops. The forceps held with firm and precise grasp, the blades being partially opened, are jerked with a semi-rotary jerk, by which they clutch the stone, and another semi-rotary movement brings the blades containing the stone to view. The whole operation was done in thirty seconds. The syringe throws up into the rectum one-third of a grain of morphia, and the patient is in his bed again in a quarter of an hour after leaving it. However much we may have failed to describe this operation, we have a much more difficult task to record—the simple yet graphic commentary of the operator. Mr Fergusson said, in his *naif* and practical manner, there was nothing to be noticed particularly in this operation. "I performed the lateral operation, I believe, as Cheselden did it, in the usual way. The usual way is a figure of speech, with but little meaning. I know a very eminent surgeon who performed this operation in his usual way. On being asked, he forthwith described how he held the knife. It proved, nevertheless, that he held it the contrary way. So that the usual way has much latitude in practice." He further stated that this was the first adult patient in whose case he had omitted to fasten hands and feet together during the operation. Under chloroform, this was not required. By abandoning this practice, Mr Fergusson said, we got rid of a cruel and objectionable feature of the operation. In the case of the vigorous young man he had just operated upon, he the more readily relinquished it, seeing around him stalwart young men ready to give aid if necessary. Children can be held without this barbarous treatment; strong youths, perhaps, require to be so fastened. He then gave a lucid *rationale* of the operation he had performed. He remarked that the size of the forceps must be judged by the operator; that the finger, on introduction, dilates the prostate, and also the tissues. The tissues in some subjects are much more easily dilated than in others; and while the bladder is distended, the stone is readily seized. To surely effect this part of the operation, the beak of the forceps must be cautiously guided into the margin of the prostate, or it may pass into the subcellular tissue, and not reach the bladder. When so dilated, and the bladder is distended, you seize the stone easily, aided by the finger, and the sudden jerk described above brings it into the grip of the forceps. If the water escapes, you then adopt another mode: you use the forceps as a sound, and seize the stone on its flattened aspect; whereas you seize it on its wide *axis* if the bladder be distended. The morphia is introduced *per anum*, to allay irritation. The knife used on this occasion is a

study. It is about six inches in length, three-quarters of an inch at its point, having a cutting and rather boldly convex edge, sweeping gradually until at its distal end it becomes slightly concave to the handle, which is solid and substantial. This is a powerful instrument for the size. Mr Fergusson said, the finger should be made familiar with the notch made in the margin of the prostate; he added, "I am so familiar with this margin of the mucous membrane of the prostate, that it is my sure guide in the operation."

Resection of Knee-joint.

A very interesting case of this operation was introduced to the theatre. The young man had been operated upon seven years since. It was a perfectly-developed and strong limb; but for the scar no difference could be discovered. Mr Fergusson related, that a surgeon was shown the skeleton of a leg upon which resection had been performed, and could not be convinced of the fact, but insisted it was in its normal condition.

Dislocation of Cervical Vertebræ, and Fracture of Humerus.—Mr Erichsen.

Edmund Day, a butler, fell from a cab while drunk, and was admitted to University College Hospital on the 2nd of October, under the treatment of Mr Erichsen, in a helpless state. The stomach-pump was used, and he rallied, and could speak, but with difficulty. When examined, a comminuted fracture of the left elbow was diagnosed.

Oct. 3rd.—Patient passed a bad night; complained of inability to move in bed, and great pain in cervical region; was unable to sit up in bed, and when supported suffered much pain. The neck was found much swollen and tender, giving great pain when bent. Both lower extremities were paralysed, with partial anæsthesia of both; the arms were out of control by voluntary motion, but he could close the hands; the vertebræ of neck had an inclination to the left side. No water has passed since admission, therefore it was drawn off by catheter; during the day constant priapism sets in; the body is much warmer than normal.

Oct. 4th.—Priapism still continues; pain and stiffness of neck the same as yesterday; patient takes his food tolerably well; urine removed night and morning; bowels relieved by injection.

5th.—Patient complains of great tightness, as if of a cord across upper part of abdomen, but the abdominal parietes are quite relaxed; sensation in lower limb somewhat improved; paralysis same as before; urine drawn off as before; sphincters not relaxed; heat of surface normal; passes wind freely; complains of back being tender, and is placed on spring bed.

6th.—Much the same as yesterday; not so much tightness, however. Priapism constant.

7th.—Priapism less constant; has seminal emission; motions pass involuntarily; urine highly ammoniacal.

9th.—House-Surgeon called up during night to draw off urine, which has the smell of sulphuretted hydrogen; the other symptoms persist.

10th.—Complains of much tightness and pain in region of stomach, and of his hands and arms feeling cold and numb; his hands involuntarily close when opened: after enema his bowels operate involuntarily.

11th.—Had a little sleep during night, and feels better; yesterday he wandered in his mind at times; seminal emissions take place two or three times during twenty-four hours without the patient's knowledge; is less irritable than yesterday, and pain in arm less intense: urine, which is highly offensive, has to be drawn off three or four times during the day.

12th.—Had a very bad night, wandering at times; urine drawn off during the night; left hand of a pallid white colour, perfectly cold, but when examined at later period was found burning hot; right hand tense and swollen, and marked with erysipelatous blush; abdomen tympanitic; flatus passes involuntarily, and in abundance; bowels acted semi-involuntarily, the patient being partially conscious that something was passing from him during the motion; tightness and feeling of fulness about chest and abdomen much the same as before.

13th.—Tightness about chest and abdomen becomes paroxysmal, with feeling of suffocation, felt most intense before emptying the bladder, after which he felt relief. Complains of heavy aching pains in whole of left arm during these attacks, which are at intervals; the heat of the limb is more than normal; has slept during day, and altogether is more easy: towards evening had violent convulsive motions in right arm.

14th.—Bowels opened during night involuntarily; little sleep; cries out from constant pain; has difficulty in swallowing; takes little or no nourishment; breathing very irregular—as low as six respirations in a minute, or else gasping quickly. Tongue dry and brown; rhonchus on breathing since middle of night.

15th.—Expired at one a.m. An hour and a half before that event, his arms were so violently thrown about that they had forcibly to be restrained, during which time he was unconscious.

16th.—Forty-eight hours after death, a post-mortem gave the following: Skin ranging from fifth cervical to last dorsal vertebra, much discoloured. An incision was made along the line of the vertebræ, from the surface down to the neural arches; much blood was effused in the subcutaneous tissue, extending from the occiput to about half-way down *ligamentum nuchæ*. The muscles were not injected, but had a normal appearance; the veins were full of uncoagulable blood; the vertebræ were then removed from the axis to the seventh cervica vertebra. On examination, the fifth and sixth cervical vertebræ were found disunited by rupture of their ligaments. At the same time, there was found complete fracture across the right peduncle of the transverse process of the fifth cervical vertebra, allowing the process with the vertebral foramen to move freely irrespective of the body of the vertebra. On removing the neural arches with the spinous processes of the vertebræ, a great quantity of extravasated blood was visible over the whole length of the external surface of the dura mater: also, here and there, large clots of blood, particularly opposite the third and fourth, and fifth and sixth cervical vertebræ; more at the side and in front of the cord than at the posterior aspect. On cutting into the dura mater, and reflecting it on either side, vessels over the pia mater were seen gorged with blood, with patches, at intervals, of ecchymosis; but no marked clots were visible.

WESTMINSTER HOSPITAL.

Hemiplegia of Left Side.

Robert Mason, ætat. twenty-five, admitted into King William Ward, Westminster Hospital, on October 11th, 1860, under the care of Dr Basham.—Enema terebinth.; empl. cantharid. nuchæ; haust. sennæ co., ℥jss.

12th.—Skin cool; perspiration profuse. Bowels relieved by enema; stools dark colour. Urine scanty, high-coloured. Pulse 80, of good strength. Sleeps badly. Tongue protruded naturally. Complains of loss of power on the left side of the body; no power in the left arm—sensation less than natural, no *reflex action*. The leg can be slightly extended and raised, but cannot be flexed. Light diet; beef-tea. Tries to whistle, but does so imperfectly; the mouth is drawn very slightly to the left side. Ol. crotonis tigli, ℥vj.; extr. colocynthid., gr. viij. Complains of difficulty in chewing food, which works out at corner of mouth. Speech difficult; twitching of mouth. Difficult micturition, with straining on passing urine.

History.—On Sunday morning, awoke with desire to stool; found himself unable to move left leg or arm; urine and fæces discharged involuntarily; mouth greatly drawn to the right side, and speech thickened. The day before, had giddiness with pain between the temples, which had existed for some time before. The mouth is become less drawn than on the day of attack. Bowels generally open daily; memory good; vision weak from the period of childhood. Has two children, quite healthy.

13th.—Blister acted well; bowels not open; urine scanty and thick; pulse 84, good.

14th.—Haust. sennæ co., ℥ij.

15th.—Much the same, but mastication better. Repet. pil. hora somn. Repet. haust. ℥jss. mane. Blister remains open, discharging freely. Bowels moderately open; urine free, less straining on micturition; pulse good, quiet; has more control over left leg, can draw it up tolerably well; arm remains powerless; no pain in head; whistles clearer and more powerfully.

17th.—Skin natural, and also the scalp; tongue flabby. Bowels open twice yesterday. Pulse 68, moderate strength. Movements improving greatly. Can get out and into bed with little exertion, which he was incapable of on admission. Can raise and extend the left leg to some degree; and can raise and swing the arm slightly. Whistles much more plainly; sleeps well; appetite improves, wants more to eat. Blistered surface discharges moderately. Repet. pil. hor. somn.; haust. sennæ, ℥jss. statim.

27th.—Continued improving since last report. Bowels open, but draught occasionally necessary. Pulse reducing gradually to 64; its strength greater. Mouth becoming natural, and whistles almost naturally. Has much more extensive motions of leg and arm; can move his fingers about, and squeeze a hand, which he could not do until now. Bowels freely open three times to-day. Face occasionally flushed, which is natural to him.

On November 9th, he was discharged relieved, the symptoms having favourably progressed from the last date, bowels continuing, with assistance of the pills, open every alternate day. Urine rather scanty, but not difficult to pass it. Pulse rising to 84, and stronger; and so on, until it became natural. Appetite good; sleeps well. Has less flushing; aspect pale. Perspires freely at night. Complained of pain in the right knee, and likewise in left shoulder when the arm is hanging; more power is gained over the left arm when it is raised by its own power without help, and with assistance can be normally extended, which it could not before. Power of left leg returned slowly.

We are indebted for the above notes to Mr Middleton, House-Physician.

CLINICAL REPORTS OF CASES

UNDER THE CARE OF MR BAKER BROWN, AT THE LONDON SURGICAL HOME.

(Reported by Arthur B. Brown, Clinical Clerk.)

Polypus Recti.

Mrs R., æt. fifty-nine, mother of three children. Catamenia ceased three years ago, after an attack of variola; ever since which she has been suffering from supposed uterine affection, and gone through the usual treatment for fulness and enlargement of that organ. Her bowels have been seldom relieved except by medicine; she has been subject to piles, which sometimes bled: has also had great irritability of stomach, requiring spoon-diet for some time.

Examinatio per vaginam.—The uterus was found perfectly healthy, and in its normal position. On examining the anus, the sphincter was found to be so firmly constricted as to hardly admit the finger. Immediately within its orifice was found a bleeding pile. On passing the finger two inches up the rectum, a large polypus, the size of a French bean, was discovered, with a thin pedicle of about an inch long.

Treatment.—Jan. 26th, 1860.—The pedicle was tied with twine, and the polypus cut off. The internal pile was tied, and the constricted sphincter freely divided on each side of the anus. Oiled lint was then introduced within the rectum, and an opiate given.

March 21st.—Discharged perfectly cured.

Remarks.—Mr Brown observed to the Medical visitors, on the Thursday preceding her discharge, that this was a case of great interest in a practical point of view, the patient having laboured under a supposed affection of the uterus, and having become emaciated from the constant irritability of the stomach. The rectum had never been examined, and, consequently, the polypus, which was the real exciting cause of her illness, had never been discovered. The marked improvement in her general health, and the increase of flesh consequent thereon, was most marked before she left the institution.

Fissure of the Rectum—Supposed Disease of the Uterus.

A. M. O., ætat. forty-two, admitted June 12th, 1860. Has been married twenty-six years, and has had eleven children and ten miscarriages. The last child was born two years ago: ever since she has been ill; has suffered much from heat, pain, and bearing down of womb. For the last six or seven months has been obliged to take large doses of medicine before her bowels would act; and when they did so, the motions gave great pain. She has been treated for inflammation of the womb, but has never had the rectum examined.

Examination.—The womb was found quite healthy; in the rectum were two fissures, into each of which dropped a small polypoid body.

June 21st.—Mr Baker Brown removed the

polypoid bodies, divided the fissures, and plugged the rectum with oiled lint.

23rd.—Oiled lint removed, and simple oil applied by the finger to the cut surfaces.

24th.—A dose of castor-oil relieved the bowels, which acted with far more ease than for a long time previously. She was ordered to take a dose of castor-oil every other morning, which was always followed by a comfortable evacuation without any pain.

July 11th.—Parts nearly healed; caustic applied to a small piece of excessive granulation.

28th.—Discharged perfectly cured.

Remarks.—This was another case where the disease was attributed to the uterus, but where, as has been shown, the real cause of her suffering arose from the rectum.

(To be continued.)

OUR NOTE BOOK.

MENORRHAGIA TREATED WITH CREAM OF TARTAR.

About twelve years ago, a writer in some of the European journals spoke in high terms of the bitartrate of potassa in the treatment of menorrhagia. This remedy in this affection has received but little attention at the hands of the Profession, and certainly has not secured professional confidence in its powers over this disease. In the 'St Joseph Journal of Medicine and Surgery' for July, Dr J. A. Chambers has an article upon the subject. He says he has used the remedy for the last twelve years, in this disease, with greater success than has followed any other remedy in menorrhagia. He directs his patients to "take three teaspoonfuls of the medicine and put it in a sufficient quantity of boiling water to dissolve it, adding sugar sufficient to make it palatable, to let it cool, and drink the quantity in twenty-four hours; when that is gone, to use more in the same way."—'American Medical Monthly.'

CONSTIPATION TREATED WITH COLCHICUM.

In the 'Journal of Materia Medica' for July, Dr Joseph Bates has an article upon colchicum. Among other affections in which he speaks well of it, he mentions constipation, in which, he says, it has seldom disappointed him. "For constipation, I give eight drops (of the tincture) every four hours, and continue its use a few days, adding or diminishing the dose as circumstances may indicate."—'American Medical Monthly.'

LUPUS.

In the 'Boston Medical and Surgical Journal' for July 5th, Dr J. C. White has an article upon lupus, which shows, on the part of the Author, a thorough acquaintance with the subject. Upon the treatment his remarks are full. We quote the most important and more novel: "But of all remedies for lupus, the anhydrous or stick nitrate of silver is incontestably the best, and the best in every case. It can be trusted in the hand of any one, however inexperienced in the treatment of the disease, and cannot possibly do harm, because it is held in complete control, and because the sound tissues are very little, if at all, affected by its contact, while the diseased parts may be thoroughly pierced and penetrated to their very bottom. It is not enough, however, as is often done, to apply it to the surface merely, but a sharply-pointed stick of the material, set firmly in a quill, must be taken, and thrust boldly down to the limits of its penetration. In the beginning of the treatment it is well to apply the caustic thus several times, at intervals of three or four days, till we obtain a smooth, even, suppurating surface. Arrived at this point, the process must be repeated twice a week, after which once will be sufficient. The scars which result from this treatment are the fairest and finest of scars."

Dr White does not claim this as an original plan with himself. It was perhaps first put in practice by Prof. Hebra, but he thinks it is too little known and practised.—'American Medical Monthly.'

COFFEE IN DELIRIUM TREMENS.

Before the Boston Society for Medical Improvement, as per report in the 'Boston Medical and Surgical Journal' for June 28, the subject of delirium tremens was up for discussion. In the expressed opinions of members present, there seemed to be a lack of confidence in the remedial influence of opium. "Dr Minot asked if any gentleman had tried strong coffee in the treatment of this disease? A former house-pupil at the Hospital, who had seen much of the disease, had great faith in its efficacy, as had also the nurse who took charge of the delirium tremens patients. It is given in the quantity of two quarts in twenty-four hours." . . . "Dr C. E. Ware had given strong coffee to a patient in the Hospital lately, with apparent good effects."—'American Medical Monthly.'

BISMUTH IN THE TREATMENT OF BURNS.

In the 'N. A. Medico-Chirurgical Review' for July, Prof. T. G. Richardson has an article on the treatment of burns and scalds with the subnitrate of bismuth. He says he has previously been in the habit of using the white-lead and linseed-oil, as first recommended by Prof. S. D. Gross. Though he considers this treatment with lead superior to all other applications previously recommended, he says, "I am now convinced by ample experience that the bismuth is better." . . . "I was induced to give it a trial from a consideration of its well-known effect in calming irritation, and even actual inflammation occurring in mucous membranes, the condition of these structures under such circumstances bearing a very close analogy to that of the skin after a burn of the first or second degree. When I first began its use, I combined it with linseed-oil in such proportions as to form a consistent paint, but subsequently substituted glycerine for the oil, and I am now inclined to think that the combination can never be surpassed, since by it every local indication is fully met. To prepare it, it is only necessary to rub the bismuth in a mortar with a sufficient amount of glycerine to form a paste or thick paint, which should be applied to the affected surface by means of a camel's-hair pencil, or a mop made of soft linen." . . . "In burns of the first degree, one such application will often suffice; but in those of the second degree, it may be necessary to repeat it, in part at last, from day to day, in consequence of its disturbance and the wetting of the cotton by the subjacent discharges."

We have neglected to mention that, after the application of the bismuth and glycerine, Prof. Richardson advises that the parts be covered "with a sheet of clean carded cotton, or a layer of cotton batting, which may be confined, if necessary, by a thin bandage lightly applied." He says, "The carded cotton or cotton batting I look upon as a most valuable adjuvant, and is superior to anything with which I am acquainted for warding off pressure."

Dr W. C. Nichols, House-Surgeon of the Charity Hospital, New Orleans, upon the recommendation of Dr Richardson, has put the bismuth and glycerine to the test of experience, and freely accords to it all the praise which Prof. Richardson bestows upon it."—'American Medical Monthly.'

THE OIL-WELLS OF PENNSYLVANIA.

The oil is found in Pennsylvania, Western Virginia, Ohio, New York, Canada, and other places. The wells yield, by pumping, from ten to twenty-five barrels per day of the crude oil. The yield of the refined article of the Pennsylvania oil is about 85 per cent. of the whole. One well gave ten barrels a day of pure oil, which was barrelled and sent to market as it came out of the ground. The owner was not satisfied, and deepened his well, and in eighteen hours 110 barrels were collected from it—but this proved to be very impure. The crude oil burns dimly, and is a very good lubricator, and when refined has less smoke and less odour than any other oil, and is not explosive, while its illuminating power is equal to the best coal oil. In Illinois the oils occur in a limestone, and the loss by distillation is about one half. These oils everywhere occur, for the most part, about one geological level. The oil seems to have distilled from the carbonaceous deposit below, and it may be the product of animal as well as vegetable remains. Professor Pugh states that the petrolcum is used with great success by the students in the institution to which he belongs, and they find it to burn better and to be generally superior to the common oil. Professor Whitney thinks it likely that these oils are of animal origin, as no vegetable had been discovered in the Hudson river formation from which also oils have been obtained.—'Chem. News.'

LINEAR CRUSHING, AND ITS APPLICATION TO THE TREATMENT OF HÆMORRHOIDS.

The interesting wards of M. Chassaignac present a peculiar attraction to the numerous practitioners who visit them, with a desire of becoming initiated into the operative methods and procedures to which the name of the Professor will remain attached; and to those who, like ourselves, have long been convinced of the advantages derivable from linear crushing and the drainage of abscesses, it is equally interesting to watch these surgical innovations in their progress, and to witness the modifications which must naturally flow from daily experience.

At his weekly conference of September 24th, M. Chassaignac produced four patients whom he operated on with the *écraseur*.

The first bore an enormous lipoma upon the right shoulder. A portion of skin was removed with the *écraseur* from the lower part of the tumour, and through this aperture, which might, in its widest diameter, measure four inches, the surgeon endeavoured to press out the lipomatous growth. By using a certain amount of violence, the operator would assuredly have succeeded in his object; but being more anxious for a safe than for a brilliant performance, he proceeded with much caution. He stated that experience teaches that if, after dividing the skin, enucleation is accomplished with too much force, the imprudent manipulation of the tumour imperils the ultimate advantageous results of the procedure. The mass should be carefully detached with the fingers, slowly drawn out, and divided into fragments with the chain-saw; its attachments to neighbouring structures must be severed in a like manner; the knife and scissors may, if necessary, be resorted to, but the chain-saw is preferable, as it prevents subsequent hæmorrhage, the fatal consequences of which are but too well known. In the present case, the wound was closed at its middle with one ligature, and the parts were dressed by the method of occlusion.

This application of linear crushing must be confessed to be peculiarly unattractive; it is laborious, complicated, protracted, and for the brilliancy of the operation can sustain no comparison whatever with the rapid method of enucleation denominated by M. Jobert de Lamballe, removal by transfixion (*ablation par embrochement*). The important point, however, is to ascertain if its results are more advantageous. M. Chassaignac's operation is clearly preferable to the section with the knife, inasmuch as it preserves the patient from the chances of secondary hæmorrhage, and lessens the perils of traumatic fever; but in order to secure these benefits and its superiority over the usual method, the precautions indicated above must be carefully attended to. M. Chassaignac further acknowledges, with his usual candour, that with regard to the excision of large subcutaneous growths—such as lipomas, tumours of the breast, &c.—linear crushing has not yet given sufficient proofs of its definitive value.

It is not so for cancer of the tongue or penis, for erectile tumours, hypertrophy of the cervix uteri, or hæmorrhoidal growths. In these affections, the *écraseur* is, unquestionably, a most efficient instrument, and none but those who have adopted foregone conclusions against all innovation can shut their eyes to the great advantages of this method.

Among the patients produced in the operating theatre we noticed a man who had long suffered from a hæmorrhoidal excrescence, which kept up a permanent catarrhal condition of the rectum, and a mucous and semi-sanguinolent diarrheic discharge. Frequent successive attacks of hæmorrhage had brought on anemic discolouration of the tissues, and the subject was gradually losing strength and flesh. An operation was requisite, which M. Chassaignac performed, adopting, however, a modification of the usual procedure, which it is useful to describe, inasmuch as it meets very serious objections urged by an eminent Professor against the destruction of piles by linear crushing. M. Nélaton stated during the present year, at one of his lectures, that he had seen patients who had been relieved by the *écraseur* from the presence of very inconvenient hæmorrhoidal tumours, but who, several months after the operation, experienced such extreme difficulty in defecation, that the stricture of the anus, resulting from the procedure, caused them to regret their former malady. This disadvantage, which is fortunately of rare occurrence, is, however, but too true, and conveys a lesson by which M. Chassaignac has profited. When crushing was first resorted to for the excision of piles, M. Chassaignac was in the habit of removing the entire tumour, and adopted the same plan for those hæmorrhoids which, seated at the margin of the anus, are partially covered with skin. The

excision of this portion of their cutaneous envelope gave rise to the formation of an extremely retractile cicatrix, which readily degenerated into progressively increasing coarctation. This unpleasant result is henceforward not to be feared; M. Chassaignac now removes circularly but the hæmorrhoidal apex, a procedure sufficient to secure a satisfactory issue. It has also been asserted, with truth, that here the *écraseur* gives no security against primary hæmorrhage. One of M. Chassaignac's patients died from this cause; but it should be observed that the spleen of this man weighed no less than thirty-two pounds, a circumstance which doubtless should have been ascertained by previous examination, but which is certainly very unusual. It may further be inquired if, in the schedule of all methods, some such catastrophe is not occasionally to be found registered. For our own part, we have witnessed very many operations with M. Chassaignac's instrument, and with the exception of a few drops of blood oozing from the spots in which the hooks were fixed, we have in general seen scarcely any hæmorrhage whatever.

Phymosis is also a condition for which the *écraseur* is appropriate. A young man, presenting this deformity, was operated on with this instrument with remarkable precision and dexterity. Anæsthetic sleep having been induced, and that degree of insensibility existing which M. Chassaignac denominates tolerance, the operator inserted into the prepuce the common dressing-case forceps, and its parted blades allowed of the thumb being placed in front of the glans, as a guide to a trochar, with which the part was perforated. The canula of the trochar was left *in situ*, and the chain-saw divided the prepuce between it and the glans penis. Not a single drop of blood escaped during this rapid section. The skin and the mucous membrane were then united with a few silver wires, a useful American importation.

M. Chassaignac's last patient was a tiler, who presented in front of each patella a hard mass, of the shape of a large flat pebble. These tumours, perhaps resulting from protracted pressure—a circumstance to which the man was much exposed from the nature of his craft—belonged to the class of enchondroma. M. Chassaignac opined that, in a region where the most unimportant operations may give rise to dangerous suppuration, it was highly desirable to resort to the procedures which expose the least to traumatic perils. He therefore performed with the knife a vertical section of the integument, and endeavoured to enucleate the growths with the *écraseur;* they were found, however, so firmly connected by fibrous adhesions with the subjacent structures that complete extirpation could not be effected. We shall watch the progress of this patient, and refer to his case if necessary. In another article we shall examine some of the applications of drainage to surgical disease.'—'Journal of Practical Medicine and Surgery.'

GLYCERINE IN AFFECTIONS OF THE EYE.

M. Foucher, Surgeon to the Neckar Hospital, makes great use of this substance, whether applied alone or as an excipient for more powerful agents. Employed alone, it is very useful applied four or five times a day to the edge of the eyelids, in order to prevent the formation of crusts,—M. Foucher attaching great importance to keeping these parts perfectly clean. He also has it rubbed into the outer surface of the eyelids, in order to maintain their suppleness; and he applies a layer to the inner surface, after he has pencilled this with the nitrate of silver and neutralised the canstic by a saline wash. The following are his usual formulæ in the proportions for 30 parts of glycerine each: 2 to 4 parts of borax; 1 to 3 of sulphate of zinc; 1 to 4 of sulphate of copper; 4 to 8 of tincture of iodine; 1 to 4 of perchloride of iron; 2 to 4 of tannin; 2 to 4 of calomel; or 2 to 4 of opium wine. In simple mucous or catarrhal conjunctivitis, the zinc or tannin formula is very useful, being often substituted for one of nitrate of silver; and, when there is abundance of mucus secreted, the inflammation not being intense, the borax collyrium is very useful. In ciliary blepharitis, as in all the inflammations of the free edge of the eyelid, the calomel or iodine collyrium should be preferred. It is in these cases that the glycerine proves so useful in preventing the formation of palpebral crusts. In superficial ulcer of the cornea, the corneitis being already somewhat subdued, the tannin collyrium is indicated; while when the photophobia is very intense, the laudanum collyrium usually relieves it. Vascular keratitis may be treated either with the tannin or perchloride of iron collyrium; but M. Foucher is not so strong an advocate of this last preparation as are some other Surgeons. In granular conjunctivitis, the copper collyrium may be advantageously substituted for the solid sulphate, and it causes less pain.—'Moniteur des Sciences Méd.,' No. 91, and 'Medical Times and Gazette.'

Births, Marriages, and Deaths.

BIRTHS.

GELL.—October 19, at Carr hill, Gateshead-on-Tyne, the wife of Alfred Scott Gell, Esq., M.R.C.S. Eng., of a daughter.

MAUNDER.—November 5, at New Broad street, the wife of C. F. Maunder, F.R.C.S., of a son.

PUGH.—October 19, at Pwllheli, Carnarvonshire, North Wales, the wife of Hugh Lewis Pugh, M.R.C.S., of a son.

ROUTH.—November 4, at Montague square, the wife of C. H. F. Routh, M.D., of a daughter.

MARRIAGE.

COMPTON—PIGOU.—November 1, at Christchurch, Paddington, Captain D'Oyly Trevor Compton, Bombay Army, to Clara Elizabeth, widow of the late W. H. Pigou, Esq., Surgeon on the Bombay Establishment.

DEATHS.

BUIST.—Dr Buist, of Bombay, of dysentery.

DUNCAN.—October 17, at Richmond, Surrey, the wife of Thomas Duncan, M.D., of a son.

MAULT.—At sea, off Pernambuco, on board the ship 'Antipodes,' Samuel Mault, late of Fenny Stratford, Buckinghamshire, M.D. St Andrews, L.R.C.S. Edin., aged 35.

MYERS.—October 26, at Prospect place, Deal, George Myers, late of Sandwich, Kent, M.R.C.S. Eng., L.S.A. Lond., aged 53.

PRIDHAM.—October 30, at the Crescent, Taunton, Somersetshire, Edward Parker Pridham, formerly of Exeter, M.R.C.S. Eng., aged 70.

SOLLY.—September 18, the wife of Edward Solly, Esq., F.R.S., of a daughter.

TAYLOR.—October 30, at Tamworth, Joseph Taylor, Esq., M.R.C.S., late of Appleby, Leicestershire, in his 70th year.

WILDEY.—October 31, at Marine terrace, Southsea, Hants, Wm. Wallace Wildey, of Cosham, Portsmouth, M.D. St Andrews, M.R.C.S. Eng., L.S.A. Lond., Surgeon R.N. (seniority, January 14, 1857), late Assistant-Surgeon Royal Marines, aged 38.

WILLS.—October 30, at Upper Islington, Elizabeth Archer Wills, relict of the late William Wills, L.S.A., in her 69th year.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, November 1:—Robert Henry Spencer Carpenter, Durham; Charles C. Mitchinson, Royal Lancashire Artillery Militia; Frederick John Sutton, Ilminster, Somerset.

APPOINTMENT.—Mr Francis J. Bailey has been elected Honorary Surgeon to the Liverpool School for the Deaf and Dumb, in the place of James B. Nottage, Esq., resigned.

DR FORBES WINSLOW has been elected President of the Medical Literary Society of London.

ROYAL INSTITUTION.—The resignation (on account of ill-health) of the Rev. John Barlow, honorary secretary for eighteen years, was announced at the general monthly meeting held on the 5th inst., and was received by the members with sincere regret.

EPIDEMIOLOGICAL SOCIETY.—At the opening meeting of the eleventh Session of this Society, held on Monday last, Dr Babington, the president, delivered the introductory address, in which, after alluding to the loss which the Society and the public had sustained in the death of Mr Alexander, C.B., Director-General of the Army and Ordnance Medical Department, and of the lamented Dr Addison, he proceeded to a general review of the main epidemics that had prevailed in various parts of the world during the past year.—Dr McWilliam then read a paper, by Professor Simpson, of Edinburgh, entitled, "Notices of the Appearance of Syphilis in Scotland during the latter years of the Fifteenth Century." An abstract of this most learned and interesting paper will appear in an early number of this journal.

UNIVERSITY COLLEGE, LONDON.—The Council held their first Session for this current academical year on Saturday last, Mr Grote, F.R.S., Treasurer, in the chair. The Professorship of Botany, vacated at the close of the last session by the retirement of Dr Lindley, was filled up by the appointment of Mr Daniel Oliver, jun., F.L.S., Librarian to the Royal Gardens, Kew. The Longridge Prize of £40, for general proficiency in Medicine and Surgery, was awarded to Mr Wm. John Smith; and the Liston Gold Medal, for reports and observations on the Surgical cases in the Hospital, to Mr William Hickman.

SIR HANS SLOANE was the first Physician in this country who received the title of Baronet, the highest title to which his successors have ever yet arrived in England. Sloane was very rich; he was Lord of the Manor of Chelsea.

SPECIALTIES IN THE UNIVERSITY OF BOLOGNA.—A Chair for the clinical teaching of Venereal and Cutaneous Diseases has been established in the University of Bologna; and Dr Gamberini, well known both at home and abroad for his writings on Syphilis, has been appointed its first Professor.

SUPPRESSION OF THE SAVOYARD UNIVERSITY SCHOOLS.—A decree, published in the 'Moniteur,' suppresses the University Schools of Theology, Law, Medicine, and Pharmacy, established at Chambery, Nice, Annecy, St Jean-de-Maurienne, Moutiers, Bonneville, and Thonon, declaring that diplomas of Doctor in Medicine and Pharmacy, obtained at Sardinian Universities prior to January, 1861, by persons natives of Sardinia,—and henceforth by annexation Frenchmen,—will be considered as equivalent to French diplomas.

THE MIDLAND MEDICAL SOCIETY.—This Society, we are glad to hear, has been re-organised under the Presidency of Dr Fleming, with the view of affording to the Profession in the Midland district the means of contributing to the advance of the science of Medicine, and, what is much needed, an opportunity of free access to its literature. Already a large library of books and periodicals is in use. The reading-room is open daily. Meetings are held twice a month in Birmingham (from October to May inclusive) for the reading of scientific papers, and the relation of instructive and important cases. The subscription is one guinea per annum.

THE HOTTENTOT VENUS.—The peculiar virtues of the Hottentot Venus of past notoriety have again been discussed and dissected by Dr Lambl, who has discovered an anomalous condition of the lumbar vertebræ in her kind, whereby the posterior protuberances are explained. This discovery, however, is stated by others to be imaginative; and the old opinion, therefore, still holds firm, viz., that the aforesaid protuberances are fatty masses—pure and simple. The objectors' position is maintained (in part) by reference to "two female Bosjesmans, who, thirty years ago, were offered for sale in Paris by English speculators on the strength of their portrait," which was subjected to the attention of any Parisian Barnum.

SISTERS OF MERCY IN EDINBURGH.—A large house is building in one of the new streets at Lawriston for a number of Sisters of Mercy, at a cost of about 5000*l*.

CHOLERA IN INDIA.—Letters from India inform us that the cholera has made its appearance at Lucknow amongst H.M. 2nd Dragoon Guards, and that several cases have terminated fatally. Large numbers of natives have also died.

A GALLANT HOSPITAL APPRENTICE BEFORE THE TAKU FORTS.—Here Lieutenant Gye, of Milward's Battery, a most promising young officer, son of the director of the Royal Italian Opera, was shot through the thigh. A gunner was wounded almost at the same moment. A lad of fifteen, on the Indian Medical Establishment, a soldier's son, and Fitzgibbon by name, was on the field as Hospital apprentice, attached to the 67th. Without a moment's hesitation he rushed to the artilleryman and dressed his wounds under a tremendous fire. In so doing he was shot in the arm; but the bullet has been extracted, and the wound is healing. A more gallant lad never lived. His character is excellent, and he well deserves some promotion.

HOSPITALS OF GARIBALDI.—I have been making the round of the principal hospitals of the city to-day—that is to say, of the SS. Apostoli, the Incurabili, the Trinita, and the S. Sebastiano, and wherever I made the inquiry I found the same complaints made of theft, wholesale and retail. In one hospital, particularly, the governor said to me, "I lose my head, sir; I have found the hospital attendants going off with two or three shirts on, with sheets rolled round their bodies. Last night we found one

man going off with three military caps. Bread, wine, meat—everything is stolen; the very soup, after it is taken from the kitchen, is watered by the way, a portion of the good soup having been abstracted. Even the drugs are adulterated, and a commission appointed at my instance to examine them found the quinine had been mixed, and to this I attribute the loss of two of the fever patients. Three men are in the forts, under accusation; forty-eight I turned off yesterday. Yet the Intendente-General continues to send men who are only fit for the galleys, and whose great object is plunder. Do you know, sir, that, according to the accounts which have been made up, it has cost this month a piastre a day for each man (a piastre being a fraction less than 4s.)?" The Governor told me—and I fully acquiesce in what he said—that the only plan to be adopted was to sweep off the present staff, and introduce as much of the northern element as possible. The Piedmontese and Milanese hospital attendants are admirable, though their number is insufficient. It occurs to me, however, that much more might be done with what materials are at hand; and, in the hope that the suggestion may meet the eye of some who are interested in the hospitals of Garibaldi, I would propose that an inspector, a Piedmontese, be chosen from these men to watch over the organization of matters in every ward. Unless this be done, I am persuaded that the same system of plunder will be continued, and the same disorder and filth. The Dictator visited the S. Apostoli last week, and honourable mention is made of it in a letter written by him and published in the official journal. Though better than the others, it is by no means free from the evils of which I speak. That of S. Sebastiano, which I have more frequently visited than the others, and where our countrymen are quartered in Naples, is more open to complaint; but it cannot be judged by the same standard, as it is an *improvisé* hospital, and everything has to be arranged.—Naples Correspondent of the 'Times,' Nov. 2nd.

Belfast Branch of the Medical Benevolent Fund Society of Ireland.—The usual quarterly meeting of the Belfast branch of the above most praiseworthy and excellent society was held on the 5th inst. in the Library Room of the Belfast Medical Society—the chair being filled by Dr Patterson, in the unavoidable absence of Dr T. H. Purdon, the permanent President. A report was made by Dr Stewart, the secretary, of the several sums distributed to this branch by the Parent Society, at its last annual meeting, which were very liberal, considering the limited resources at command, coupled with the unhappily large number of pensioners on its bounty. The nobility and gentry, if not the public generally, who owe so much to the Medical Profession, are naturally looked to for more generous aid than hitherto they have afforded to a society which has been effecting so much good, even crippled as it is in its means; but it is to be hoped that the bright example set by the reigning monarch in increasing the funds of the society will be extensively followed by her wealthy and exalted lieges, whose privilege it should be to aid in the helping forward of so righteous a cause as this society is the representative of. The members of the Profession itself should, at the same time, do its duty irrespective of extern aid, no matter how well deserved, and put their own shoulder to the work unitedly and effectively, so as to make the lot of their less fortunate brethren more bearable, and their own all the happier and more prosperous by thus acting on their behalf. Arrangements having been made for the ensuing annual meeting of subscribers, and some other routine business transacted, the meeting separated.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 14.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.
Hunterian Society.—Council Meeting, 7½ p.m.—Mr Solly, "On a Case of Farcy," 8 p.m.
North London Medical Society.—Dr Part, "On a Case of Poisoning by Strychnia, in which Treatment was Successful," 8 p.m.

Thursday, November 15.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.
London Surgical Home.—2 p.m.
Harveian Society.—Discussion of Clinical Cases, by Dr Pollock and Mr Weeden Cooke, 8 p.m.

Friday, November 16.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.
Western Medical and Surgical Society of London.—Practical Evening for the Narration of Cases and Exhibition of Specimens.—Dr Fincham, "On a Case of Renal Abscess, accompanied by some Anomalous Nervous Symptoms."—Mr Leggatt, "On a Case of Acute Glossitis." 8 p.m.

Saturday, November 17.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, November 19.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.
Royal Institution.—2 p.m.
National Hospital for the Paralysed and Epileptic.—Clinical Lecture on "Epilepsy and Paralysis," by Dr Brown-Séquard, 4 p.m.
Medical Society of London.—8½ p.m.

Tuesday, November 20.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Syphilitic Diseases. By Langston Parker, F.R.C.S. Fourth Edition. London: John Churchill.
On Surgery. By Wm. Pirrie, F.R.S.E. Second Edition. London: John Churchill.
Strychnine and Nicotine. By the Rev. Samuel Haughton, M.A.

NOTICES TO CORRESPONDENTS.

Mr B. Johnson.—1st. The New Edition of the 'Medical Directory' will contain all the information you require.
Medicus.—We believe that all the vegetable parasites are identical,—at any rate, no important difference has yet been established between them. The difference in the morbid states may be accounted for by the different sites and structures implicated in the affection. The best treatment is to improve the health, and kill the parasite. The books give the necessary information on these points.
J. H. B.—Certainly.
An Old Subscriber.—You have no redress under the circumstances. Your only course is to dissolve the partnership. If your partner decline to buy your share, you can sell it to a stranger, whom he cannot refuse to accept.
Omega.—The Report of the Inquest has been received.
Mr C.—The letter on the Lunacy Act, and the duties of Poor-law Surgeons with reference thereto, received.
Islingtoniensis.—The handbill is a very disreputable document; but if the author has no respect for the opinion of his neighbours, he will not have much for ours.
Mr Gill.—Forwarded.
Mr B. Jones.—It shall be attended to.
Mr J. H. Smith.—You should communicate with the Editors of the 'Directory,' stating qualifications and appointments.
A Lover of Fact says that in a short leader in the 'Medical Times and Gazette,' it is stated that a paper was read at the Epidemiological Society, "On the Introduction of Syphilis into Scotland, by Professor Simpson," and, adding that as he was not aware that Scotland was exempt from syphilis until the last quarter of the century, wishes to know if it be really a fact that Professor Simpson deserves the reproach of having introduced syphilis into Scotland,—and was it done by syphilization, or how?—If our correspondent read the article a second time, he will see that there is a false construction in the article, which has led to the false construction of our correspondent. The writer meant to say that the paper was read by Professor Simpson. The best writers blunder sometimes,—why not, therefore, our contemporary?
Pinguis.—1st. No.—2nd. We cannot advise.
Mr Peter B.—Certainly.
Mr Walker.—Received.
D. R. wishes to know which is the best of the numerous respirators invented? Perhaps one of our readers will be able to supply the information.
A Constant Reader (Bath).—The Preliminary Examination at Apothecaries' Hall is *compulsory on all candidates who commenced their apprenticeship on and after the 1st of August*, 1858. It embraces classics and mathematics. The subjects of examination are announced three months before each examination. We are, therefore, unable to specify beforehand the special subject of the examination.
Dr Stewart.—Received.
L.R.C.P.—Our opinion is that a Licentiate of a College of Physicians is justified by use and custom in using the title of "Doctor." It is not likely that the proposed New Charter of the College of Physicians will prohibit the use of the title. Such an assumption would be *ultra vires*.

PULVIS JACOBI *VER.*, NEWBERY'S.

To the Medical Profession of Great Britain and Ireland.

Gentlemen,—We beg to call your attention to the following extract from a Paper by the late John Cheyne, M.D., F.R.S.E., M.R.I.A., Physician to the Hardwicke Fever Hospital, Dublin; and Physician-General to His late Majesty's Forces in Ireland, &c., &c., contained "*in the Dublin Hospital Reports*," *vol.* i., *p.* 320.

"The following very simple method of "exhibiting JAMES'S POWDER, in cases "of undue determination of blood to the head, "is that which I have generally pursued. The "patient is made to begin with a very moderate "dose, not more than two grains at bedtime, "and to increase the dose by half-a-grain every "night, until some sensible effect is produced "upon the stomach, bowels, or skin. Should "the stomach be affected with sickness, the dose "must be lessened, by one grain on the following "night. By the addition of a little rhubarb "to it, a larger quantity of JAMES'S "POWDER may be administered than the "stomach could otherwise bear. If the skin "is softened, or the bowels affected, the dose "should not further be increased, burt it must be "repeated every night for a considerable length "of time: in several instances I have known "eighteen or twenty grains taken for a consi-"derable period without any inconvenience."

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the house of Newbery and Sons, in St. Paul's Churchyard, it is necessary to prescribe it as "Pulvis Jacobi Ver., Newbery's," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), may be substituted for the original medicine.

This substitution must bring disappointment, and of course lead Practitioners to give up prescribing Dr. James's Powder altogether, or to regard it as a preparation on which no dependance can be placed.

FRANCIS NEWBERY AND SONS
45, St. Paul's Churchyard, London.

Prices for Dispensing ¼ oz. Bottle 3*s.* 4*d.*, 1 oz 9*s.* Usual Discount to the Profession.

A CUP OF COFFEE IN ONE MINUTE.

Dunn's Essence of Coffee,

warranted to keep good in any climate.

This Essence of the finest kinds of Coffee, improved by a process the result of the experience of more than half a century, contains all the fragrant and exhilarating properties of the coffee in the highest perfection. It is admirably adapted to persons travelling, and to Officers in the Army and Navy.

Extract from the Commercial Handbook of Chemical Analysis, by A. Normandy, M.D.: "Coffee is met with in commerce as a manufactured article in the state of Essence, or rather Extract of Coffee. That preparation, providing it be genuine, is peculiarly adapted to the use of travellers, who are thus enabled to procure a cup of good Coffee without trouble or apparatus. Of all the attempts which have been made to manufacture such an Extract, and of most of which I have had samples, I have found on examination that only one kind, that manufactured by DUNN, of Pentonville, would keep.

"I think I can confidently assert that DUNN'S Essence of Coffee is the only one which has stood ground; all other attempts, for some reason or other, have hitherto proved failures, and eventually have been abandoned."

Sold in bottles, from 1s. to 2s. each.

DUNN'S UNADULTERATED CHOCOLATE AND COCOA.

DUNN'S CHOCOLATE BON-BONS, CHOCOLATE DROPS, CHOCOLATE STICKS, etc., and every kind of French Chocolate.

All articles manufactured by the Firm of DUNN and HEWETT are guaranteed free of adulteration under a penalty of £50, to be given to some charitable institution, if found at any time adulterated, under certificate of Dr Normandy, Analytical Chemist to the House of Commons.

Manufactory, Pentonville, London.—To be had of all Grocers.

Chlorodyne.—R. Freeman,

Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s.6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

WATER MATTRESSES & CUSHIONS,

For Bed Sores, Consumption,

Paralysis, Fevers, and all Invalids and Bedridden Patients. Air Cushions and Pillows, Bed Sheets, Elastic Stockings, Enemas, Ear Trumpets, Railway and Bed Urinals, Bed Pans and Slips, &c.

WILLIAM LEE, 115, NEW BOND STREET, W.

Water Beds on Hire, 7s. per Week. Deposit, £10.

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 16 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished, of a Weekly Periodical.

Kinahan's LL Whisky v.

COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Bank of Deposit, Estab-

LISHED A.D. 1844, 3 PALLMALL EAST, LONDON.—CAPITAL STOCK £100,000.

Parties desirous of INVESTING MONEY are requested to examine the Plan of THE BANK OF DEPOSIT, by which a high rate of interest may be obtained with ample security.

Deposits made by Special Agreement, may be withdrawn without notice.

The Interest is payable in January and July.

PETER MORRISON, Managing Director.

Forms for opening Accounts sent free on application.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE for Sale.

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

Save Half your Coals, Cure

your Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week and may be seen in operation daily at the American Stove Warehouse, 155 Cheapside, E.C.—Illustrated Prospectus free.

PURE SPIRITS FOR THE FACULTY.

S.V.R. 56 O.P., 21s. per

Imperial Gallon, net Cash.

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and CO, Old Furnival's Distillery, Holborn.

DINNEFORD'S

Pure Fluid Magnesia,

now greatly improved in purity and condensation. "Mr Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—'Pharmaceutical Journal,' May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used for DISPENSING. In the stone jars (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and CO., Chemists, 172 Bond street, London; all Wholesale Druggists and Patent Medicine Houses.

Antimargaric Cod-liver Oil,

Pure and Tasteless, sold by H. ELDREDGE, Wholesale Agent, for Messrs WM. & EBENR. ROTTON, at their Depôt, 85 Pentonville road, London, and by most respectable Chemists throughout the kingdom.

This Oil, extracted by W. and E. ROTTON, possesses all the medicinal properties essential in cases of Consumption, Diseases of the Chest, Infantile Wasting, general Weakness, &c.; and for many ills the human frame is heir to, there is not its equal. In order to prove its superiority over every other, it has been subjected to the most scientific Analysis, as proved by Testimonials received from the following well-known Physicians:—WM. HERAPATH, F.C.S., of Bristol; JOHN POSTGATE, M.D.; DR BELL FLETCHER, M.D.; D. W. CROMPTON, M.D.; WILLIAM SANDS COX, Senior Surgeon of the Queen's Hospital, Birmingham; and many others of equal eminence.

DR SEPTIMUS GIBBON, A.B. & M.D., Medical Officer of Health, late Professor of Natural Philosophy at St Bartholomew's Hospital, Physician to the London Hospital, &c. &c., of No 3 Finsbury square, London, E.C., whose recent investigation under Government brought to light such an alarming extent of adulteration in articles of diet, writing expressly upon Messrs W. & E. ROTTON'S Antimargaric Cod-liver Oil, uses the following expressions:—

"I have carefully examined some bottles of Messrs W. ROTTON & SON'S Cod-liver Oil, and find them to be excellent samples of pure Oil. Besides answering admirably to the usual tests, it is free from the noxious and nauseous principles, Margaric Acid, &c., which so commonly render Cod-liver Oil not only unpalatable, but indigestible and injurious to the human stomach. By their mode of extracting and preparing this admirable remedy, I feel satisfied they have overcome the main obstacle to its more frequent and general use in medical practice."

The Antimargaric Oil is sold in pint bottles at 2s. 6d.; half-pint, 1s. 3d.; quarter-pints, 8d. Where a difficulty is found in obtaining it, write direct to the Depôt, when a case will be forwarded for the amount of 5s. or 10s., carriage free.

None is Genuine unless Capsuled, and Signed WILLIAM and EBENEZER ROTTON.

WATER BEDS AND CUSHIONS.

A Preventive against Bed

Sores, &c. Bed Sheets, Air Cushions, and all necessary Utensils for Invalids.

BENHAM and Co.,
Practical India-rubber Workers, 118 Oxford Street, W.

S. Bowles (late Windsor and

Co.), PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6 James street, Covent garden, W.C. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

To Gentlemen.—Mr Miles,

(Alfred Webb Miles,) Established 18th February, 1841,

Originator of the WORLD-FAMED TROUSERS, at 16s. per pair, has the pleasure to inform thirty thousand customers that his stock for the forthcoming Winter is now replete with all the new and best designs for Over-Coats, Morning and Travelling Suits, Vests, Trousers, at prices as heretofore. Gentlemen who have not already favoured this establishment with their interest and support are most respectfully informed that it is distinguished not only by the extent, variety, and quality of its patterns and materials, but it excels in the cut and workmanship.

CAUTION.—Mr Miles is not connected with any person imitating and advertising in the same name; his only address is 73 Brook street, Hanover square, and he has no other establishment in London or elsewhere.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM.

32 SOHO SQUARE, LONDON, W.
October 22nd, 1860.

Notice.—The Copy of the

MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Section of the Act, will contain those NAMES only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first or additional Qualifications, and Notices of Alteration of Residence, may be sent to this Office as soon possible.

United Kingdom Life

ASSURANCE COMPANY, No. 8 WATERLOO PLACE, PALLMALL, LONDON, S.W.

The Funds or Property of the Company, as at 31st of December, 1858, amounted to £652,618 3s. 10d., invested in Government or other approved Securities.

CHAIRMAN.—The Hon. FRANCIS SCOTT.

DEPUTY-CHAIRMAN.—CHAS. BERWICK CURTIS, Esq.

INVALID LIVES.—Persons not in sound health may have their lives insured at equitable rates.

ACCOMMODATION IN PAYMENT of PREMIUMS.—Only one-half of the Annual Premium, when the Insurance is for life is required to be paid for the first five years, simple interest being charged on the balance. Such arrangement is equivalent to an immediate advance of fifty per cent. upon the Annual Premium, without the borrower having recourse to the unpleasant necessity of procuring Sureties, or assigning, and thereby parting with his Policy, during the currency of the Loan, irrespective of the great attendant expenses in such arrangements.

The above mode of Insurance has been found most advantageous when Policies have been required to cover monetary transactions, or when incomes applicable for Insurance are at present limited, as it only necessitates half the outlay formerly required by other Companies before the present system was instituted by this Office.

LOANS are granted, likewise, on real and personal Securities.

FORMS OF PROPOSALS, and every information afforded, on application to the Resident Director, 8 Waterloo place, Pallmall London, S.W.

(By Order) E. LENNOX BOYD, Resident Director.

Newton Wilson and Co.'s

World-famed PATENT.—THE NEW PATENT NURSING CHAIR, in which the child nurses, amuses, exercises, and weighs itself, is a marvel of ingenuity and utility, unanimously recommended by the Press and the Faculty. No family should be without one. Price 12s. 6d. upwards. Prospectus free.

WILSON'S PATENT CARPET SWEEPER, which cleans a carpet thoroughly without labour, without injury, and without raising a grain of dust. Price 15s.

Newton Wilson and Co., 144 High Holborn, London.

Important to Surgeons.—

The old-established and well-known Business of JOHN MILLIKIN, now MILLIKIN and LAWLEY, 161 Strand, adjoining King's College.—A change in the proprietorship offers to Surgeons the opportunity of purchasing any kind of Instrument from this well-manufactured stock, which cannot be surpassed in style, quality, or price.

Messrs MILLIKIN & LAWLEY beg to draw the attention of their friends and customers to the superior stock of Mathematical Instruments, their great variety of Cutlery, and the selection of first-class Microscopes, Opera and Race Glasses.

A great variety of Skeletons, Skulls, Hands, Feet, &c., of superior quality, at moderate charges.

Every description of Surgical Instruments made to order, with the utmost PRECISION and DESPATCH.

Surgical Instruments and Cutlery Repaired Daily.

Liquor Castanea Equina.—

Messrs. REW and Co. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chesnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per pound.

The Oil of Horse-Chesnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chesnut are prepared only by REW and CO.

LITHIA WATER, LITHIA POTASH, and LITHIA AMMONIA WATER. These Waters are prepared according to the Instructions of Dr Garrod, and each bottle is guaranteed to contain the proper proportion of Lithia. 5s. per doz.

R. M. REW and CO., Operative Chemists, 282 Regent street, London.

The Roman Thermo-

ELECTRICAL BATH. By J. TUCKER, M.D.

Price 6d., from the Author, at Sligo.

CLINICAL LECTURES.

ON DISEASES OF WOMEN.

DELIVERED AT ST THOMAS'S HOSPITAL,
By CHARLES WALLER, M.D., Obstetric Physician to the Hospital.

Lecture III.—On Pelvic Inflammation and Abscess.

(Continued from page 302.)

I purpose this morning, gentlemen, to direct your attention to a form of disease, specimens of which you have lately had the opportunity of seeing in Ann's Ward. It is an affection not uncommon, and productive of a great amount of suffering. Like inflammation attacking the cellular membrane in other parts of the body, it may speedily end in what is called resolution, in which case all symptoms of inflammatory action subside without leaving any traces behind; or it may proceed a stage farther, and a tumour of considerable size form, hard to the touch and well defined, which may remain for months after all the active symptoms have disappeared. I believe that many chronic pelvic tumours arise from this cause. Or, lastly, the suppurative process may be set up, and an abscess of greater or smaller size be formed (attended with all the constitutional and local symptoms of purulent formations), which will make its way to the most convenient locality for its discharge. Sometimes it points outwards, passing through the abdominal parietes: more frequently, however, adhesion takes place either to the vagina or rectum, the ulcerative process is set up, and the pus is discharged through one or other of these passages. In some rare cases, the walls of the bladder give way, and the pus is discharged through the urethra. There is an interesting case at the present time in Ann's Ward, in which this communication is established, and where an external opening also exists: large quantities of pus mixed with urine pass through this opening, as well as by the urethra. As a general rule, the parts heal kindly, and the patient is restored to health. Occasionally sinuses form, which are very troublesome, and the knife of the surgeon may be required. I have never in my own practice seen a case of this kind; they have, however, been recorded by others. From the peculiar hardness of the tumour, and from its proximity to the uterus, it has sometimes been mistaken for disease of that organ; and this is especially likely to happen when, from the large extent of the surrounding inflammation, the uterus is fixed and immovable, so that it appears to form part of the tumour itself. A case of this kind lately occurred to myself, the symptoms inducing me to believe that the uterus was involved in the disease; an opinion which was corrected by the bursting of the abscess; after which the organ, which had been to a considerable extent retroverted, was set free, and immediately regained its natural position. The pus which is discharged from these abscesses is of a peculiarly offensive character, probably from its being long detained within the body prior to its discharge. The symptoms in the early stage of the disease are of a purely inflammatory character; the patient complains of pain more or less acute, generally deep-seated, increased if firm pressure be made over the part affected. In some cases, even in the beginning of the disease, a certain degree of swelling may also be distinguished by the hand externally, hard to the touch and extremely sensitive. As the tumour enlarges, the organs within the pelvis suffer from pressure; there is often frequent desire to pass the urine or fæces, accompanied with difficulty in accomplishing the act. This symptom is sometimes so harassing to the patient, that the use of the catheter or enemata, or both, may be required. There is also considerable febrile excitement present: the pulse is hurried, the tongue white, the skin hot and dry; there is thirst, and commonly a severe headache. If these symptoms occur after parturition, the patient should be narrowly watched, as they are sometimes the precursors of puerperal fever, or of phlegmasia dolens. In puerperal fever, however, there is generally a distinct rigor, which is not common at the beginning of pelvic inflammation; neither is there, in the latter disease, that sudden and alarming prostration of the vital powers, whilst the pelvic pain is much more acute. The precise nature of the complaint can only be ascertained by a careful vaginal examination, when a tumour will be discovered of greater or less size (as the case may be), occupying some part of the pelvis; sometimes it is low down, pressing upon the rectum behind; or if it be situated more anteriorly, then the bladder may be affected. The circumference of the tumour can in some instances be distinctly traced, whilst in others it is out of the reach of the finger. It is painful when touched, and not so moveable as most other pelvic growths. In some cases, the swelling commences higher up in the iliac region, and can more easily be felt through the abdominal coverings than by a vaginal examination. The cause of this affection cannot in many instances be satisfactorily determined. When it occurs in the puerperal state, it has been supposed to arise from the pressure necessarily inflicted during the descent of the child. These cases, however, very often occur at other times where no mechanical injury of any kind has occurred. I believe most cases of pelvic inflammation terminate either in resolution, or in the formation of chronic tumours, which may remain for months, and then gradually disappear. Dr Simpson is of opinion that in the early stage of this inflammation, the fluid contained within the swelling is simply serum, and that pus is not formed for a considerable time afterwards. It is probable that many cases of true pelvic inflammation are relieved without the real nature of the case having been ascertained: the existence of pain, with the usual fever attendant on an inflammatory condition, leads to the adoption of mildly antiphlogistic measures, local and constitutional, and the patient gets well. Occasionally, however, pus is formed; and then those symptoms which are so commonly present where purulent deposit takes place internally speedily manifest themselves. Of these, rigors are the most prominent, attended with that peculiar febrile condition termed "hectic;" there is great prostration of strength; the tumour appears to be larger, and not so hard: fluctuation cannot always be felt, in consequence of the density of the walls of the abscess; these, however, become thinner as the disease advances, and at length the existence of fluid is ascertained without difficulty. By and bye, if the part be not punctured, an opening is effected by nature; purulent fluid is discharged, to the great relief of the patient's suffering; the quantity is sometimes very large, and, as before stated, the pus is most horribly fœtid. The treatment of these cases at the outset should be antiphlogistic, though even in the more severe forms of the inflammatory process this plan must not be carried to any great extent. A few leeches applied either to the groin, the vulva, or the anus, according to the situation of the tumour, followed by the constant application of warmth and moisture, will generally afford relief. A slight laxative should be administered, low diet enjoined, and the patient kept as quiet as possible, in the recumbent position: this latter direction, however, is almost superfluous, as, from the great pain experienced at any attempt to move, the patient instinctively avoids any bodily exertion. I recollect one case occurring in my private practice, in which the right lower extremity was *fixed;* it could not be moved either by the patient or myself: the inflammatory tumour had in this case evidently existed in the neighbourhood of the muscles passing from the pelvis to the thigh, and consequently prevented their action. This female had lately been delivered: it is probable, therefore, that the cause in this instance may be attributed to mechanical injury arising from the labour itself. Where the constitution has a strumous taint, tonics, with a moderate stimulation, should be had recourse to from the first.

Case I.—Mary Butler, æt. thirty-eight, transferred from Mary's Ward, with intense pain in the right iliac region; she has a pale, sickly, strumous appearance, and is the subject of leucorrhœal discharge. The pain extends from the iliac region to the knee; the thigh is enlarged and œdematous. A tumour of considerable size, with fluctuation, could be felt in the iliac region; to this poultices were applied. In the course of a few days, matter was freely discharged. This patient experienced extreme pain when attempting to move the lower extremity: this symptom continued for a considerable time, and even when she left the hospital free from discharge and perfectly restored to health, she had not acquired the free use of her limb. This case did not come under my notice until the suppurative process had taken place; as her constitution was enfeebled, the plan adopted was the free exhibition of tonic medicines, with corresponding diet.

Case 2.—S. Edgecomb, admitted into the hospital in an exceedingly broken-down state of health; there was such extreme exhaustion, that death seemed imminent. She had no appetite, suffered from diarrhœa, and was fearfully emaciated. See has been for a long time the subject of purulent discharge per rectum, which occurs at intervals only; there is none at present. On examination, a hard mass was felt within the pelvis, involving the uterus, which was larger than usual. I expressed a doubt whether this was true pelvic abscess, or whether matter had formed in the uterine wall. A free discharge per anum subsequently took place, and the uterus became more moveable, proving that the organ was not the seat of the disease. The patient's constitution was supported by the liberal use of stimulants, and any article of food she could fancy. The discharge ceased, and at the expiration of twelve weeks she left the hospital in perfect health, a little hard mass still remaining in the posterior part of the pelvis.

Case 3.—Eliza Pippins, æt. twenty-eight, married; has had three children—last nine weeks since: she has nursed the infant up to the time of her admission into the hospital. She felt pain in the pelvic region soon after her confinement. About two weeks ago, discovered a swelling, which has gradually increased in size. There is still much pain. On external examination, a prominent tumour was discovered in the position of the bladder, feeling very like that organ when distended with urine, except that its size was much less; fluctuation very distinct. Internally the uterus was found healthy; on the left side of the pelvis there was much hardness, with great tenderness on pressure; there have been stabbing pains, with occasional rigors; the patient has cough, and appears phthisically disposed. Ordered a linseed cataplasm to the tumour, and the following medicine:

℞ Inf. gent. co., ℥j.
Acid. nitro-muriat., ℥iij. : ter die.

The abscess soon burst, and a very large quantity of fœtid pus was discharged. This patient left the hospital, at her own request, in less than a month, the tumour much

lessened, the health improved, although there was still a little discharge from the wound.

Case 4.—Charlotte Tucker, delivered of a dead child three months before her admission; had pain in the left iliac region ever since she was delivered; no catamenial flow since about two years ago; had suppression for twelve months previously. When examined, a large hard mass was felt posteriorly, pushing the uterus forwards. The rectum was filled with hardened fæces, to remove which ol. ricini, ℥ss., was given, followed by an enema. The rectum having been emptied of its contents, the patient was again examined; the tumour still there, and tolerably well defined, ovoid in shape. In a few days, a large quantity of very offensive purulent discharge passed per vaginam. The pain and swelling were immediately lessened. She was retained in the hospital for nearly three months, and then discharged, a small hardened mass still remaining.

There are two cases which have very recently occurred, and which you have had an opportunity of seeing in the wards of the hospital, which are of an interesting character. In one the inflammation was checked, and the inflammatory tumour disappeared: in the other, the patient still remains in the house; the fistulous opening has not yet healed, the sinus communicating with the ureter or bladder.

Case 5.—S. Stringer, ætat. sixteen, admitted Aug. 20 into Magdalen Ward with gonorrhœa of three months' duration; has had no catamenial discharge since June. I was requested to see her for the first time on the 28th September, in consequence of pregnancy being suspected; the known habits of the patient, the suspension of the catamenial flow, and the enlargement of the abdomen, all combining to favour such suspicion. On inquiry, I was informed that in the beginning of August a swelling of peculiar hardness was felt in the right iliac region, which had gradually increased in size until it nearly reached the umbilicus. Her pain was sometimes agonising. On an examination internally, the uterus was found of small size, and unconnected with the swelling. The tumour externally was dull on percussion, without fluctuation, and extremely tender to the touch. A bran poultice was ordered to be applied and to be frequently renewed, and some soothing remedies administered. The pain was soon relieved by these applications, and in about ten days the tumour began to lessen, and towards the end of October had entirely disappeared, the patient having perfectly recovered her health and strength. The catamenia had not returned, and as the abdomen was still large, I made another examination on the 10th November, prior to her being discharged from the hospital. The abdominal enlargement proved to be the consequence of adipose deposit; no tumour to be felt; no increase in the size of the uterus; the mammæ, though enlarged by fatty deposit, were soft and flabby, and no areola surrounded the nipple.

Case 6.—Sarah Vaughan, æt. forty, admitted into Ann's Ward July 31. She has been married twenty-three years, and has had two children, the youngest of whom is now nineteen years of age; has been in a delicate state of health for two years; she is now exceedingly emaciated and anæmic; has no appetite; sleepless nights; does not satisfactorily pass urine, but small portions pass involuntarily during the night. A large tumour was seen externally, extending from the symphysis pubis to the umbilicus, which is somewhat protruded, as in pregnancy. There is evident fluctuation. When examined internally, the tumour was found filling up the pelvis, and pushing the bladder downwards and backwards; the catheter was introduced in a direction corresponding to the altered position of the bladder, and about 17oz. of urine, mingled with pus, were removed: the urine was highly alkaline. A tonic was prescribed, with any article of food the patient had a fancy for. Two days afterwards the abscess burst at the navel, and a large quantity of extremely fœtid pus and urine was discharged: the fluid thus evacuated was so offensive as to prove a source of great annoyance to the occupiers of the neighbouring beds; to correct this, chloride of lime was liberally used. The abscess is still discharging, and urine, though in smaller quantities, still passes by the wound when the patient is in the recumbent position; purulent matter also passes with urine, through the meatus. A large abscess formed in the perineum a few weeks after the patient's admission, which was evacuated by puncture, and was quickly cured; this did not appear to have any communication with the original tumour. Pressure, by means of a pad, confined with adhesive plaster, has been applied to the external wound, which produced much uneasiness, and was, therefore, discontinued. This patient has quite recovered her health and strength.

Case 6.—Ellen Reader, æt. thirty, married twelve years, no family, admitted a few weeks since, complaining of great pain in the left iliac region, extending through the pelvis. When examined, a large hard mass was felt through the abdominal coverings. The tumour was not easily reached by an internal examination; the uterus healthy. This case is still under treatment.

Case 7.—The last case I have to bring before your notice was one of extreme interest which I attended with my friend Mr Ward of Epsom. When I first saw her, Mr Ward informed me she had been out of health for some time, and had for months before he saw her been the subject of severe abdominal pain, which at last had become most acute, resembling that occasioned by the passing of a calculus. Narcotics relieved her, but she continued feverish and depressed. I first saw her on the 11th of July: she was still suffering from pain. On examination, the bladder was found to contain a considerable quantity of urine, which was removed by the catheter, the uterus partially retroverted, apparently enlarged, and fixed in its position. In a day or two afterwards a very large quantity of offensive pus was discharged per rectum. The symptoms were immediately relieved. The discharge continued for some weeks. When last seen by Mr Ward, there was a tumour of small size remaining. The uterus had returned to its normal position after the bursting of the abscess.

PATHOLOGY OF THE SYMPATHETIC NERVES.

By JAMES RORIE, M.D.

II.—Centric Paralysis (Fever).

(Continued from page 319.)

"Along with the relaxation of the skin, the tongue, if before dry, begins to moisten, in consequence of the returning secretion of mucus and saliva. The fur on the tongue also begins to be removed, and the surface of that organ to assume the healthy colour." The pulse now gradually becomes less frequent the thirst and disinclination for food subside the appetites return, and the patient slowly assumes his former health.

The course of a fever given above is chiefly extracted from Wood's 'Practice of Physic,' and may therefore be looked upon as a correct enumeration of the most important phenomena. Such being the facts, let us now consider how far they can be explained by our theory.

An agent capable of producing the above-described febrile condition (the hypothetical, poison) enters the system, and specially affects the sympathetic centres. And here let me remark, no exception can be taken to this specialty of action; for therapeutics teach that certain poisons may and do act on some portions of the nervous system, and leave others unaffected. Now, we have formerly seen that the first action of an irritant is increase of function of the part to which the nerves are distributed. We therefore here expect the same change—and such we find to be the case. The sympathetic centres are first affected by the poison, and the excitement produced slowly extends over all the filaments which leave these centres. We have, therefore, contraction of the arteries and capillaries induced, slowness of the heart, and peristaltic action of the arteries. In this manner results the so-called "depressed circulation." But, in consequence of the contracted state of the vascular system, and the slow action of the heart, &c., the chemical changes between the blood and tissues are prevented, and a diminution of heat is produced; and it is worthy of notice, that this is first felt at those parts of the body nearest the sympathetic centres. Hence, we find that this "coldness and shivering begins in the back, and extends over the whole body, reaching the limbs last." These changes, moreover, all tend to produce a contracted state of the whole body; hence, "the face is pale, the features often shrunk, and the skin generally pale and contracted;" and this contraction may even reach such an extent as to produce "a purplish or bluish appearance in the hands and feet, &c."

Again, the chemical changes between the blood and air in the lungs take place only to a very slight extent, from the small surface of blood exposed, in consequence of the contracted state of vessels, &c.; so that (contrary to what might at first be expected) "the respiration is short and somewhat hurried, and both the breathing and pulse are accelerated by muscular exertion." The brain is also, along with the other organs, but imperfectly supplied with blood; hence arises "the pain in the head, giddiness, and mental confusion;" not, however, the pain and sense of fulness of the second stage, but pain and mental disorder such as we find in anæmia. The pain in the back and limbs, no doubt, depend on similar changes occurring in the spinal cord.

In consequence of this imperfect circulation of the blood, we have also cessation of all secreting glands, "a dry and clammy state of the mouth and fauces," imperfect secretion of urine, &c.

It is evident that at this stage the powers of the system may be so far reduced as not to rally, and death occur: but should this not happen, the poison still continues to act on the sympathetic centres, and the irritability gives way to paralysis. The second stage now begins. The nerves having lost their power, permit dilatation of the vessels, which leads, as we have already seen, to an increased production of heat, so that "a thermometer placed under the tongue may indicate a temperature of 107°." This increased flow of blood leads now to important cerebral symptoms; the face is flushed, the head painful, &c.; not the pain, however, of the first stage, but now the result of congestion. But we have seen that the sympathetic system is also distributed to the glands and intestinal mucous membrane. These will also suffer from the paralysis; so that their secretion becomes not only arrested, but perverted, and the intestinal movements paralysed. Constipation thus results, and the absence of the proper secretions allowing the feculent matter to decompose, &c., the discharges are almost always unhealthy in colour, odour, or consistence."

But although no secretion takes place, probably from deficiency of the watery element of the blood, growth is still going on; and in accordance with the law that an increased supply of blood leads to increased growth, the epidermic scales on the tongue, and probably throughout the whole intestinal canal, increase to a great extent. This also, no doubt, takes place in the glandular organs, as the kidney; for when the nerves recover their function, contraction of the vessels commences, and the watery part of the secretion is increased; the first quantities of urine, &c. are of very high specific gravity, and much loaded with matters the peculiar product of the epithelial lining of the tubes, &c.

The circumstance that this increased growth takes place when the watery portion of the secretion is deficient, and insufficient to clear the tubes, &c., and decomposing, satisfactorily explains the altered appearance of the secretions, the disagreeable smell, &c., which is observed only when the sympathetic nerves have so far recovered their function as to permit secretion, and the watery element is in sufficient quantity to wash clean, as it were, the tubes and gland-ducts.

(c) As the third stage approaches, that is, as the sympathetic system recovers its function, the heart and bloodvessels gradually return to their healthy condition, and the glands recover their usual action. The fur gradually disappears from the tongue, the growth of the epithelial particles assuming its normal standard; an increased amount of epidermic scales is also frequently thrown off from the skin; all indicative of a common cause. When the fur separates from the tongue in patches, leaving it glassy, this process is analogous to the eparation of the cuticle in small blisters, or sudamina, and also to the desquamative nephritis so frequently occurring after scarlatina.

"Occasionally one or more abscesses form in various parts of the body,"—this is a phenomenon worthy of remark. Some writers regard it as one of the means by which the poison is got rid of, although we have no evidence of their containing more poisonous matter than the other secretions. I am, however, rather inclined to look upon it as the result of the paralysis having in these parts become permanent, instead of being merely temporary, and, as we have seen while treating of inflammation, leading to the death of the tissues. These abscesses may, therefore, be regarded as essentially analogous to the ulceration of the intestines in typhoid fever and the sore-throat of scarlatina.

As the third stage of the fever gradually progresses, the glands slowly regain their proper functions; the paralysis which in fevers *recovered from* has been only temporary disappears, and the patient slowly returns to health.

We thus have the analogies between fevers and inflammation complete, temporary eccentric paralysis (congestion) having its analogue centrically in fever recoverable from, and permanent eccentric paralysis (inflammation) being analogous to fevers which prove fatal. Having thus treated at length the first class of facts, the phenomena common to all fevers, we will now consider shortly the second part of this subject.

2. *The Special Phenomena.*—And here the first thing that strikes us is the remarkable symptoms which different fevers present when they show themselves externally, and the different forms which the eruption assumes when present. Thus, in *measles* "the eruption consists of papulæ gradually coalescing into blotches, often horseshoe-shaped and slightly raised above the skin. They are of a dingy red colour, and come out on the fourth day." The period of incubation here is from ten to fourteen days. The mucous membrane of the conjunctivæ, Schneiderian membrane, fauces, larynx, trachea, and bronchi are the parts secondarily affected. "In *scarlet fever* the eruption is an efflorescence of the skin, mucous membrane, and tonsils." It appears about the second day, and declines after the fifth. The parts secondarily affected in scarlatina are the throat and kidneys. In like manner we might go over almost all fevers, but must content ourselves with stating that this difference in these phenomena and symptoms appears to depend—first, on the nature of the hypothetical poisons; and secondly, on the different structures of the skin, upon which, from their inherent properties, these poisons are predisposed to act.

Of all the fevers, however, which could be considered, the *intermittents* are those which show most distinctly their connection and relation with disease of the sympathetic system; for, in addition to the ordinary phenomena of fever, we have the peculiar intermissions and remissions. These have evidently their analogues in the healthy action of the circulatory, digestive, and genito-urinary systems; and as in those cases we have shown that the periodicity of their action was in all probability due to the regulating function of the white fibres, so in intermittent fever, in addition to paralysis of the sympathetic, we have in all probability the cerebro-spinal system to a greater or less extent involved. So little light, however, has as yet been thrown on the functions of the brain, that we cannot even hint at the portion affected.

Having thus shown that inflammation and fever are in reality nervous diseases, it will readily be seen that we only want the cerebro-spinal affections to form a complete epitome of pathology. From this an important deduction can be drawn, and one to which all the facts of scientific pathology appear at present to point; namely, *that all diseases may be considered as due to derangement of the nervous systems.*

Dundee Royal Asylum,
Nov. 8, 1860.

ON THE FREQUENCY OF MORBID ALTERATIONS OF THE UTERINE APPENADGES IN CASES SAID TO BE UTERINE.

(From the 'Gazette des Hôpitaux.')

Of the various organic systems, there are few that, for a certain number of years, have been the subject of so much clinical study and research as the uterine system. From this concourse of inquiries there has resulted more contrariety than unanimity of opinion regarding the principal points in the pathological history of the uterus and its appendages. As a proof, witness the discrepancies which at this moment exist among those who have given most attention to this subject, as regards both the origin and actual seat of the tumours and phlegmonous congestions that occur in the vicinity of the uterus. Nor are these discrepancies without utility; for they teach us to receive with distrust every exclusive theory, and lead to new studies before forming a definite judgment. Such new facts and particular views as could serve to elucidate this question should all be received with the same degree of favour. For this reason, independently of the merits of his work, we intend here noticing some of the views which Dr Siredey has very ably developed, in the thesis which he recently defended before the Parisian Faculty of Medicine, on the part which the uterine appendages enact in affections said to be uterine.

During my sojourn in the hospitals, says Dr Siredey, I had opportunities of seeing a very considerable number of women affected with uterine disease; and I was always struck with the length of time they were under treatment, the slowness of their convalescence, the readiness with which relapses occurred, and the small number of real cures. Yet the patients were submitted to the most scrupulous examination, and nothing was neglected that could have any bearing on the local or general state. The most judicious attentions were lavished on the patients, who, ere long, experienced much improvement; the general state became better, the neck of the uterus less voluminous, the ulceration which covered its orifice cicatrised, and the vaginal discharge had either become less abundant or had nearly ceased; while the pains affecting the loins, the hypogastrium, and thighs had disappeared, when the patient, now wishing to return to her usual avocations, left the hospital *cured*. Yet, when in such cases a close examination is made, you fail not to discover such signs as must lead you to a degree of reserve in your prognosis. Notwithstanding the great improvement that has taken place, there still remains some degree of firmness in the cervix uteri; and in the lateral parts you still find a sensible degree of resistance, which fail not to become the source of new symptoms as soon as a spark alights on the site of the former conflagration. "This," says Dr Siredey, "is what we have a hundred times witnessed, and such is the result of these cases." After a delay of some weeks, months, or even years, from the fatigue of another accouchement or abortion, or even from the menstrual flux or other cause of uterine excitement, the same patient returns again to solicit a bed in the hospital. This time the general health is more sensibly affected; the countenance has an expression of suffering; the emaciation has increased; the pains are more acute and more persistent, and extend to the hypogastrium. A new examination is made, when, besides symptoms of phthisis pulmonalis and chloroanæmia, almost always met with, we discover acute inflammation of the vulva; the vagina bathed with a mucous secretion; the neck of the uterus ulcerated, or not ulcerated, but painful and nearly immovable from adhesions to the pelvic parietes; a resistance more or less profound and of greater or less extent in the *culs-de-sac* of the vagina, or a doughiness or tumefaction over the sides of the uterus; in a word, we see that assemblage of symptoms or that morbid state which has been designated by the name of peri-uterine phlegmon, or peri-metritis. The seat of the principal morbid phenomena in such cases is no longer the uterus, but its appendages. As M. Negrier has proposed an exchange of terms, and would consider the ovary and tube as the essential organs, and the uterus as their appendage; so, in pathology, M. Siredey considers the affections of the uterus as subordinate to those of the ovary, the tube, and their common membrane the peritoneum. "The diseases of these organs, therefore, take the lead in the entire uterine pathology; the hidden depth of their situation, and the difficulty with which they are reached, give rise to the uncertainty that attends their diagnosis; while, on their connection with the great abdominal serous membrane, so ready to take on an inflammatory action, their gravity depends." Such is the idea that forms the subject of M. Siredey's thesis; but we shall not follow the physiological and anatomical reasons which he adduces in support of his proposition, but shall restrict ourselves to an exposition of some of the clinical facts which he believes give to his views the sanction of experience.

Among the most frequent causes of peri-uterine inflammation, abortion and labour hold the first rank. According to M. Aran, to these causes are attributable 62 cases in

every 100. Our readers will recall the terrible epidemic from which puerperal women suffered in 1859, on which occasion the subject of puerperal fever was brought before the Academy of Medicine by M. Guérard. M. Siredey was at that time an interne of the Lariboisière Hospital, and had, therefore, opportunities for collecting valuable materials for the illustration of this subject: and these we shall here condense. From the 1st of January to the 1st of July, 382 women were admitted, and of these 72 had recently been confined. Of this last number, 34 left the hospital cured or convalescent: all of them had shown, in various degrees, well-marked symptoms of metro-peritonitis. In 22 of the remaining 38 cases, the tubes were found dilated and filled with pus; the ovaries voluminous, softened, and purulent. While taking into account the epidemic influence to which must be referred much of the frequency and extent of these lesions, it must yet be evident from these statistics how important is the share to be attributed in the lesions to parturition. If these 22 cases be viewed in connection with the 34 who left the hospital cured or convalescent, and who all presented, in various degrees, the same morbid phenomena,—acute pain in the iliac fossa, fulness, and sometimes real tumefaction deep in the same region,—M. Siredey considers that there is reason for admitting, at least in the majority of the cases, if not in all, that these symptoms have been produced by inflammation of the ovary, which has in turn given rise to circumscribed pelvi-peritonitis. To the objection that might be made, and which he has himself anticipated, that the intra-pelvic tumefaction might have had its seat in the broad ligaments, he replies that in the autopsies which he made, he did not see so much as one instance where pus had collected in the broad ligaments in such a way as to be conspicuous.

But it is not puerperal ovaritis alone which, according to M. Siredey, may be the source of peri-metritis. Of the lesions that have their seat in the ovary, there is one on which he especially insists as capable of giving rise to this affection: and that is tuberculisation; of which he gives two striking examples, which occurred to M. Aran in the course of last year at the Hospital St Antoine. They were two fatal cases of tubercular peritonitis; one following tuberculisation of the tubes; the other, chronic tubercular ovaritis followed by peritonitis.

We shall add a few words on the principal anatomical alterations of the uterine appendages observed by M. Siredey in the numerous autopsies which he made, and afterwards notice the practical consequences that may be deduced from them.

The ovaries and tubes, says M. Siredey, are usually simultaneously affected with inflammation; and it is unusual to find the tube sound when the corresponding ovary is diseased, or the ovary sound when the tube is affected. Inflammation of the ovary may be acute or chronic. In the former case, the ovaritis is generally simple, and occurs usually in the left ovary; in the latter case it is double. In the acute form, it is quickly attacked with inflammation. Sometimes the pus has its source in inflammation of one or more follicles; in other cases it proceeds from the whole organ generally. M. Siredey saw a case of this kind in a woman who recently succumbed to an attack of tubercular pleurisy. In the chronic form, which is most frequent, the lesions are no longer the same. Pus is rarely seen. The ovary, at first hypertrophied, is at a later period converted into a shapeless mass, the seat of numerous alterations—cysts, tubercles, various morbid productions, &c. One of the most curious points in the pathological anatomy of inflammation of the ovary, pointed out by M. Siredey, is the position which this organ assumes. At first, owing to the hypertrophy which it undergoes, it falls, by its own weight, to the bottom of the pelvic cavity; adhesions next take place, by which the organ becomes fixed in this situation. The consequences of this must be obvious in their bearings on the symptomatology and diagnosis of the affections under consideration. The tubes, generally increased in volume in acute cases, are embossed and undulating, and reverted on themselves; the fimbriæ of the pavilion are considerably hypertrophied, are fungiform in appearance, and sink from their weight towards the lower part of the pelvis when not prevented by existing adhesions. In a case seen this present year by M. Siredey at the Hospital St Antoine, in a woman who, during life, had a voluminous retro-uterine tumour, and who died after manifesting at the onset symptoms of pelvi-peritonitis, the fimbriæ of the pavilion were found hypertrophied, adhering together and forming a tumour the size of a hen's egg. The walls of the tubes generally were found thickened, and the degree of their hypertrophy corresponded with that of the ovary. Their mucous membrane, almost always the seat of well-marked vascularity, is usually immersed in a turbid, puriform fluid. Lastly, in this situation was found, more frequently than in the ovary, tubercular matter in different degrees of softening. Another order of lesions is pointed out by M. Siredey as influencing a great number of morbid alterations of the uterus and its appendages: we allude to circumscribed pelvic peritonitis, which sometimes terminates in a cyst in the midst of false membranes, the result of inflammation, agglomerating all the parts together; sometimes in an abscess which not unfrequently opens into an adhering part of the intestine. According to our *confrère*, who fully shares the views of Bernutz and Goupil in their memoir of 1857, it is this circumscribed, encysted pelvic peritonitis which has hitherto been generally considered as phlegmonous congestion of the peri-uterine cellular tissue.

The practical consequences resulting from these facts we shall reserve for a future number.

THE SPIRIT OF THE PERIODICALS.

The 'Medical Times and Gazette' opens with a continuation of Dr Goodfellow's Lectures on *Diseases of the Kidney*. In his present lecture he treats of the influence of alcoholic compounds in inducing those diseases, and explains his views of their mode of action. He makes the following interesting remarks upon

"*Their Physiological Action.*—According to current notions, which are founded for the most part upon the theory of Liebig, supported by the experiments and researches of Bonchardat and Sandras, and since also by Duchek, the alcohol passes in the system, principally in the blood, through several oxydising stages, until it ultimately becomes metamorphosed into carbonic acid and water, which are exhaled principally by the lungs. This theory, so plausible, and so satisfactory in many respects, and so calculated to explain many acknowledged effects of alcohol, and supported as it is by the results of direct experiments and chemical analyses made by the first chemists of the day, was generally received as true. According to this theory, alcohol was regarded as an aliment—one of the tertiary, non-azotised aliments,—and therefore subserving the processes of respiration and calorification. The successive changes that alcohol was supposed to undergo in the capillary vessels of the system from the oxygen brought by the blood, were into aldehyde, acetic acid, and carbonic acid and water. The carbonic acid resulting from the decomposition of the acetic acid was supposed partly and chiefly to get out of the system in a gaseous state by the lungs, partly to become united to several bases, and eliminated by the kidneys and other emunctories. Duchek goes so far as to say that it sometimes becomes converted into oxalic acid. It has been generally observed that the quantity of carbonic acid in the air expired soon after the ingestion of alcohol or any spiritnous liqnors is very perceptibly diminished, and considerably less than before. To explain this diminution, it has been stated that alcohol, by the action of an oxydising body, loses two equivalents of hydrogen, and gives rise to aldehyde:—

$$C_4\,H_6\,O_2 \div O_2 = 2\,H\,O + \underbrace{C_4\,H_4\,O_2}_{\text{Aldehyde.}}$$

At a second degree of oxydation, the alcohol loses two equivalents of hydrogen, which are replaced by two equivalents of oxygen, and acetic acid is produced:

$$C_4\,H_6\,O_2 \div O_4 = 2\,H\,O + \underbrace{C_4\,H_3\,O_3,\,H\,O}_{\text{Acetic Acid.}}$$

"This transformation of alcohol into acetic acid takes place out of the body, as you know, under the influence of ferments, or dry platinum-black. By a further oxydation the acetic acid becomes converted into carbonic acid and water, which are ultimately carried out of the system in the way I have already pointed out.

"Nothing apparently could be more satisfactory than this explanation, and you perceive how completely it accounts for the diminution of the quantity of carbonic acid. The alcohol takes all the oxygen, and, therefore, the fatty matters cannot be burnt off; they remain in the system to give rise to the drunkard's fatness, whether deposited as fat, or taking the place of the proper organic principles, and leading to fatty degeneration. The whole of the oxygen is used up in gradually converting the alcohol into carbonic acid, which, as it is slowly evolved, unites with the different alkaline and earthy bases, to be finally eliminated by the kidneys and liver. This was supposed very likely to happen when, from the deadening, numbning, paralysing influence of the alcohol upon the nervous and muscular systems, the respiratory movements became so reduced in frequency and extent, that but little oxygen could be introduced into the blood, from the small quantity of air gaining admission into the lungs.

"Now all this theory, plausible and satisfactory as it is, has been completely, and, I think, successfully, proved to be false. It will not bear a searching inquiry into the true facts of the case. And after all, as the sequel will prove, we are obliged to come back to the old opinions, as derived from unbiassed experiments, and before facts were made to square with chemical theories. MM. Lallemand, Perrin, and Duroy have made this inquiry in the true spirit of philosophy, and in the most searching manner. It is impossible to read the account of their experiments and analyses without being convinced that they had one object alone in view, and that was truth, apart from any preconceived views or theories. It is altogether out of the scope of these lectures to quote at length the beautiful, ingenious, and very satisfactory experiments by which they have been led irresistibly to their conclusions. Suffice it to say that the results of their experiments admitted of no other conclusions than those which the authors came to, and which are of great value in explaining the pathogenic action of alcoholic and allied substances. These gentlemen, then, have found upon evidence, which I do not see how any one can gainsay, that whether alcohol, or its compounds, brandy, rum, gin, or whisky, be taken into the stomach, or inhaled by the lungs, it is only found as alcohol in the blood and in the tissues, especially in the nervous substance, for which it would seem to have a special attraction; and that it has no claim to be regarded as an aliment. When taken into the stomach, some small portion may be converted into acetic acid, by the gastric juice and the mucus acting as ferments. But even this small quantity does not enter the blood. In this list fermented drinks which contain more or less nutrient matter mixed with the alcohol must be excluded, such as wine, beer, cider, perry, &c. Wines contain even nitrogenous matters, also colouring and fatty matters, and salts; cider contains glucose, mucilage, vegetable acids, &c.; beer also contains glucose, dextrine, and allied substances in considerable proportions, nitrogeneous matters, bitter and aromatic principles, and salts. According, then, to MM.

Lallemand, Perrin, and Duroy, alcohol is neither transformed nor destroyed in the organism, and is ultimately eliminated without undergoing any modification. They have detected it in considerable quantity in the blood, brain-substance when freed from membranes and blood, and in the urine by means of distillation; they have shown afterwards, by the aid of exact doses analogous to the process of analysis by the method of volumes, that alcohol diffuses itself in the tissues, and that it accumulates in the brain, and in the liver, where it is found in larger quantities than in the blood and other organs. They have proved by multiplied experiments, verified by counter-proofs, that alcohol does not undergo any modification in the economy, and that it does not give rise, consequently, to any bodies resulting from its oxydation, such as aldehyde, acetic acid, &c. It is only in the stomach that it is susceptible of experiencing any modification, for a small fraction of alcohol ingested is there converted into acetic acid by the action of the gastric juice and the mucus, which act then as a ferment; but this action, altogether local and special to the stomach, ceases the moment the alcohol penetrates the venous radicles. These authors have shown, moreover, that it is eliminated by the lungs, the skin, and the kidneys, as alcohol. It is not only after the ingestion of a *great* quantity of alcohol that they met with it in the organs, for they found it in the blood of a dog, nine hours after he had taken only 30 grammes (3 drachms 37½ grains) at 21°; they met with it in a man who had drunk about 30 grammes (about 3½ drachms) of brandy; they observed, finally, that the pulmonary exhalation of a man who had taken a litre (⅞ths of an Imperial quart) of wine, of a middling alcoholic richness, contained alcohol for eight hours after taking it, and that the urinary secretion gave evidence of its presence during fourteen hours. The authors may well ask,—'Is this the mode of action of an aliment?' All the tests for the detection of aldehyde, and acetic acid, were had recourse to after alcohol had been administered in various ways, and in every dose, but without avail; whereas when very small quantities of these substances were administered, evident indications of their presence in the blood, and in the organs, and in the exhalations from the lungs, were at once observed. I have already described how the diminished quantity of carbonic acid exhaled after the ingestion of alcohol was explained under the old theory. It remains to show how the diminution can be accounted for under these observed, indisputable facts. Now, it appears, from the researches of MM. Lallemand, Perrin, and Duroy, that alcoholic substances exert a very remarkable action upon the blood, which presents in animals alcoholised numerous globules of fat, like cholesterine, visible to the naked eye, and swimming on the surface of that fluid. This is of such interest in connection with our subject, that I shall again refer to it when I come to speak of the pathological effects of alcohol. At present it is in its physiological aspect that they are of importance. Since alcohol produces a modification so singular, may it not offer also, when present, an obstacle to the disengagement of carbonic acid, or delay even the combination of oxygen with the carbon of the blood? If this be the case, alcohol contributes to nutrition, not actively as an alimentary substance, but in an indirect manner in exercising a moderating influence upon organic decomposition. With respect to its influence independently of this separation of the fatty principles, and perhaps their conversion into a non-saponifiable state, but little is positively known. It is conceivable, however, from the properties which alcohol is known to possess,—its great diffusiveness through, and attraction for, water,—its power of dissolving some very important animal principles, and of coagulating others,—that it does exert a considerable influence upon the physical, and also probably upon the chemical qualities of the blood, and blood-corpuscles. Nothing definite, however, has been observed. Dr Addison, of Brighton, whose able researches have thrown light upon some physiological and pathological processes, has observed some very curious effects upon adding sherry wine to blood out of the body; and it is possible that alcohol, when taken into the system in large quantities, may in time work such changes, and even destroy the red corpuscles already formed, and hinder the full development of others. MM. Lallemand, Perrin, and Duroy, however, saw no alteration in the corpuscles, even when alcohol was added to the blood out of the body, and also in blood taken after large quantities had been imbibed."

(To be continued.)

Dr Richard P. Cotton continues, in the same journal, his observations on the *Action of Certain Substances upon Phthisis*. Dilute hydrochloric acid is the remedy reported on in this article. The dose was from ten to fifteen minims. Dr Cotton says:

"Of the twenty-five patients, eleven greatly improved; six slightly improved; and eight received no benefit. Of the greatly-improved cases, seven were in the first, two were in the second, and two in the third stage. Of the slightly-improved patients, one was in the first, one in the second, and four in the third stage. Of those who received no benefit, two were in the first, one in the second, and five in the third stage.

"Sixteen patients gained in weight; eight lost weight; and in one there was no alteration. The changes in weight were particularly noticed in reference to the cod-liver oil. In six cases, although no oil was taken, there was a great increase of weight (an average of six pounds to each patient); but in all the rest who either did or could not take the oil, there was more or less loss of weight. Without reference to the oil, however, those greatly improved were found to have increased in weight, although such increase bore no direct proportion to the amount of improvement, some who had gained the least having been quite as much benefited as any of the rest.

"The improvement was in several cases very marked indeed, both locally and generally; the disease appearing to be arrested, and the patients declaring themselves 'quite well.' This was especially noticed in three cases, in one of which the disease was already in the second stage; in two of these no cod-liver oil had been taken, in one this remedy had been occasionally added to the acid. Two other persons, who had actual vomicæ, also improved very decidedly, the pulmonary secretion greatly diminishing, all the general symptoms subsiding, and the patients ultimately leaving the hospital materially improved in every particular. Of the seventeen more or less improved cases, seven took no oil; while in ten, it was occasionally taken in combination with the acid: in two of the latter cases the oil seemed to make little, if any, difference; but in at least four, it appeared to contribute materially to the general result.

"In five of the patients who were obviously benefiting under the hydrochloric acid, the experiment was made of changing it temporarily for an equivalent dose of *liquor potassæ*. In one of these there was no marked effect, the patient appearing to do equally well under either acid or alkali; but in the other four the change was more or less prejudicial, the patients unhesitatingly affirming that they were progressing less than when taking the acid. Much care was used when making this observation, the patient's own words being, in each case, recorded.

"In very few instances did the hydrochloric acid at all disagree. Now and then a little gastric pain was complained of, but in no case was it necessary permanently to abandon its use. As a general rule, the appetite greatly improved under its administration.

"For some years past I have frequently prescribed for phthisical patients the mineral acids in conjunction with gentian and other vegetable tonics; but I became anxious to examine, as far as possible, the separate influence of the acids. The frequency with which consumptive persons suffer from dyspepsia—the fact that the free acid frequently occurring during healthy digestion is the hydrochloric—together with the well-known solvent effect of this acid upon the plastic constituents of the food, pointed rather to it as the proper object of the experiment, than to either the nitric or sulphuric acid. I have no reason, however, to think that either of these acids, or the compound known as the nitro-hydrochloric acid, may not be equally beneficial; but upon this point I hope to make further observations.

"After making due allowance for other influences, so favourably brought into operation at the Consumption Hospital, I cannot help coming to the following conclusions:

"1. That the mineral acids are well suited to a large number of phthisical cases.

"2. That the dilute hydrochloric acid especially, in doses of ten or fifteen minims twice or thrice a day, is an important auxiliary to other treatment; and may oftentimes be usefully employed, either alone, or in conjunction with other mineral or vegetable tonics."

Mr Henry Smith contributes an article on some points connected with the *Pathology and Treatment of Prolapse of the Rectum*, and Dr Hobson continues his papers on *Medicine in China*. We quote the annexed paragraphs on the pulse:

"As the pulse plays such an important part in diagnosing and prognosticating disease in China, I ought, before going farther, to describe in a few words the Chinese theory of the pulse, on the right knowledge of which, the Chinese say, all treatment of disease depends. It is the foundation upon which the whole superstructure of their Medical practice rests. Demolish this, and institute in its place the true knowledge of the circulation of the blood, and the first step is made for future improvement. Some able foreign writers upon the Chinese have affirmed that they do understand the circulation of the blood; which, they say, they find given in Medical treatises on the pulse. I doubt the competency of any one, but a Medical man conversant with their writings, to say whether the Chinese have a knowledge of the circulation or not. I acknowledge they knew ages ago that the blood is the chief source of life, and that it moves or oscillates in blood-vessels; but the anatomy and proper function of the heart is unknown: there is no special name of, or distinction between, arteries and veins, still less of the intermediate vessels, the capillaries; there is no mention of the valves of the veins, which struck Harvey so forcibly as being put there for some object; no allusion to the change of blood in the lungs, nor anything, in fact, said about its circulating in a double circle; nor its special uses in the economy. The same words, also, which are used for the motion of the blood, are equally applied to the circulation of the spirits, or air: which moves about in vessels, as well as the blood, and which is no new theory; for arteries, being always found empty, were supposed to contain air by Hippocrates, and even down to a much later date. But the Chinese theory of the circulation and the pulse is not only absurd, but impossible; its untruth is proved to demonstration on the very face of it; for it sets at defiance the simplest laws of hydraulics, and gives a vital force and quality to a pulsating and conducting tube, which it could never possess. The extent of the pulse is one Chinese inch on the right and left wrists, and nowhere else. It is divided into three parts, called Tsün, Kwan, and Chih: each of these has an external and an internal pulse; that is, there is a distinct pulse in each of these three places, and on the inner and outer side of the pulsating vessels, making altogether twelve pulses, six on the right and six on the left. This explains why both wrists must be felt, and the astonishment that is expressed on a foreign physician's being content with feeling the pulse in one wrist only. Besides these twelve, there are others which scarcely admit of explanation, being too refined even for Chinese Doctors themselves, and are confessed to be unimportant in practice. But of those just mentioned, each one of the twelve corresponds with, or belongs to, twelve viscera, two of which are imaginary—viz., the gate of life, and three upper, middle, and lower membranous expansions, which I translate membranes of the viscera. The following table will show the theory more clearly:

"Chinese Theory of the Pulse.

"*Extent.*—One inch, or three fingers placed side by side on the right or left wrist.

"*Division.*—Into three parts.

"1st, called Tsün; 2nd, Kwan; 3rd, Chih.

"Pulse of the Left Wrist.—Tsün—External side belongs to the heart; internal side, to the small intestines. Kwan—External side, to the liver; internal side, to the gall-bladder. Chih—External side, to the kidney; internal side, to the bladder.

"Pulse of the Right Wrist.—Tsün—Outside, belongs to the lungs; inside, to the great intestines. Kwan—Outside, to the spleen; inside,

to the stomach. Chih—Outside, to the gate of life; inside, to the membranes of the viscera.

"There are four kinds of pulse. 1st, *Fow*, the strong, full pulse. 2nd, *Chin*, deep, feeble, small pulse. 3rd, *Che*, the slow pulse. 4th, *So*, the quick pulse.

"The three places of the inch pulse may each have a different pulse.

"The Kwan may be *Fow*, or strong and full; the Tsün may be *So*, or quick; the Chih may be *Chin*, or small and feeble—all at the same time.

"Who can say, with this theory before them, that the Chinese know anything about the true circulation of the blood! Its glorious discovery is alone due to our celebrated countryman, Dr Harvey, in the time of Charles. But the Chinese are not only ignorant of the circulation, but of the cause of the pulse; the propelling power of the heart, and the conducting power of the arteries, are altogether unknown. There is no pulse for that important organ the brain, or the spinal marrow, muscles, and bones, &c. But while they write learnedly about the wonderful properties of the pulse, and palm a lie upon the public, in professing to distinguish its minute and varied forms, yet I have never met with one Chinese Medical Practitioner who dared affirm to my face that he had done so; or was willing to try his boasted skill upon any patient of mine, though offered a considerable reward, to point out any well-known disease by the pulse alone. The doctrine of the circulation of the blood being so important, I entered upon it very freely in a Treatise on Physiology, and I rather expected, as it ran counter to their views, and, if received, would in time prove fatal to their darling and much-vaunted theory, that it would meet with opposition and ridicule. But, singular enough, it was generally admitted to be true, or at least unobjected to and unopposed in any way; but it may be long before these new views will shake the public confidence in a long-trusted oracle."

Mr Hilton's Lectures on *Pain* are continued in the 'Lancet.' The Author reports several instances in which *rest* cured old sinuses and ulcers, the *methodus medendi* being simply to control muscular action. We extract some of the cases:

"*Sub-occipital Abscesses.*—Abscesses under the occipito-frontalis muscle are sometimes very large, and resist surgical treatment for a very long period. Why is this? Let me remind you that the areolar tissue in which this abscess exists is abundant, and that the whole superficies or dome of the abscess is under the influence of the occipito-frontalis muscle. Hence there is no rest to the abscess; it never has a chance of quietude, or of accurate and persistent coaptation of its surfaces, from the disturbance produced by the movements of this muscle. That such abscesses are difficult to heal will be admitted when I mention the particulars of some cases; and I will endeavour to demonstrate to you that in the surgical treatment of such cases the great object should be to keep the occipito-frontalis perfectly quiet. I would say, then, that chronic abscesses or sinuses under the scalp may be cured by keeping the occipito-frontalis quiet and at rest, by strapping.

"In illustration, I may mention this case to you. Last spring I was requested to see a stout gentleman, aged fifty, who had fallen down the hold of a ship. He had been taken to the London Hospital, where his wound was well dressed. The anterior half of the scalp was injured; it had been turned forwards and downwards, quite over his face, by the accident. This flap was replaced in accurate position, bandaged and strapped, and the patient was sent home. Not any primary adhesion took place in the wound, and in a few days his surgeon thought it right to take off the dressing, when it was found that the scalp itself was much swollen, and that the whole of it was lifted up or raised from the bones by sub-occipital suppuration. The patient subsequently had two attacks of severe hæmorrhage, from sloughing and ulceration of the temporal arteries, which required ligatures; and it is worthy of remark that the bones of the cranium were denuded of pericranium to the extent of several inches, and were daily exposed in this condition during nearly a fortnight. Yet the bones did not die, their nutrition being derived from the blood supplied by the arteries of the dura mater. The wound was dressed daily with lint and warm water, and the pus squeezed out from under the whole of the occipito-frontalis; but the abscess would not heal, and the question was, how to get the pus from under the posterior part of the scalp—for there was no outlet for it in that direction—and how to secure rest to the movable dome of the abscess. The hair upon his scalp was shaved off, and long strips of plaster were so arranged across and around the head as to empty the abscess, to keep the occipito-frontalis quiet, and to press it downwards upon the pericranium and bones: this was done simply for the purpose of giving rest to the parts. The rapidity with which the abscess then healed was very remarkably in contrast with the tardy results of previous daily dressing and emptying the abscess. He quickly got well, and without any necrosis of bone."

"*Deep Cervical Abscess, followed by a Sinus.*—I have here the notes of another case, where a sinus existed in the neck, and was cured by rest. This case was of two years' duration, and was cured in three weeks by rest. I am almost afraid you may be induced to fancy I am using the language of exaggeration in this statement; but really it is not so.

"In 1849, Elizabeth H——, aged twenty, living at Lambeth, had had a large abscess extending deeply under the platysma myoides and the sterno-cleido-mastoideus. This had continued as a long sinus, discharging freely during many months. She had been an hospital out-patient during two years. Iodine, &c., had been injected into the sinus, and a seton passed through it, and retained within it for some time without any benefit. Strips of adhesive plaster were drawn tightly over and across the muscles covering the sinus, and the head was steadied by a pasteboard splint, cut rudely into a form which could be adapted to the pelvis, along the back of the shoulders to the back of the head, and then laterally on each side, so as to embrace the whole of the head in a circle of pasteboard. A figure of 8 bandage was then applied over this apparatus around the head and under the axilla, crossing in front of the chest, so as to fix the head and neck forward and a little downwards firmly upon the shoulders, and to relax the muscles. The sinus ceased to discharge at the end of a fortnight; but she continued to wear the apparatus for a short time—about three or four weeks—longer, as a further security.

"This patient was thus cured by rest."

"*Cases of Carbuncle, followed by Sloughing.*—We all know that it is not easy to manage successfully the treatment of a patient who has had a large carbuncle on the back of the neck near the scalp, which, by destroying the sub-cutaneous areolar and fascial structures, leaves large portions of loose overlapping skin, blue, dark-coloured, and congested, showing a very feeble power, and, added to this condition, the trapezii muscles exposed to view. Now I wish to show the therapeutical value of local rest in the treatment of such a case.

"Two years ago I saw the wife of a physician whose condition accurately resembled that which I have just delineated. She had been previously attended by a very eminent London surgeon. The case was not proceeding satisfactorily: there was no local evidence of repair; the wound had remained stationary during some time before my visit. On looking at the patient's neck, it appeared to me that there were two additional requisites in the treatment which might help the cure: one was to arrange some simple mechanism which would keep the trapezii muscles quiet; and the other, to support in their proper positions, and to maintain in a state of perfect rest, the loose, feeble flaps of skin. I hoped by such means to facilitate adhesion of the two granulating surfaces. The loose flaps of skin were laid neatly upon the subjacent trapezii, and then a large, thick pad of cotton wool was firmly fixed upon the surface of the flaps of skin and surrounding parts. A bandage was applied around the head, and extended as a figure of 8 bandage, crossing behind the neck and under the armpits, in order to fix the head, neck, and shoulders, and control the trapezii. In twenty-four hours the healing commenced, and proceeded, under the same local treatment, to the most satisfactory and speedy termination.

"Not long after that time, I saw a patient with Mr Wright in the Clapham road, where precisely the same circumstances occurred, with precisely the same treatment, and precisely the same result. Here the parts were kept at rest partly by a thick pad of cotton wool pressing upon the flaps, and by means of a bandage to keep the head and the trapezii muscles in a state of rest. Cases of the same kind, with the same result from the same treatment, have occurred to me lately in Guy's Hospital.

"*Popliteal Abscess and Sinuses.*—Sinuses in the popliteal region, in unhealthy subjects, are very difficult to cure, except by local rest; and here I will take the liberty of reading part of a note which I received from a surgeon in Essex, who had sinuses at the back of his knee-joint:—

"'Jan. 9th, 1853.—My sinuses occurred after an abscess in the popliteal space, which left a very irritable, unhealthy ulcer, the size of a walnut, and several long and deep sinuses extending from it, amongst the tendons of the hamstring muscles. Not being able myself to improve this ulcer, I consulted the late Sir A. Cooper, who stated that it was owing to a defective state of my general health, and ordered me steel and quinine, to inject nitric acid lotion, to take exercise, and to wear a high-heeled shoe. At the end of many weeks, the ulcer and sinuses remained as they were. You then saw me, and ordered my leg to be flexed, and placed upon a resting splint upon a wooden leg, and moderate pressure upon the sinuses with soap plaster. I continued this plan, and in two months I was quite well, and have been so ever since, and am in active occupation in my practice.'"

"*Painful Granulations following Injury.*—Some long time after the occurrence of this case, I had a patient in Guy's Hospital suffering greatly from an ulcer at the end of the finger, in which it was supposed there was a piece of broken glass, as the original injury was a cut from breaking a window. She had been under the observation of a surgeon, who had tried repeatedly to get out the supposed piece of glass, and had punished her severely, but unintentionally. She came into the hospital, and I thought the case would give me a good opportunity of making a demonstration of what I had long deemed to be correct, and taught. On placing the broad end of my own finger upon the ulcer, it gave her exquisite pain; the broad surface of my finger, however, was not a sufficiently accurate localizer of the pain. I then employed the rounded end of a probe, and with great care examined the whole surface of the ulcer by pressure, until I came upon a spot that was exquisitely tender, and produced dreadful pain to the patient. With a pair of scissors I cut out the painful granulations. Explaining to Dr Habershon, the Demonstrator of Anatomy at Guy's Hospital, the views I entertained regarding the cause of the painful granulations, I requested him to examine them by the aid of the microscope, and he found in them, and near the surface, as I had expected, looped filaments of nerves, thus completing the demonstration of the cause of the pain. From the time of my cutting away those sensitive granulations the pain ceased, and the sore began to heal: there was no more trouble or difficulty as regards the treatment of the ulcer; it got well by giving it '*physiological rest.*'

"*Exquisitely painful Ulcer after Injury.*—About a year and a half ago, I was requested to see a gentleman's coachman, who, on getting off his box seat, slipped his fingers between the lower bar and his seat, and thus had two of his fingers broken off at the second phalanges. One of them went on rapidly towards healing, and healed very well. The other remained swollen, irritable, very painful to the touch or on exposure to the air, preventing sleep, and producing great constitutional disturbance. We failed to relieve these symptoms by the local and internal employment of opium. This unhealthy condition could not be from any constitutional defect, because one finger did well; nor could it be from the result of any dissimilarity of the original injury, for they were precisely alike. With the surgeon in attendance, I made a careful examination of the part; and when I placed the end of a probe towards the edge of the ulcer upon the finger, it detected a spot which was exquisitely tender, and the patient screamed out—'Oh, pray, for God's sake, cover it over! I can't stand it.' The position of this pain was in the course of one of the lacerated digital nerves. I passed a pointed bistoury under the nerve, about one-fourth of an inch above its exposed portion upon the wound, and so divided the nerve. The pain in the ulcer immediately ceased, and the touch of the probe caused no un-

easiness. From that time all the local symptoms rapidly improved, and the case gave no further trouble, being quickly cured by 'physiological rest.'

"These cases prove distinctly that an ulcer may be very much modified in its character from the exposure of a nerve in the wound.

"I mentioned this subject to my colleague, Mr Cock, some time ago, and shortly afterwards he had an opportunity of testing the value of the observation. He recognised the condition of such an ulcer as that I have referred to, and divided the exposed nerve; the patient lost the pain, and the ulcer quickly assumed a healthy character and got well.

"*Painful irritable Ulcer of the Leg.*—I have here short notes of two other cases that have occurred lately, under my care, at Guy's Hospital, to which I will, with your permission, now allude.

"John J——, aged twenty-seven, sailor; admitted on the 9th of November, 1859, suffering from syphilitic sore on frænum and penis, with secondary eruption and a very painful ulcer on the inner malleolus of his left leg. The syphilis was treated and cured by Plummer's pill, five grains, twice a day; but the painful ulcer remained uninfluenced by the mercury.

"This is the history of the ulcer, provided by my dresser:—

"'When leaping, about four years ago, he sprained his ancle, and an ulcer formed on the inner malleolus of the left leg. It had made frequent efforts at healing, but never cicatrised completely. It now looked irritable, with no inclination to heal, and was very painful, with intense nervous sensibility localised at its upper margin, which was ascertained by examining it with a probe.

"'Jan. 24th, 1860.—Mr Hilton passed a pointed bistoury a little distance above the tender spot under, and then through, the granulations, thereby severing the filaments of the nerves supplying the morbidly sensitive granulations; and although the patient made much ado about the operation, yet he immediately acknowledged himself relieved by it. The ulcer readily assumed a healing aspect, sensation over the other parts of the ulcer was not more acute than normal, the surface became covered by healthy purulent exudation, cicatrisation daily advanced, and the ulcer was closed in a fortnight, and remained so until he left the hospital, on the 8th of March, 1860.'

"This was a case of irritable ulcer, cured by division of the nerve.

"The other case may be put before you in a few words:—

"Jan. 11th, 1860.—The painful spot of an old irritable ulcer was examined by a probe; the nerve supplying the tender granulations was divided; marked relief was the immediate consequence. This division of the nerve was done on the 11th of January, and on the 16th this is the dresser's report:—

"'The ulcer above mentioned is free from pain, and has assumed a healthy character; its edges are throwing new skin over the granulations. From this time, the painful ulcer required no special attention, and in ten days all was healed.'

"These are cases that appear to me to display very accurately the therapeutic value of what we may fairly term 'physiological rest,' to the abnormal sensibility of the surface of the sore. The division of the nerve had its effect upon the neighbourhood *physiologically*, and the ulcer began to heal.

"I trust I may have thus briefly succeeded in pointing out the true pathological feature of what is termed a 'painful irritable ulcer.'

"And now, Sir, to conclude. I took as my text, 'the influence of Rest in the treatment of disease.' I hope that I may have in these lectures adduced enough to show that the subject was not altogether unworthy of the consideration even of an audience so professionally distinguished as the one I have had the honour of addressing. But the subject increases in interest and importance as it is pursued, and it is, in my opinion, anything but exhausted. Should this remark create in the mind of any gentleman here a different opinion, then I would say to him, Let our difference of opinion be submitted to the influence of 'rest' during the next twelvemonth.

"Gentlemen, I have to thank you for your kind indulgence to the great imperfections of my matter, and to my unstudied style; of these faults no one can be more conscious than myself.

"Mr President, my special gratitude is due to you, Sir, for your daily sanction of these lectures by your daily presence.

"Standing here, Sir, within this great and noble monument to John Hunter, may I venture to think that I have not exposed myself to the imputation of any meretricious or egotistic pretensions? If so, all I can ask of you is, to believe (what I myself feel) that I have only done my duty in trying by my best, yet feeble, efforts to keep this temple sacred to Professional Virtue, Surgical Science, and Truth."

Mr Edwin Canton contributes to the same journal some notes on *Atrophy and Degeneration of the Arteries*, and Dr Wardell a paper on *Enteric Fever*. Mr Baker Brown commences a report, in the same journal, of *Eleven Cases of Vesico-Vaginal Fistula*. We extract the article:

"Case 1.—*Three Fistulæ; several operations; cure.*—(This and the three following cases are abstracted from the reports of the London Surgical Home, taken by the visiting surgeons.)—'S. P——, aged forty-five, married, has had eight children and three miscarriages. Her first five labours were pretty good. Her last labour began at half-past twelve a.m. on Thursday, and lasted till a quarter-past three p.m. on Friday, April 9, 1852. She was finally delivered by instruments. Her urine came away per vaginam immediately after the labour. Six months afterwards she was admitted into St Mary's Hospital, under Mr Baker Brown. On examination, he found two openings, separated by about half an inch from each other, the upper one near the os uteri. He performed several operations upon her without much benefit. Subsequently she entered the Soho-square Hospital, where the actual cautery was frequently applied. On November 1, 1858, she was admitted into the London Surgical Home. On examination, Mr Brown found both the openings much smaller, but the edges very hard, almost cartilaginous. The patient stated that the last doctor under whom she had been, asserted that there were three openings; but at the time, only the two before-mentioned could be seen. Mr Brown operated on these by Bozeman's plan, excepting that the buttons were placed horizontally instead of transversely, as recommended by him. On the tenth day the buttons were removed, and both openings found to be completely closed; but, in a few days, she complained that a very small quantity of urine occasionally escaped; therefore, on December 1, Mr Brown injected the bladder with tepid water, and then found the water escape (guttatim) through another small opening, which was situated at the very apex of the vagina. Around this was a strong band of adhesion, cutting off, as it were, the opening from the rest of the vagina. This was freely divided, and afterwards dressed with oiled lint and sponge tents. On the 3rd of January, 1859, Mr Brown endeavoured to close the opening, which had become much larger, using Bozeman's buttons. Four days afterwards she was taken with violent sickness and diarrhœa; nothing relieved her; and the result was, the sutures were entirely torn out. On the 27th, the patient having perfectly recovered and the parts looking healthy, Mr Brown again operated upon her, and for several days with apparent success; but, on removing the button, there was still a very minute fistula, through which a small quantity of urine escaped, when standing, but not in the recumbent posture. Her health being very much shattered by long confinement, she left the institution for the purpose of going into the country.'

"After this, I lost sight of her till June, 1860, when, hearing that she was quite well, I called on her, and found that such was the case. She stated that she had been gradually getting better, and losing less and less urine, and for the last three months had been perfectly well.

"*Remarks.*—It is evident that the cause of the *last* opening not healing was the unhealthy condition of the vagina, the parts around the opening being almost cartilaginous, and therefore possessing but very slight powers for healing. It will be observed that this case, prior to admission into the London Surgical Home, was one of those treated before the advantages of silver sutures had been proved.

"Case 2.—*Two Fistulæ, the larger one cured by one operation, the second by two.*—N. K——, aged thirty, married; resides at Winchester; admitted into the London Surgical Home on the 20th of December, 1859.

"*History.*—Has had a child, ten months ago; says that she was some hours in labour, the child being very large, but no instruments were used. About nine days after her confinement, she found that she was unable to retain her urine. She then applied to the County Hospital; afterwards she was seen by Mr Buckell, who recommended her to be removed to the Home.

"On examination, two openings were found, one admitting the end of the finger, and the second the end of a No. 10 bougie, with an intervening space not much more than a quarter of an inch. These openings were situated midway between the os uteri and the neck of the bladder.

"Dec. 22nd.—The patient being placed on her back in the lithotomy position, under the influence of chloroform, both openings having been pared, were closed by bar clamps, the larger one requiring three, and the smaller two, iron-wire sutures being used.

"27th.—An escape of urine. On examination, the clamps on the smaller opening had fallen off, because the wires had ulcerated through, but a part of the opening was found to be healed.

"Jan. 1st.—The bar clamps on the larger opening removed, and complete union was found.

"19th.—The smaller opening was again operated upon.

"29th.—Bar clamps removed; complete union was found.

"Feb. 7th.—Discharged quite cured.

"*Remarks.*—It is always difficult to cure two openings by one operation; but it is certain that in this instance the cause of failure was the cutting out of the iron wires; and if silver wires had been used, such would not have been the case. It will, however, be observed, that the cure was effected in five weeks.

"Case 3.—*One Fistula; two operations; cure.*—L. R——, aged forty, married, three children; admitted into the London Surgical Home, April 7th, 1860.

"*History.*—Eleven years ago she was confined of her first child. The labour did not last very long; but as she had previously been suffering from dyspepsia and debility, she became exhausted. The medical attendant thought it necessary to apply forceps, and a fine boy was born, who, however, only lived a few minutes. After the confinement, she was very ill; and, about a week later, she found that her urine dribbled away through the vagina, excoriating the parts dreadfully. Since then she has had two good labours, but has always been in a most wretched condition on account of the constant dribbling.

"On examination, there was found an opening large enough to admit the top of one's thumb midway between the urethra and os uteri, and on the left side of the vagina.

"April 12th.—Mr Baker Brown performed his usual operation, bringing the parts together transversely with five of his bar clamps.

"21st.—Clamps removed. On their removal there was found a *very* small opening, but the rest was healed. Mr Brown was in hopes that this would heal of itself, as there was a healthy purulent discharge; but as it did not do so, on

"May 17th, he again operated in his usual manner, the patient *not* being under the effects of chloroform.

"28th.—Bar clamps removed; no escape of urine.

"June 10th. She left perfectly cured.

"*Remarks.*—When it is considered that this patient had been suffering for eleven years, and, consequently, the parts around were much indurated, and that she was perfectly cured in about six weeks, the result must be considered highly satisfactory.

"Case 4.—*Vesico-Vaginal Fistula; operation; death from pyæmia.*—Mrs W——, aged thirty-four, admitted April 18th, 1860, into the London Surgical Home; mother of five children.

(Continued at Page 346.)

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B.—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 21, 1860.

MEDICAL REMUNERATION.

Social life is continually starting new problems, which it is always difficult to solve. Between those who love change, and those who think that the world is very well as it is,—between the aspirants for a higher and more orderly development, and those whose interests in existing arrangements make them insensible to grander aims—between the theorists on the one side, and the practical men on the other,—the quiet and moderate people of whom the bulk of society is composed feel great difficulty in coming to any conclusion upon the questions that are daily pressed upon their attention. Happily, these questions settle themselves in the long-run, if we only give time for consideration and compromise. Every question, in fact, carries its own answer with it as its shadow: but then the shadow is always dark, and many never see it. This shadow, too, has different shapes and elevations, according as light be thrown upon the question from the height of our own intelligence. It is straight enough and well-proportioned to me, but it may be crooked and gibbous to another; and who shall decide between us? It is only by throwing numerous lights upon the question from various points of view that we can rightly interpret it through its shadow—a species of ideal trigonometry to which every social problem must be subjected.

There has been no problem in relation to Medical ethics that has been more discussed than that referring to the proper mode of remunerating Medical Practitioners for their services. The existing practice is manifold, and the various diversities of custom have their abettors. There are those who write prescriptions and receive fees; and among them are some who never take less than a guinea for each visit, whilst there are others who will see a patient two or three or four times for one fee, or even take so small a sum as half-a-crown as an honorarium. Then there is another class of Practitioners who dispense their own medicines, but do not make any charge for them, preferring to make their claim for their attendance; another and a more numerous order claim for their medicines alone, and send in bills at Christmas of very formidable length and full of instructive particulars. Besides these, there is another class of ready-money Practitioners who dispense medicines over the counter, and receive the *quid pro quo* in accordance with the usual trading custom.

Closely connected with the mode of charging is the method of getting patients to charge. Some Practitioners keep open Drug-shops, elaborately furnished with many-coloured carboys, glass cases, gold labels, filtering machines and chemical retorts, and magnificently resplendent with gas, glass, and brass; others have, what is called, a Private Surgery—that is to say, an open outer passage with a door leading direct to an apartment duly provided with mahogany shelves, and an array of bottles and blue jars, with "an alligator stuffed," and a tape-worm in spirits, "to make up a show." There are others who, repudiating—or perhaps cherishing these matters, as it may happen—get up a Medical Club, and do despite to their brother Practitioners by agreeing to attend the honest and independent portion of their poor patients at half-a-crown a year. From the Medical Club we mount to the Dispensary, and from the Dispensary to the Hospital, where practices are picked up in the Out-Patients' Room, and Charity throws her broad cloak over the manœuvre.

There are yet other modes of calling public attention to the superlative merits of the sagacious Practitioner, but the chief of these is by public advertisement. Perhaps this is the most ingenious and artful of all Professional stratagems. One man establishes a dispensary, and advertises that no case is sent away from the doors unrelieved, and affixes his own name as Surgeon at the bottom: this is the puff infamous. Another writes a book and puts his address into the advertisement: this is the puff impudent. A third entrusts his book to Mr Churchill's skill and energy, and with his book his purse also; and he is gratified by a daily publication of its title, illustrated with a more or less lengthy series of laudations from the Medical Reviews, in all the important daily and weekly periodicals. (Memo.: The length of the puffs is always judiciously graduated to the length of the purse.) This is the puff orthodox. Other men place their fate in the hands of their friends, who extol them as the Hunters and Harveys of their day: this is the puff modest.

It is easy to point out the undignified or discreditable modes of conducting Professional practice; but it is not so easy to correct them, or to persuade the Profession to agree to one uniform system of dealing with the public. Our Profession is, we think, somewhat unfairly contrasted with the other professions of the Church and Law with respect to its mode of charging, and wrongfully censured because it exhibits a more trading spirit. Our position is altogether different. Clergymen generally have a fixed income, which they can retain for life: give Surgeons an average income of three hundred pounds a year with the same security, and they will be soon too independent to send in "Bills of Particulars." When a living is not endowed, the Clergyman is only too glad to be paid by his pew-rents, or by sending round the plate at every Sunday service for the contributions of his flock,—a system in a measure equivalent to the mode in which a Medical Practitioner is paid by a Benefit Club. Again, as to bills,—the Solicitor does send in bills, and unconscionably long ones too, as it is the misfortune of many a trustful man to know. If his charges be fixed, it is because there is no element of charity in his dealings with his fellow-men, and because it is in the power of every man to engage his services or not, as he may please.

The customs of our Profession have grown out of ancient usages, and these, again, out of the needs and prejudices of the public. The people must be supplied with Medical aid as they require it, and must be charged according to their means; hence the diversities in the amount of requital. If a Physician can obtain a guinea fee, let him have it by all means; but if a shilling be the maximum of a poor man's ability of payment, the Practitioner is justified in accepting it.

Then there is the "drug" question, that perpetually comes to the surface in these controversies. Ought Medical Practitioners to dispense their own medicines, or relinquish this duty in favour of the Druggists? Time will settle this question; and it is much nearer a settlement now than it was ten years ago. It is probable that at least one-half of the Profession have discontinued the custom of sending in bills of particulars,—the first step to the renunciation of the practice of dispensing drugs. A considerable number of General Practitioners already charge for attendance only; whilst a more limited number take small fees, and provide the medicines without extra cost to the patient. A few practise entirely as Physicians. A great change is in progress, and, as we said when we commenced this article, the question will settle itself.

At one time, the art of the Apothecary consisted in the decoction of simples and the compounding of pills; and prescriptions were of enormous length and complexity, as if these qualities justified the skill of the Practitioner. Various causes have operated to reform this culinary kind of practice, and Medical prescriptions are becoming models of simplicity and intelligent purpose. The Pharmaceutists have, moreover, undertaken the duty of compounding for the Surgeon all the more elaborate preparations; so that the

Practitioner's familiarity with the art of boiling simples, and making extracts and ointments, is growing obsolete. There is a gradual tendency, therefore, to a simpler and less commercial mode of conducting Medical practice, and we shall not be surprised to see the custom of sending prescriptions to the Druggist, and of charging for attendance alone, established as the general rule of the Profession.

SUMMARY OF THE WEEK.

THE THAMES EMBANKMENT.

The more masters, the less authority, is a maxim of universal acceptance. It is one of the advantages of a despotism, that, there being no conflict of powers, great works are carried out with vigour and despatch. Louis Napoleon has transformed Paris during his reign; and if he had such a Metropolis as ours to work upon, what would he not do with it? As it is, we are in the hands of rival authorities, each trying to outwit or counteract the other; and the result is, that the public interests are set aside until these disputes are arranged. During the last Session of Parliament, a Committee reported upon the expediency of embanking the River Thames; and since the commencement of the recess, the Government have been in communication with the Metropolitan Board of Works on the subject. It appears, however, that there is a hitch between the Imperial and the Metropolitan Government, and matters are brought to a stand-still. The Imperial Government desire to appoint a Commission on which there shall be three Engineers of known reputation, with other persons, and to entrust to this body the duty of selecting the plan and executing the work. The Metropolitan Government object to this scheme, and say, fairly enough, that as they have been appointed to carry out the new system of Sewage for the Metropolis, and are empowered to make public improvements, they alone should be invested with any new powers that may be necessary for the execution of the scheme. So the matter stands at present; and unless one party or the other relax its opposition, nothing will be done for another year. We must confess our distrust of Government Commissions. We have had several of them, and they have uniformly failed. There were two or three Sewers' Commissions; but they did nothing but spend money and incur debts, and at last Parliament was compelled to entrust the work to the Metropolitan Board, who, it must be admitted, are now carrying it out with spirit and energy. They were a long time, indeed, arranging their plan; but they are now getting rapidly on with their work. The Government Commissions, although graced with a Stephenson and Cubitt, did nothing. The Metropolis are now rated to liquidate the cost of their blunders. It is probable that the Imperial Government wish to keep possession of the coal duty and the hackney cab duty, and fear that by committing the Embankment of the Thames to the Metropolitan Board, they will be obliged to relinquish their hold upon those funds. So they ought. It is not right that local taxes raised in the Metropolis should be expended by the Imperial Government. What would Liverpool or Manchester say to such a proposal? Let these matters be quickly settled, and the public have the benefit of the Embankment.

DEATH BY FIRE.

The Registrar-General's Return records this week several deaths from accidental burning. Science having provided adequate means for the protection of life against such a fatal contingency, we are somewhat surprised that no attempt has been made to apply them to general use. The ladies themselves are much to blame also for their absurd indulgence in those luxuriant hemispheres of crinoline in which it delights them to surround their forms. If the dome of St. Paul's were to step from its balustrade and take an airing down Ludgate Hill, it might readily be mistaken for a fashionable lady on a shopping excursion. We wish the ladies to understand that we have no ascetical dislike to their indulgence in this caprice, or any other, so far as it is innocent and unattended with danger; but we think so badly of the unreasonable extension of this crinoline mania, that if we were not a Benedict, and therefore accountable, we would willingly join an Anti-crinoline Association to put down the evil. Such an Association should be composed of bachelors, for more reasons then we can now name. Seriously, we beg to enforce our opinion, that so many lives having been lost in consequence of the undue size of ladies' crinolines, it is full time that whoever may be the rulers of fashion in these matters should seriously exert themselves to abate the folly. Crinoline has grown too wide, as beards have grown too long; and both will bear reduction without injury to grace, and with much personal advantage.

THE ABOLITION OF NEWAGTE MARKET.

We understand that there is an intention on the part of the Corporation of London to apply to Parliament, during next Session, for powers to dismarket Newgate Market, and to abolish the disgusting and pernicious nuisances connected therewith; and that negotiations are in progress with the Dean and Chapter of St Paul's, who are the landlords, for the purpose of effecting these most desirable objects. It is doubtful, however, whether the Chapter will embrace the proposals of the Corporation, as they appear to prefer the upholding of individual interests to the accomplishment of a great public improvement. We do not wish to say hard things of the Chapter, who, as Christian men, eloquent preachers, distinguished literati, and leaders of some of the great social movements now in progress, deserve to be treated with respect. Dean Milman, and Canons Dale, Melvill, Champneys, &c., are men who must be expected to take a deep interest in the moral welfare and social improvement of the humbler classes residing within their jurisdiction, and we hope that reasonable expectation will not be disappointed. Ecclesiastical Chapters have not, however, always been characterised by liberality or a leaning towards public interests; and it is possible that this of St Paul's may be tainted with some of the vices of other similar bodies. We can only say, that if it should resolve to stand in the way of the achievement of so great a public improvement, the men who compose it will be deeply and indelibly disgraced. We hope better things.

THE APOTHECARIES' DINNER.

These annual reunions have usually no interest for the Profession; but occasionally a declaration of opinion or policy is announced by some influential person present, that is calculated to fix attention strongly upon the movements and events of the time. Of course, there is no public dinner without toasts; and on this occasion Mr Green's health was proposed, in his capacity of President of the Medical Council. In his reply to the compliments of the Chairman, Mr Green could not be otherwise than complimentary in return. One good word deserves another; and Mr Green fully repaid the debt of courtesy. But Mr Green was something more than complimentary. He said, that it has "lately become the fashion in some quarters to question the fitness of such a body as the Apothecaries' Society to regulate and control the education of General Practitioners." "Lately!" Mr Green! why, the Profession have protested against the exercise of this power by the Society of Apothecaries from the first day it was granted to them. It is a chronic complaint, and requires the combined chirurgical skill of the Medical Council to cure it. We fear, however, that Mr Green will neither use the knife, nor assist at the operation. A considerable amount of panegyric followed, on the good use the Society had made of their power, which we do not deny. Infinitely better have they done in the cause of Medical education than the Council of the College of Surgeons: nevertheless, their duty is done, their day past, and the Profession desires to see the stigma of trade wiped out from its educational system. Will Mr Green help to raise or depress the General Practitioners?

TESTIMONIAL TO MR BELFOUR.

The Council of the College of Surgeons having enjoyed the services of their esteemed

Secretary, Mr Belfour, for fifty years, have resolved to signalise this jubilee of duty by presenting him with a service of plate. Whatever may have been the shortcomings of the Council during that long period, however deeply they may have on some occasions offended Professional feeling, Mr Belfour has never been accused of want of courtesy towards the Members. We are glad to hear that he will receive such a recognition of his long and faithful services, and we believe that the Profession generally will participate in this feeling.

A PATENT WAY OF POISONING.

We have extracted the annexed advertisement from the 'Times' newspaper. The advertiser has undoubtedly invented an admirable process for poisoning his patients, which we hope the latter will be made acquainted with, both in their own behalf and that of their Doctor. No public announcement could be more discreditable. Either the advertiser wishes to take advantage of the necessities of some educated Assistant, that he may convert him into an "indoor servant," or to make an "indoor servant" discharge the duty of a Dispensing Assistant in order to save a salary. From either point of view, this advertisement exhibits a mean and sordid spirit.

"Wanted, in the house of a Medical Man, a young man from sixteen to twenty, as Indoor Servant. If able to assist in dispensing, very little house-work would be required. Apply at the Library, 10 Castle street, Oxford street."

THE SPIRIT OF THE PERIODICALS.

(Continued from page 343.)

"*History.*—About three months before her admission, she was confined of her last child. The labour was a rather protracted one, and she was attended by a midwife. After the labour she was unable to retain any urine, but gradually improved, and at the time of her admission there was a mere trickling. She was sent to be under the care of Mr Baker Brown by Mr Hemming of Kimbolton.

"On examination, there was found a very small fistula at the junction of the urethra with the neck of the bladder, which could hardly be discovered. The opening had originally been much larger, but was now filled up by a very unhealthy loose granulation.

"April 26th.—The patient being under chloroform, and in the lithotomy position, Mr Brown performed his usual operation, three bar clamps being used, with iron-wire sutures. She recovered well from the chloroform; but towards the evening unusual sickness came on, which nothing seemed to allay. This continued till the 30th, when she became delirious, and on May 3rd she died, having been insensible for the last twenty-four hours, the cause of her death evidently being pyæmia.

"*Remarks.*—As soon as she was dead, I began to inquire into the cause of so unusual a sequence to the operation. I then ascertained that there was milk in the breasts. This greatly surprised me, as she had assured me that she had weaned her baby some weeks before admission, and she had also led my friend, Mr Hemming, to the same belief before he sent her to me. Had there been the slightest doubt in my mind on this head, I should never have attempted the operation until every trace of milk had disappeared, because I had long been satisfied on this head by past experience, especially in one case of death from pyæmia, which followed an operation for ruptured perinæum, where milk was still in the breasts."

A paper headed *What is commonly called Rigidity of the Os Uteri* is contributed by Dr CHARLES D. ARNOTT. He denies that there is any rigidity in these cases, observing:

"In the great majority, the os is, in reality, dilatable enough; but some of the chief elements of dilatation are acting disadvantageously, or not at all. The fluid wedge, for instance, is generally absent, the membranes having ruptured early under the influence of the strong uterine contractions, and the fœtal head is expending all its force in a wrong direction, not upon the os uteri, as occurs under normal conditions, but upon that shelf of the uterine texture it has infringed upon, and which so long must successfully resist it.

"The treatment of these cases the teaching of the schools has hitherto inculcated, I am now fully convinced, is not only inert, but highly injudicious. Bloodletting and antimonial depressants (time-honoured maids-of-all-work) have been loudly extolled as adjuvants of vital dilatability, and almost implicitly relied on. Anodynes (learnedly) to lull excessive irritability, (truthfully) a clumsy excuse to gain time, have also had their share of renown, and these again are now likely to be superseded by a more potent agent, chloroform.

"I shall not discuss in full the merits of these plans of treatment. I am, from repeated experience, as fully convinced as I ever can be of any one professional fact, not only that they are of no use whatever, but that they are positively and highly injurious. My opinion is confirmed, that the effectual treatment of these cases is by surgery alone: reduction and dilatation of the abnormally-placed os by manipulation; and in the more aggravated and resisting cases, incision of the opposing texture. Much good service may, indeed, thus be rendered, a great amount of maternal suffering saved, and infantile life preserved.

"Free lubrication of the parts having been premised, the finger is to be introduced during each pain, and the os solicited downwards and forwards, and at the same time freely dilated without any unjustifiable force. As with the prostate after the deep incision in lithotomy, so with the os in the great majority of these cases, it will be found to yield readily. Improvement commences forthwith, and all difficulty is soon overcome. In the very rare minority, incision (mere notching with a guarded probe-pointed bistoury) may be requisite in addition to manipulation, and the most intractable cases are speedily made to assume a totally different and more promising aspect.

"I am aware the proposal seems harsh, and may be denounced by the *laisser aller* school as belonging to that confessedly bad category, 'meddlesome' midwifery. I believe, however, it may be fully proved undeserving any such epithet, by the remembrance that there are cases which tax our resources to the highest extent, from the extreme anxiety generally pertaining to them, and the inefficacy of the means usually employed for their relief; and further justified by the great fact of its being merely a close imitation of Nature's own *modus operandi* under these special circumstances.

"Let us briefly inquire how this difficulty is ordinarily surmounted by Nature's efforts when unaided? Almost always, as all observant practitioners have again and again experienced, by spontaneous laceration, sometimes rather extensive, of the resisting uterine tissues; and, in spite of bloodletting, antimonials, and all other such auxiliaries, as they are inaccurately termed, scarcely ever, until this is accomplished, can she complete the process. Instances in which very extensive rupture ensues, are, with this concomitant complication, not uncommon; and many so-called cases of occlusion of the os uteri, in which incision is the only alternative, Nature having failed in effecting the necessary laceration, are probably often little more than extreme cases of the description we are now considering, in which the os, being more out of reach than usual, escaped detection.

"I have employed the practice now recommended for many years, and on many occasions I have satisfied myself of its invariable and great utility; moreover, having never observed one untoward sequence from its employment, I conclude it may be regarded almost entirely free from danger. Let it but have a fair, unprejudiced trial, and I feel assured it will so forcibly commend itself, as to assert its superiority over all other expedients."

We extract from the 'Indian Lancet' the subjoined article on the *Radical Cure of Inguinal Hernia—a New Proposal in its Treatment*—by Dr TIERNEY AITCHISON, Civil Surgeon, Jhelum.

"The object of the operation is to invaginate a portion of the skin of the scrotum into the inguinal canal, and keep it there for a time, so as to produce adhesion, thus forming a plug to prevent the descent of the gut. The only attempt at a radical cure, so far as I am aware, that had been made in this country previous to October of the present year 1858, was at the General Hospital, by my late colleague, Dr J. R. Bedford, in 1856: this, called Gerdy's operation, also consisted of the invagination of a portion of the scrotum, which was fixed by a suture, piercing both layers of skin at the apex of the pouch, and guarded within and without by a piece of gutta percha. No advantage, however, resulted from this: the small adhesion formed in the situation of the stitch gave way on its removal, and the hernia was as bad as ever.

"The principle of Wutzer's is the same; but the invagination is effected by means of an instrument made of wood or metal, constructed so as to *fit and fill up the inguinal canal as nearly as possible*.

"These last words in italics (my own) struck me particularly at the time of reading Mr Scriven's paper. It was in this that Gerdy's operation failed; hence Wutzer's method was originated, to overcome the want of opposition required to give the parts a chance of firm adhesion. But Wutzer's instrument fails here also (although in a very much less degree than Gerdy's), as seen by Mr Scriven's complaints in his paper, as well as Professor Bothmund's new contrivance of side pieces to enlarge the cylinder to the size of canal to be operated upon. "What we want, then, is an instrument of sufficient size to fill the canal, and so ensure the contact of the opposing surfaces all round." In addition to this, if we could get it, that one instrument should be capable of being applied with success to nearly every case; and what would also be of greater consequence, if this instrument, after having been applied, by its natural form, could, without the aid of bandages, keep the invaginated parts in proper apposition, as well as by its simple presence cause sufficient amount of inflammation to produce adhesion of these, without the aid of sutures.

"I think we have got the means, in a tube of vulcanised india-rubber, ending in a globular head, which should be sufficiently elastic to admit of free expansion, by the forceable compression of air in its interior, introduced at the opposite extremity from the globular head, by the aid of an insufflator.

"The method of operation would be, to introduce first of all a small cylinder of wood into the tube, as far up as the very top of the bulbous portion. This would give the means of introducing the ball of the tube, along with the scrotum to be invaginated, so far up that they would become internal, to the internal opening through which the hernia passed.

"The cylinder would now be withdrawn, and the tube and globe filled with the air, by the insufflation, to the requisite extent, and then the tube closed, either by a stopcock, or tied with cord. The insufflated head of the tube would exactly act to the invaginated scrotum, as do the contents of the hernia to the hernial sac. But in the former case we have command over the contents, and as we wish we may either increase or decrease them, and thus, with a little care, we could prevent the inflammation which would to a certain extent originate from the pressure from becoming too extensive or too great.

"But should this plan of treatment alone be insufficient for causing the requisite adhesion wished for, we might operate according to Gerdy, and then follow up by this plan of treatment. For what possibly could give us more equal and diffused pressure over the opposing surfaces that we wish to become united, than such an instrument? and if properly introduced, viz., interior to the internal opening, as well as properly inflated, I fell confident that we could have no other better means."

TESTIMONIAL TO MR EDMUND BELFOUR.—At a meeting of the Council of the Royal College of Surgeons of England on the 9th inst., it was unanimously resolved that two hundred guineas be devoted to the purchase of a piece of plate to be presented to Mr Edmund Belfour, in acknowledgment of his unvarying zeal, fidelity, and honourable conduct, and of the invaluable services he has rendered to the institution in all its departments during the fifty years, now completed, of his tenure of office as Secretary of the College.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

Sir,—I recently observed in your Journal a brief but laudatory notice of a pamphlet describing some of the various forms of surgical apparatus which have been invented by Mr Eagland, of Leeds.

As Mr Eagland, from the fact of his residing in a provincial town, is probably unknown to the great majority of your readers, and as I feel myself under a heavy debt of gratitude to him for services which he has professionally rendered me, will you permit me to describe, in as few words as I can, my personal experiences of his skill?

In August, 1857, I met with a severe accident, which left, as one of its persistent consequences, an ununited fracture of the right humerus, at a point a little above the lower part of the upper third. In the course of 1858 I applied, in succession, to two of the most celebrated surgical-apparatus makers in Edinburgh and London; but neither of the splints with which they supplied me enabled me to use the arm with any material degree of additional power. On my route to Buxton, in July, 1859, whither I was proceeding in order to try the effect of the waters on a rheumatic affection of the right knee, I spent a day with my friend Mr Page, of Carlisle, who had most carefully examined and reset my arm a few days after the occurrence of the accident, and who had then expressed a decided opinion that I should never regain the full use of the limb. On again examining the arm, after nearly two years' interval, he found a far less firm ligamentous union than is usually met with in false joints, motion being allowed freely in all directions. He fully recognised the difficulties which were presented to the application of a mechanical support, in consequence of the direction of the fracture, and its proximity to the shoulder-joint,—but added, that he thought it would be well worth my while to return home through Leeds, with the view of consulting Mr Eaglaud, in whose skill and ingenuity he had extreme confidence. I took his advice, and availed myself of the opportunity of being in Leeds to see Mr Teale, and to obtain his valuable opinion as to whether I should undergo any of the various operations which had been suggested (chiefly by my younger surgical friends), with the view of promoting union of the extremities of the bones. He quite concurred in my own view of the case—viz., that in the existing state of my health any such operation would be inadmissible, but added, that he thought that Mr Eagland, for whom he sent in order that we might discuss the difficulties and requirements of the case, might be able to make a splint that would be of considerable service. The result of this conference was the construction of a simple apparatus, which, I am thankful to say, enables me, when it is applied, to move the arm to a much greater extent than I had found practicable when using either of my previous splints.

After my return to Scotland, my knee, which had temporarily improved at Buxton, grew much worse, and the case assumed all the symptoms of chronic synovitis. I need not trouble you with details of unsuccessful treatment, or with a history of the various splints, &c., which I tried at different times. Last August I proceeded to Harrogate, partly for the benefit of the waters, but fully as much for the purpose of consulting Mr Eagland (Harrogate being within an hour's journey from Leeds) as to whether he could contrive a light, but at the same time a firm, support for the knee. On hearing of my desire to see him, he at once came to Harrogate, and in two days supplied me with a splint which enabled me, for the first time for fifteen months, to walk a short distance without pain (of course with the aid of a stick) and which, by the uniform pressure which it exerts on the joint and surrounding parts, will, in the opinion of my friend Mr Teale (who kindly came over to see me), contribute materially to improve the condition of the knee.

I have shown the splint (which I have now worn night and day for upwards of three months) to many of my Medical friends, including hospital surgeons and professors of surgery, and they have unanimously expressed the highest opinion of its merits.

Under these circumstances, I trust that my Medical brethren will not think that I am acting unprofessionally in desiring publicly to express my gratitude to Mr Eagland, through the medium of your valuable Journal.

I am, &c., GEORGE E. DAY, M.D.

St Andrew's, Nov. 12.

[It is but just to Mr Eagland that we should add a few words to the foregoing letter, in testimony of that gentleman's success in adapting appropriate appliances in the case of Dr Day. When recently at St Andrew's, we had an opportunity of seeing the splints *in situ*, and can, therefore, fully corroborate the statements of our esteemed correspondent. We most sincerely hope that the improvement that has taken place will continue,—a hope that will meet with general sympathy, for Dr Day has many friends in the Profession who will rejoice in his restoration to his wonted health and strength.—ED. MEDICAL CIRCULAR.]

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CONSTIPATION CONNECTED WITH FIBROUS TUMOUR OF THE UTERUS.

Ann Macdonald, æt. fifty-three, widow, admitted into Hallett Ward June 19th, 1860, under Dr Basham's treatment. Suffering from constipation of bowels, and great tenderness with swelling of abdomen. Tongue moist, having a thick, dirty-white fur; pulse 100; vomiting dark, bilious matter since early part of morning; abdomen somewhat tympanitic; tenderness most marked at lower part and in the iliac region. Hands cool, clammy; temperature of body natural. ℞ Ol. ricini, ℥ss.; tr. opii, ℥ij.; conf. rutæ, ℥ij.; decoct. hordei, Oss.—pro enema. Fotus anodyn. ℞ Hydrarg. chlorid., gr. ij.; opii, gr. j.—statim, et repetat. horis 6.

21st.—Slept little in the night, during which she has been sick; vomits green, bilious-looking fluid to-day; no action of bowels; tongue dry, of dark yellow colour; swelling of abdomen increased, rather tympanitic. Enema terebinth., ℥iv.; ol. ricini, ℥ij.; decoct. hordei, Oss. Pil. opii, gr. j., 6tis horis.

22nd.—Had a restless night; pulse 100; tongue the same; sickness continues, but not violent; swelling of abdomen continues, which is very hard and tender; no evacuation from bowels. Enema sapæ tepidæ cum sodæ chlorid. ℞ Antim. potass. tart., gr. ¼; pulv. opii, gr. j.—4tis horis.

23rd.—Bowels have not been open; slept a little last night; pain not quite so violent; tongue and pulse as last reported, sickness less. Pulv. opii, gr. j., 4tis horis.

25th.—No action of bowels; no sickness; complains of cold perspiration during night; tongue dry, furred; pulse 88, very deficient in power; abdominal enlargement continues, tenderness rather less. Brandy, ℥vj., yesterday. ℞ Ammon. sesq., gr. x.; potass. bicarb., ʒj.; aq., ℥ij. ℞ Acid. tart., ʒj.; aquæ, ℥ij.—4tis horis. Brandy, ℥ij., to-day.

26th.—Pulse 96; tongue dry, and cleaning a little at the top; no action of bowels.

27th.—Last night an enema tube was passed up to about the distance of a foot into the rectum without meeting with any obstruction, and ol. olivæ ℥iv., ol. ricini ℥ss., thrown up with gruel. It returned without any fæces in a quarter of an hour. Pulse 80, scarcely perceptible; remains in a half-sleepy state, and quiet, and does not complain of any great amount of pain. Enema saponis mollis; liq. opii sedativ., ℥xv.; aq., ℥j.

29th.—Tenderness of abdomen less; no action of bowels. The nurse states that she walked across the ward last night and sat by one of the patients, walking back to bed without assistance. Ung. veratriæ had been applied yesterday to the abdomen. The ointment produced great tingling and pricking to anus (vide notes *infra*). Tongue clean; urine plentiful.

30th.—Liq. opii sedativ., ℥xv.; aq., ℥j.—h. s. Repet. enema; full diet; omit brandy. Continues the same; tongue cleaning; ointment causes tingling on abdomen.

July 2nd.—On the evening of the 30th (22nd day), after enema she had a copious motion, not particularly hard. Tongue clean; pulse 80, of much the same character; continues as previously remarked; no deficiency of heart's action.

3rd.—Ol. ricini, ℥ss. statim sum. No action of bowels since 30th ultimo; tongue rather more furred, and drier; pulse of same frequency and character. She has been in a half-sleepy state during greater part of day; disturbed sleep at night.

4th.—Had a most copious motion of bowels yesterday, and another this morning. Is out of bed, and walking up and down the ward.

5th.—Bowels open twice to-day. Tongue coated. Complains of being very weak; no appetite. Still out of bed.

6th.—Repet. ol. ricini.

7th.—Bowels open copiously after taking the castor-oil. Complains of pain remaining in the right ilio-inguinal region, where there is a distinct hard tumour to be felt. She states she almost always has a feeling of great fulness of the bladder, and desire to void its contents; but upon attempting to do so, is never able to pass more than about ℥j. of urine at a time. This gives her great temporary relief. Almost immediately afterwards has as great a desire as before. Upon making a vaginal examination, the os uteri is felt almost at the entrance of the vagina. The lips are indurated, and the uterus occupying the vagina is moveable. She would not allow vaginal examination before. A hard tumour is very manifest upon anterior border of the uterus, rendered clear by rectal palpation.

10th.—Bowels open every day. No appetite. The same symptoms referrible to micturition.

17th.—Bowels regular; otherwise continues the same. Discharged relieved.

This was, no doubt, a fibrous tumour connected with the uterus. We are indebted to Mr Mouatt, Physician's Assistant, for the above notes.

INCOMPLETE HEMIPLEGIA.

Henry Clarke, æt. twenty-three, a carpenter, residing at Woolwich, admitted May 12th, 1860, under care of Dr Pavy, into John Ward, Guy's Hospital. He had on three different occasions contracted syphilitic sores, the first about three years ago. These sores were followed by secondary cutaneous eruptions, sore-throat, &c. He was treated by mercurials to salivation, and apparently, from what can be ascertained, to an excess. He is not an habitual drunkard, although confesses to the free use of intoxicating drinks. Two years since, had an attack of rheumatism, which confined him to his bed for five months. After recovery, his right arm was not so strong as the other. He was also laid up during last winter with rheumatic fever for three months. His upper eyelid drooped eighteen months ago, and continued so for six weeks, when he regained the use of it as before. Two months since he began to see things double, and as if through a mist, with his right eye. This condition of the eye increased daily until a fortnight after, when the lid began to droop again, and so continued until admission.

Present State.—Has a well-formed head, a large scar being on the right side of the forehead. This he states to have occurred by his falling through a skylight, eleven years since: by this fall he was rendered insensible for about three hours, but experienced no subsequent ill effects. He cannot frown on the right side; the right upper eyelid has fallen, and the power to raise it is lost. The right pupil is much dilated, and the right eye itself does not move so quickly and perfectly as the left. He complains of pain over the right orbit, which is worse at night when in bed. The sight of that eye is very imperfect; there is slight diminution of sensation over the whole of the right side of the face, but more particularly just above the orbit. Tongue is turned very greatly towards the right side; speech slightly affected; taste unimpaired. The right arm is weak; finds some difficulty in raising it to a great height. No malformation of spine. At one spot over the lumbar vertebræ, there is great numbness, which extends half round the body just above the coat of the right ilium; it ceases at the median line in front. He has a slight limp whilst walking, his right foot being shuffled along. Auscultation and percussion give normal sounds over both heart and lungs. Tongue very much furred; pulse 76; skin cool; urine abundant; bowels open.

May 12th.—Empl. lyttæ post aurem dext. applic.; julep. hydrarg. bichlor. ℥j. ex decoct. cinch. ℥j. ter die. Middle diet.

16th.—℞ Potass iodidi, gr. ij.; liq. potass., ℥xx. ex inf. cascarill. ℥j.—ter die.

19th.—Bowels constipated. The super-orbital pain has now entirely ceased, and vision is more perfect.

21st.—Bowels being still constipated, he was ordered pil. cal. cum coloc. co., gr. x.

24th.—Still progressing favourably.

29th. — Constipation continues. Pulse 96; tongue furred. Complains of the numbness in his right side. Ordered pil. cal. cum coloc. co., gr. x.

31st.—His speech is much better. Sight continues to improve.

June 1st.—Pupil less dilated. Can now move the eye in any direction, except upwards.

4th.—His bowels being again constipated, he was ordered pil. cal. cum coloc. co., gr. x., statim.

9th.—This patient reports himself greatly improved. Discharged June 12th.

We have to thank Mr H. W. Lomas, Clinical Clerk, for the above notes.

GUY'S HOSPITAL.

OCT. 22ND—EXPLORATORY OPERATION UPON TUMOUR OF RIGHT BUTTOCK.—MR COCK. REMOVAL OF MALIGNANT TUMOUR OF THIGH. —MR BIRKETT.

OCT. 30TH.—REMOVAL OF PORTION OF EXTRAORDINARY LARGE FATTY TUMOUR; PART REMOVED BEFORE.—MR COCK. COMMINUTED FRACTURE OF LOWER END OF TIBIA AND FIBULA.

EXPLORATORY OPERATION UPON BUTTOCK OF RIGHT SIDE.

This was a very curious case. A tumour had been gradually forming upon the right buttock for four years, by the side of the anus. It was of very obscure character, and ultimately became of very large size. On admission to hospital, Mr Cock diagnosed it was either malignant or fatty tumour. A few days back, a large trochar was introduced into the tumour to ascertain its character. Nothing followed this exploratory puncture. The aspect of the tumour showed no discolouration. The patient being placed in the proper position under chloroform, Mr Cock made a longitudinal section over the superficies of the tumour, with the object of dissecting it away if of fatty degeneration. He then made a deep exploratory incision. Upon this being done, fluid contents of the most disgustingly fœtid character escaped with a force as if expelled from an engine. This disturbed materially the vision, habiliments and features of Mr Cock, and committed much detriment to the outer tegnments of Mr Hilton, who was *vis à vis* to the patient.

It was not ascertained that the tumour communicated in any way with the intestine, although its contents lay in close proximity to the anus and intestine. The wound, after having been filled with lint, was dressed in the usual way.

MALIGNANT TUMOUR OF THIGH.

This patient, a man above sixty years of age, had been troubled with this tumour for twenty-four years. It was seated high up on the external aspect of the thigh, nearly on the side of the large trochanter. The tumour was globular, well defined, and of the size of a large turnip. The patient said "he was of good health," and declined the administration of chloroform. Mr Birkett dissected out the tumour. Upon making a section of it, it discovered a very curious and beautiful specimen of medullary and melanoid growth, with cells. Its surface represented strongly the appearance of black and white marble; cancerous juice was discovered in parts.

FATTY TUMOUR.

We recorded the case of this patient, a man about fifty years of age, upon whom Mr Cock operated for the removal of a portion of fatty tumour, about six weeks ago. On that occasion, we described the extraordinary diffusion and dimensions of this tumour. It had now so much increased in size as to form a large collar round the patient's neck. Mr Cock now removed another small portion of this enormous fatty growth.

COMMINUTED FRACTURE OF TIBIA AND FIBULA.

A man, about thirty-eight years of age, was brought to hospital last April with comminuted fracture of lower ends of tibia and fibula. The bones were completely smashed, and the deformity was excessive. The muscles disturbed and pulled the fractured pieces of bones in all directions. To obviate this condition of things, Mr Hilton divided the tendo Achillis, and thus subdued the action of the gastrocnemius muscle. The bones by this treatment became early adjusted, deformity was removed, and good union accomplished, terminating in a limb scarcely at all deformed. About three months ago he was again admitted into hospital. He could use his limb and walk for a short distance, when great pain and irritation came on, and abscesses and sinuses formed. Mr Hilton suspected that a piece or pieces of the comminuted splints of bone had become imbedded and surrounded by the new bone. He proposed to cut in the direction of the sinuses, and explore the condition of the bone, to remove, if possible, this source of irritation. He cut through the channels on each side of the ankle, and removed with pliers a small portion of bone. Upon doing this, he discovered two small spiculæ of bone, which had evidently been detached and imbedded, as suspected, and which Mr Hilton and the other Surgeons had no doubt was the source of the irritation induced.

UNIVERSITY COLLEGE HOSPITAL.

OCTOBER 17TH.—RESECTION OF ELBOW-JOINT.—MR ERICHSEN.

OCTOBER 31ST.—EPITHELIOMIA, DESTROYING THE EYELIDS AND EYE.—MR ERICHSEN.

RESECTION OF ELBOW-JOINT.

Mr Erichsen took the opportunity of making a few observations upon resection of joints. He said that resection had completely supplanted amputation. The operation was now performed differently to what it was on its first discovery. The **H** and crucial incisions were no longer advisable or found necessary to be done. He said, the removal of the whole joint was necessary to success. Removal of parts only of the extremities of bones, and leaving cartilages, do not form good fibrous union. Fibrous union is what is desired to be obtained. By taking away the extremities of the bones, you obtain good fibrous union, giving a joint capable of flexion, pronation, supination and extension, and a very serviceable limb. Mr Erichsen made a longitudinal incision upon radial aspect of the humerus, of about five inches in length. He then dissected round, and cut into the joint—exposed the olecranon of the ulna, and pinched it off with sharp, strong nippers. The interior of joint became exposed, which was found completely disorganised and diseased. On cutting into it, the head of the radius was found surrounded by curdy scrofulous pus: this he scooped out. A very thin slice of extremity of the humerus, across the condyles, was then sawn off. He also removed a small portion of heads of ulna and radius, and other diseased parts. He explained that very little hæmorrhage attends these operations; vessels seldom require to be secured. In this case one or two had become enlarged, being seated in a boggy position. The sides of wound being brought together, water dressings were applied.

Mr Erichsen introduced the young man upon whom he had last week operated for hare-lip. It was a singularly happy case for one so late in life. By the introduction of an additional pin through the mucous membrane of the mouth, the cicatrix was level and uniform. Although so recently done, there remained a clean cicatrix and perfectly level lip, without the least deformity. We certainly do not remember to have seen so successful a case of operation for hare-lip.

EPITHELIOMIA.

This was an extraordinary instance of the ravages which malignant ulcer makes upon the soft parts, especially upon and in the region of the eye. This tuberculous ulcer has been designated differently by different surgeons. Epitheliomia, rodent and malignant ulcer, would appear to be of one family, in which lupus must be included. We understood Mr Erichsen to say that he had not before seen these epithelial cancroid growths, or a case like the one to be operated upon to-day. Mr Hutchinson gives this disease the name of rodent ulcer, and had seen and recorded many such cases, the number of which was stated. This patient, a man about thirty-five years of age, states that about four years since he had a small tumour formed upon the inner angle of the upper eyelid, which was removed, and he recovered. Mr Erichsen described it as having a distinctly ulcerous nature. It strongly resembles lupus, destroying soft parts wherever it appears and whatever it approaches. In this case it ulcerated outwards, on the eyelid, to inwards of the eye, destroying the whole organ of the eye and all the contents of the orbit. It proceeded by eating away the whole of the upper and lower lids of the eye, and progressed to the destruction of the entire globe, leaving the orbit a frightful chasm. Mr Erichsen proceeded to operate in the way he had described—to remove, by dissecting away wherever he could reach with the knife, these ulcerated epithelial growths. In doing this he encountered considerable hæmorrhage, and several vessels had to be secured during the progress of the operation. He then soaked a pledget of lint in nitric acid, and freely applied it into the chasm which the orbit formed. This he hoped would stop further ulceration. He proposed, in that case, at some future period, by the intervention of some mode of plastic surgery, to mitigate the dreadful deformity existing.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 5TH, 1860.

DR A. B. GARROD, F.R.S., PRESIDENT.

After the usual preliminary business, the President called on Dr RICHARDSON to read a paper "On Uræmia." It seems that a paper promised for the evening was not forthcoming, and that Dr Richardson had been solicited hastily by the Honorary Secretary to fill the place.

ON URÆMIA.

The Author first pointed out the analogies which exist between uræmic poisoning and poisoning by certain common narcotic substances—such as opium and belladonna—and then passed to the description of cases in which sudden symptoms of uræmia had terminated quickly in dissolution. Thence proceeding to the diagnosis of uræmia, he passed through each phase of the disorder, particularising the symptoms with much care. Three points in this part of the paper may be mentioned as of interest. The pupil, Dr Richardson has observed, is usually fixed in uræmia, and in most cases is dilated; but, he added, this rule is not without exception, for he has seen the pupil contracted to a pin's point in a case of unmistakeable uræmia. There is in some cases, as Frerichs has said, evidence of an excess of ammonia in the breath during the acute attack; but this is not universal, and hence some have denied it altogether. The reason of a difference in this respect in different cases is very simple. In persons suffering from kidney disease, and in whom uræmia is a probable occurrence, the breath at the best of times is charged with ammonia to an extent greater than is normal. In these cases the lung is supplementing the kidney, and the elimination of the ammoniacal product is, in fact, the saving clause. It is when such persons take congestion of the lung, and are subjected to diminution of excretion by the lung, that the uræmic symptoms advance; and in these cases the breath is not ammoniacal during the attack. But there are other examples, where the uræmia is sudden in its appearance, owing to sudden arrest in the function of the kidney simply. Then the breath is markedly ammoniacal in the period of the acute attack. The third fact, as diagnostic of uræmic poisoning from poisoning by the ordinary narcotics, is, that during uræmic coma the patient will often rally and regain all his consciousness for a time, sinking again into forgetfulness, and even dying unconscious in the end.

The cause of death in uræmia formed the matter of another section of the paper, and was followed by observations on treatment. In the treatment of uræmic narcotism coming on suddenly, in a person not debilitated by previous disease, and not overloaded with fat, Dr Richardson stated his belief that there was one ready and direct remedy, and that was free bloodletting. He had seen a man who had lain three days comatose and unconscious recover, under the immediate influence of loss of blood, so completely as to transact business affairs, and inquire into all that had occurred since he was struck down. Moreover, physiological reasons supported this treatment; for the bloodletting not only relieved the body from a portion of the poison, but removed the congestion of the kidney and of the other organs, and gave the permit for recovery, if recovery were possible. Thus, in animals in which artificial uræmia had been produced, the effect of frequent venesection tended greatly to prolong life. That bloodletting should

not absolutely relieve in every case was reasonable, for whether relief were obtainable or not in any case would depend upon the degree of mechanical obstruction in the kidney; for if the obstruction were perfect, no treatment would be possible, seeing that no proceeding could be adopted to supplement the kidney altogether; but if in any instance there should be but partial obstruction, increased temporarily by congestion, then the act of abstraction of blood gave the only chance that remained of removing the burthen from the excreting organ. The last part of the paper dwelt on uræmia in its forensic aspects. In many cases where death is supposed to have occurred from the effects of small doses of opium or other narcotic, he (Dr Richardson) believed that the cause was attributable to uræmia, and that so-called idiosyncrasies were probably intimately connected with renal disorder.

Dr James Bird agreed with Dr Richardson in the practice of bloodletting in these diseases. He mentioned his practice in India in confirmation. He particularly referred to the case of a General Officer in India. He was seized with apoplexy—he bled him to ʒxxx. and also applied cupping glasses. After going to Ghignee, he returned to England; was attacked with albuminaria, and was cured under the treatment of Dr Chambers and Sir B. Brodie. He afterwards died of bronchitis.

Dr Thudichum considered the term typhoid or typhus used by Dr Richardson, objectionable. The symptoms he had described did not agree and demanded another name, although names were subjects of little importance. With respect to fevers, their symptoms did not correspond with uræmiæ; they had other symptoms attending them, such as diarrhœa and others, which uræmiæ had not. With regard to the pathology of uræmiæ, urea received in the blood becomes decomposed; carbonate of ammonia is formed. A rod steeped in hydro-chloric acid shows the presence of ammonia. Dr Thudichum went rather deeply into the chemistry and analysis of urea in the blood. He said the question pathologically remains hitherto entirely speculative.

Dr Sibson bore testimony to the utility of bloodletting on many occasions. He thought, nevertheless, it was too much resorted to. It was useful to relieve congestion. Every narcotic poison induces comatose congestion. The great source of mischief in uræmic poisoning, which has not been referred to during the discussion to-night, is the brain. He had had several cases of scarlet fever lately with albuminuria. In these cases the urea affected the head. He strongly recommended the horizontal position, and the hot-air bath. It acted by producing elimination on the surface of the skin.

Dr Salter addressed his observations to some of the experiments of Dr Thudichum. He said that urea in the blood did not explain all the symptoms of uræmic poisoning. All diseases of the kidneys showed a fatty, waxy condition. Intertubular coats were found, and epithelial deposits. There exists a normal quantity of urea in healthful blood. You always have dropsy with large kidneys. The alkaline state of the blood depends upon phosphate of soda.

Dr Garrod observed that he had in practice found Dr Richardson's views correct. Uræmia does not exclusively imply the existence of urea in the blood. In some cases of cholera, urea will be found retained in the blood in great quantities.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, November 7th, 1860.

Dr Robert Barnes, Vice-President, in the Chair.

The names of the following candidates for admission into the Society were read:—Dr Charles Henry Payne, Dr Lawrence Spencer, Dr George Ritchie, and Mr John Smith Crosland Richards. These gentlemen will be balloted for at the next meeting on the 5th December.

Dr Richard Hodges related a

CASE OF LABOUR AFTER OPERATIONS FOR THE CURE OF RUPTURE OF THE PERINÆUM, INVOLVING TO A CONSIDERABLE EXTENT THE RECTUM.

This case was brought forward to show how adequate the powers of nature are to accomplish a result even under the most unfavourable circumstances. Premature labour was suggested in this case, but not adopted, and the issue proved the wisdom of the choice. The labour was not prolonged beyond four or five hours; the head of the child presented, and the cicatrices yielded to its advance, chloroform being given to further relaxation, and to relieve pain. A lateral tear, requiring a suture, occurred, which speedily united; but the central cicatrix, the result of the operations, did not give way.

Dr Richard Hodges next related a

CASE OF SPONTANEOUS EVOLUTION OF THE FŒTUS IN UTERO.

In this case the head was the original presenting part; but, by the efforts of the uterus, the breech end of the child was so acted upon as to be depressed and forced into the pelvis, the head being changed for the feet. At the first examination the head was distiuctly recognised by its firm, round, and unyielding nature, and by the hair on the scalp; but at the second examination the feet were perceived in the upper part of the vagina just through the os uteri, thus affording an example of the actual revolution of the child in the womb.

CASE OF VACCINATION, WHERE THE PERIOD OF INCUBATION WAS ONE YEAR.

In May, 1854, Dr Hodges vaccinated a little boy three years of age, but the arm did not rise within the usual period. In the May following, however, a vesicle spontaneously formed with an areola on the seventh and eighth days, gradually declining on the eleventh or twelfth; a permanent cicatrix, marked by pits, remaining, giving evidence of the genuine vaccine disease.

Dr Fawcett Battye related a

CASE OF OVARIAN TUMOUR, WEIGHING SEVENTY-SIX OUNCES AND A HALF, IN A GIRL AGED TWELVE YEARS AND A HALF, TERMINATING LIFE SUDDENLY BY ASPHYXIA.

The title of this communication sufficiently explains the nature of the case. The cause of death was due to asphyxia, arising from the unyielding nature of the abdominal walls not allowing the tumour to present itself anteriorly. Consequently, the pressure was directed upwards, and, pushed an enlarged liver, so that it encroached upon the right lung.

Dr Graily Hewitt exhibited a specimen of

MALIGNANT DISEASE OF THE OVARY.

The patient, aged nineteen, had never menstruated. She was admitted into St Mary's Hospital, under the care of Dr Tyler Smith, and was subsequently, in that gentleman's absence, under Dr Graily Hewitt. She had been ill for six months, and a growth had gradually extended upwards from the pelvis to above the umbilicus. She died, gradually exhausted, a month after admission. The abdomen was much distended with fluid, and a large tumour, weighing upwards of eight pounds, a portion of which was now exhibited, was found growing from the situation of the right ovary, adherent to the walls of the pelvis, and nearly filling its cavity. It was of a cancerous nature. From first to last the disease had existed (apparently at least) not more than about six months.

Dr J. Hall Davis presented a specimen of a

DOUBLE BATTLEDOOR PLACENTA, WITH A SINGLE UMBILICAL CORD, CONNECTED WITH ONE CHILD.

This placenta was removed after an easy labour at full term, the child—a male—having been born alive, and of the average size. On one of the masses having passed through the vulva, Dr Davis examined to ascertain the reason why the cord was still fixed internally, when he discovered a second placental body in the upper part of the vagina.

Dr Priestley showed the Casts of some Heads which had been broken up by Dr Simpson's operation of Cranioclasm.

Dr Tyler Smith read a paper entitled,

AN INQUIRY INTO THE CORRECTNESS OF THE DOCTRINE OF WILLIAM HUNTER IN REGARD TO RETROVERSION OR RETROFLEXION OF THE GRAVID UTERUS.

After giving an account of the way in which our knowledge of this displacement of the uterus has been acquired, and the opinions of ancient and modern authors, but particularly of William Hunter, upon this subject, Dr Tyler Smith proceeded to lay down his own views, and especially to dispute the Hunterian doctrine that the chief and exciting cause of complete retroversion is retention of urine and distension of the bladder. He then went on to say: "My own attention became specially directed to the subject of retroversion of the gravid uterus in the following manner:—I attended a lady—a patient of Sir Ranald Martin—who, in the unimpregnated state, suffered from complete retroversion or retroflexion. She left this country, with the uterus retroverted, to join her husband in India. She soon became pregnant, and went the full time. The question suggested itself to me, What was the condition of the uterus in this case, after impregnation occurred? And I resolved to take any opportunities which might occur to me of answering it. I have now seen a considerable number of cases in which the retroverted uterus has become impregnated, and have carefully watched the progress of gestation under these circumstances. The result has been a conviction that the most common cause of retroversion of the gravid uterus is not to be found in the state of the pelvis or the condition of the bladder, but in the occurrence of impregnation in the retroverted uterus, and in the tendency of the organ thus impregnated to grow and develop itself, during the early months of pregnancy, in the retroverted or retroflexed position. When an ovum is deposited in the retroverted uterus, the enlargement of the organ causes a greater sense of weight and pressure in the pelvis than ordinary pregnancy. The os uteri approaches the pubis, and the fundus projects towards the hollow of the sacrum. The fundus is found to enlarge considerably when examined from time to time by the finger. At length, unless the pelvis is of a very large size, the bladder and rectum are pressed upon so as to interfere with their functions, and difficult micturition and defecation, especially the former, are the results. Owing to the retention of the gravid uterus within the pelvis, there is little or no increase in the size of the abdomen. There is usually a great amount of pain and discomfort in the lower part of the back, and the sympathetic affections of pregnancy are frequently more severe than usual. Abortion very frequently occurs from the mechanical irritation of the uterus."

After making some further general observations to prove the strength of his argument, Dr Tyler Smith proceeded to say,—"In conclusion, I may observe that it seems to me the great use of the knowledge of the mode in which retroversion of the gravid uterus occurs will be in the prevention of the full retroversion, or strangulation, as I have ventured to term it, of the gravid uterus in the pelvis. As long as retroversion was supposed to take place suddenly and mysteriously, little could be done to avert it; but if, as I believe, the displacement dates from the very beginning of pregnancy, in the great majority of cases, we may do much by position, and attention to the bowels and bladder, to prevent any dangerous symptoms; and, aware of the condition of the uterus beforehand, we shall be more ready to give prompt mechanical assistance when it becomes necessary to pass the hand into the vagina to carry the fundus above the brim.

"When retroversion has existed in early pregnancy, but has been relieved spontaneously or otherwise by the ascent of the fundus, labour takes place without any unusual difficulty. We ought, however, in the management of the puerperal state, to endeavour to prevent a return of the uterine displacement. The occurrence of pregnancy is rather favourable than otherwise to the cure of retroversion. In the latter months of pregnancy, the fœtus acts as an intra-uterine pessary; the organ is strengthened, and in the return of the uterus to the size of the unimpregnated state by the process of involution we have a better chance of curing retroversion than under any other circumstances. The abdominal bandage should not be tight enough to force the uterus into the pelvis. The patient should be encouraged to lie on her right or left side, inclining to the prone position, but avoiding recumbency. The bladder should be frequently relieved, and any violent straining during defecation avoided. She should remain in bed or on a couch longer than usual, and before resuming her ordinary duties the condition of the uterus should be ascertained; and if any tendency to a return of retroversion exists, an air-pessary should be worn in the vagina as long as may be necessary to ensure a right position to the uterus.

"Several other cases of retroversion of the unimpregnated uterus, followed by retroversion in the gravid state, have fallen under my observation, besides those related in the present paper; but as they would only be a repetition of those already detailed, I will not trouble the Society with the particulars of them. What has happened in my own practice must necessarily have occurred in that of others, and probably it is only necessary that the matter should be understood for the production of a number of well-authenticated cases of the same kind by those engaged in obstetric practice. I must now leave it to the Society to decide whether the facts and observations which have been adduced do not prove that the Hunterian theory of gravid retroversion is no longer tenable; and whether we must not in future look upon retroversion of the unimpregnated state, which is well known to be a common affection, frequently admitting of impregnation, as the principal cause of retroversion of the gravid organ. In raising this discussion, I would yield to no one in

veneration for the name of William Hunter, as being undoubtedly one of the greatest and most honoured names in obstetric science."

Dr Oldham said that he had long entertained the opinion that the view of William Hunter was a mere mechanical fancy. He thought, with Dr Tyler Smith, that the original cause of retroversion of the gravid uterus was the existence of this displacement prior to conception. Such cases were very common in hospital practice, and they generally gave but little trouble. He was in the almost daily habit of seeing them do well without any interference beyond a little attention to the bowels and bladder. He confessed that he did not like the author's use of the air-pessary, for it might do harm, and in the greater number of instances mechanical attempts at replacement were unnecessary. When he found it expedient to interfere, he had for some years past resorted to a very simple but effectual proceeding. This consisted in gently opening the orifice of the vagina with the fingers, so as to allow the canal to fill with air. The consequence of this proceeding was that the vagina became much distended, and then gentle pressure with the finger upon the fundus of the uterus sufficed to push this organ upwards into the normal direction.

Dr Barnes said that he had published a lecture one year ago on this subject, in which, he thought, would be found many of the views brought forward this evening. He believed that a previous retroverted condition of the uterus might be the most common cause of this affection in pregnancy; but he was sure that it also sometimes happens from accident, and that it may take place suddenly. He had tried Dr Oldham's plan of reduction in two well-marked cases, but in both the proceeding failed to be of any service. Dr Barnes also remarked that he did not understand the principle upon which Dr Oldham's plan could be expected to succeed.

Dr Waller was happy to agree with Dr Smith. His rule in these cases was to do nothing in the majority of cases, unless the bladder and rectum got distended. He had withdrawn thirteen pints of urine in one case, which had been mistaken for dropsy, and the patient made a favourable recovery.

Dr Priestley said the effects which had been chiefly spoken of in the discussion were those which arose in the latter months; but there are other dangers which have not been noticed, and which occur in the earlier periods of gestation; especially there was the danger of abortion about the third or fourth month, and it was worth considering whether these abortions could not be prevented. Dr Tyler Smith had recommended air-pessaries, but Dr Priestley had had no experience in their use. There was often no difficulty in replacing the uterus by the finger; but it very often happened that directly the patient got up, the uterus fell back again into its abnormal position.

Dr Tyler Smith having replied to the various observations which had been offered, the Society adjourned.

OUR NOTE BOOK.

ANTAGONISTIC ACTION OF OPIUM AND BELLADONNA.

Several instances of poisoning by belladonna or atropia have now placed beyond question the advantages of opium as an antidote. These facts have moreover shown the impropriety of combining in the same prescription, with a view to rendering it more effective against pain, opium and belladonna. The 'Art Médical' and the 'Gazette Médicale de Lyon' supply us with some interesting documents on the subject.

Mr Lindsay, of Edinburgh, says M. Jules Davasse in the 'Art Médical,' succeeded in dispelling with 6 dr. of tincture of belladonna the coma induced by one ounce of a solution of morphia. Anderson likewise obtained the same result with one ounce of tincture of belladonna, in a very serious instance of poisoning with 5 drachms of laudanum. M. Cazin relates a case in which a liniment containing 1½ dr. of laudanum and ½ dr. of tincture of belladonna, in 10 dr. of sweet oil, was swallowed by mistake and gave rise to no alarming symptoms. He also prescribed with benefit extract of opium and cold affusions, for a young lady who accidentally swallowed a cup of infusion of belladonna in lieu of the same quantity of infusion of orange-leaves, and who presented symptoms analogous to those of delirium tremens. More recently, M. Béhier, in six cases of sub-cutaneous injection of sulphate of atropia for the cure of neuralgia, in all of which signs of poisoning were observed, succeeded in checking them by the exhibition of opium and of syrup of poppy.

In the 'Gazette Médicale de Lyon,' M. Perroud publishes a curious instance of poisoning by the application of a belladonna plaster, in which the symptoms yielded to preparations of opium.

The patient was a young laundross of very delicate skin, to whom the application to the epigastric region of a belladonna plaster, 4 inches by 2, had been prescribed. The plaster was applied at 3 p.m., and the next morning she awoke with a sense of general discomfort, headache, giddiness, loss of appetite, nausea unattended with vomiting, characteristic dryness of the throat, &c. These symptoms increased in violence in the course of the day, and in the evening, after seven o'clock p.m., frequent syncope occurred, followed by delirium, refrigeration of the extremities, &c. The condition of the patient was such as to occasion much anxiety, and the following medication was instituted:

The plaster was removed; an enema with 15 drops of laud. liq. Syd. was prescribed, which was almost entirely retained; and also a 4-ounce mixture containing 2 gr. of extract of opium, to be taken in table-spoonfuls every five minutes.

When the patient had taken four doses, she recognised the persons about her, and the delusions began to yield. The mixture was continued, but the doses were now given every half-hour only. On the following morning, the patient was in a perfectly satisfactory state, and despite the rather large quantity of opium taken, no signs whatever of narcotism were observable; an unanswerable proof of the antagonism of the two medicines.

The converse of the above case will be found in the 'Cincinnati Lancet,' and was communicated by M. Comégys, Professor of the Medical College of Ohio. This gentleman states that with an enema containing half an ounce of tincture of belladonna, he succeeded in restoring a man whose life had been greatly imperilled by the ingestion of two ounces of laudanum.—'Journal of Practical Medicine and Surgery.'

STATISTICS OF DIPHTHERIA. — INSUFFLATION OF ALUM AND TANNIN.

Since the debate to which a communication of M. Bouchut on the subject of croup and diphtheria gave rise two years ago, at the Academy, many works relative to this question have been published. It may perhaps be doubted whether they have led to any progress in the treatment of the disease, but it appears certain that the success alleged to have been effected by certain much-praised medications has been due to mere error of diagnosis.

Among the memoirs relating to genuine croup, or laryngeal diphtheria, we may notice a thesis by Dr Peter, formerly attached to the Hospital for Infancy. This thesis is based upon 196 cases of diphtheria, 142 of which were instances of croup and 54 of various pseudo-membranous affections. It is in the course of the third year of life that croup in these cases was manifestly most frequent in both sexes. The prevalence of diphtheria at that age is so distinctly marked and so invariable in Dr Peter's table, that it must obviously be the result of some general law. A comparison between the mortality caused by croup and that resulting from diphtheritic angina shows, beyond dispute, that death is less the consequence of asphyxia than of poisoning. With regard to tracheotomy in croup, the following are M. Peter's conclusions:

In both sexes the proportion of recoveries after operation has been slightly above one in four (1 in 3 for male, 1 in 3·7 for female children): this figure is somewhat higher than the average of success at the Hospital for Infancy.

In both sexes tracheotomy has been invariably unsuccessful when performed in children aged two and two and a half years.

It began to yield favourable results, and that but unfrequently, in subjects aged three years or three years and a half only.

Success was very frequent between four and six years for girls, and between four and five for boys.

Unfortunately, the period at which tracheotomy is most successful does not correspond with the age at which croup is most common.

Supposing tracheotomy to have been performed but in children aged three and a half, or more, the average of cures would have been but one in 2·3 operations instead of one in 3·4, and would therefore have been less considerable by one-third.

Between the ages of two and three, children who have undergone operation appear to sink under the violence of traumatic fever.

Tracheotomy has proved in both sexes more successful in March and July than in the other months; but, in general, the season does not appear to have exercised much influence.

The 'Union Médicale' has recently published two letters from Messrs Loiseau and Trousseau on the use of tannin and alum locally in the treatment of pharyngo-laryngeal diphtheria.

M. Loiseau, considering the false membranes, in all cases, to be but consequences of diphtheria, and, with the exception of croup, rather useful than injurious, provided their putrefaction be prevented, again lays stress upon the beneficial action of styptics, and especially tannin; these seem to convert the morbid secretions into an imputrescible epidermis, which affords protection to the denuded surfaces and promotes their cicatrisation. M. Loiseau performs insufflation of alum five or six times a day, and of pure tannin equally often; he states that a cure may thus be effected in three or four days, on the same principle which M. Trousseau adopted in his practice in 1828. A quotation from an article published on the subject in 1833, by M. Trousseau in the 'Dictionnaire Médical,' has elicited from the learned Professor a reply, which we reproduce, as it explains the changes his views have undergone on the efficacy of the medical treatment of diphtheria, and more especially of croup.

It is perfectly true, says M. Trousseau, at the date of September 20th, that in the epidemics of diphtheria which from 1818 to 1828 prevailed in the departments of Indre-et-Loire, Loir-et-Cher, and Loiret, the disease of the fauces readily yielded to frequent insufflation of alum, and to cauterisation with muriatic acid or nitrate of silver. It is equally true that, when the complaint was met in its early stages, four or five days were sufficient to effect a cure, excepting, of course, when diphtheria had invaded the larynx.

For ten years past, however, diphtheria has acquired in Paris and in the provinces a degree of gravity and of malignancy which it did not, by any means, possess thirty years ago; and I declare that it is now a long time since I have had the good fortune to see genuine pharyngeal diphtheria yield to treatment in four or five days. Common pseudo-membranous angina, or herpes of the fauces, may be cured in twenty-four or forty-eight hours, but not real diphtheria such as we too frequently meet with.

I resort to the same means as M. Loiseau, and perform insufflation into the throat every two hours, and even every hour, if necessary, alternating the use of equal parts of sugar and alum or tannin. From time to time, I brush rather roughly the uvula and tonsils, before resorting to insufflation, in order that the medicinal agents may come into immediate contact with the mucous surface; and I consider myself very fortunate when, after ten days' treatment, all trace of false membranes has disappeared.

In five adults whom, within the last few months, I attended with my friends Drs Bernard, Patouillet, and Blondeau, the disease lasted nine days in one case, and more than a fortnight in the others; and I repeat that it would have been utterly impossible to use with more persevering energy the remedies extolled by M. Loiseau, which I consider most useful, namely, alum and tannin.

Appealing to the testimony of my learned colleagues of the Hospital for Infancy, Messrs Blache, Bouvier, Roger, Sée, and of Dr Barthez, I find their statements are perfectly similar to mine, and that they agree with me in thinking that the singularly rapid, extraordinary, and numerous cures effected by M. Loiseau may perhaps be accounted for by his not having allowed himself sufficient time to establish an incontrovertible diagnosis.

It is difficult at first, and especially in children, to distinguish genuine diphtheria from pharyngeal herpes; and although in doubt I prescribe the local application of alum and tannin, I do not flatter myself that I have effected a cure of tonsillary diphtheria when, after twenty-four hours, I cease to detect in the throat any pellicular concretions.

We are happy to be confirmed, by so competent an authority, in the remarks we have offered above on the importance of diagnosis in the appreciation of the various remedies recommended for a disease the gravity of which, far from subsiding, seems rather on the increase, especially when observed in an epidemic form.—'Journal of Practical Medicine and Surgery.'

LEGAL INTELLIGENCE.

THE QUEEN *v.* THE BRANCH MEDICAL COUNCIL FOR ENGLAND.—Mr Lush, Q.C. (with Mr H. T. Cole) recently moved for a rule calling upon the Branch Council for England of the General Council of Medical Education and Registration of the United Kingdom to show cause why a *mandamus* should not issue commanding them to cause the name of Thomas Goulden to be entered in the 'Register.' Mr Goulden was in practice before August 1, 1815, and he claimed to have his name inserted in the 'Register,' under the 18th section of the Medical Act (the 21st and 22nd Victoria, cap. 90), which enacted that "Any person who was actually practising Medicine in England before August 1, 1815, shall, on the payment of a fee to be fixed by the General Council, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland, a declaration according to the form in the Schedule (B) to this Act, signed by him, and upon transmitting to such registrar information of his name and address, and enclosing such declarstion as aforesaid." The applicant stated in his affidavit that he was bound apprentice on August 20, 1810, and served till he was twenty-one years of age—viz., till October 30, 1814, when he came of age, and commenced practice. The Medical Council did not dispute the fact that the applicant was in practice before August 1, 1815, but they said he was not of age at the time. That, however, he (Mr Lush) contended was wholly irrelevant matter.

Mr Justice Hill inquired whether there was any law which prevented him from practising before he was of age?

Mr Lush said there was not. The 55th George III, cap. 194, contained an enactment that no one, after the passing of that Act, who had not been in practice before August 1, 1815, should receive a licence from the Apothecaries' Company till he was twenty-one years of age, but it preserved the rights of those who had been in practice before August 1, 1815. The Council did not dispute that the applicant was in practice before August 1, 1815; but they said that, from the evidence laid before them, they were not satisfied that he was of age. The applicant did not know what information the Medical Council possessed, but he produced before the Court evidence to show that he was born on October 30, 1793, and consequently came of age on October 30, 1814.

Lord Chief Justice Cockburn said the Court could not try that question.

Mr Justice Blackburn asked whether there was any question about the party being in practice in his own right?

Mr Lush said the only answer made was, that he was not shown to be entitled to be on the 'Register,' as he was not of age on August 1, 1815, which, the learned counsel contended, was a wholly immaterial question.

Lord Chief Justice Cockburn: You may take a rule.

Rule *nisi* granted.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 13th inst.:—William Batho, Amesbury, Wiltshire; Chas. Hy. Bennett, Hammersmith; Augustus L. Bentham, Portsmouth; Edwin Buller, Jersey; Sidney Edward Clarke, Armathwaite, Cumberland; William John Corin, Redruth, Cornwall; George Carr Dunn, Kensington Park gardens; Delamark Freeman, Kennington; John Palmer Gannon, Oxford; George Blyth Goldie, Northumberland; George Daniel Harding, Woolwich; Charles Henry John Hovell, Canterbury; Edward Jeffery, Exeter; John Jones, Brighton; Ferdinand Ethelbert Junker, London; George Kerswill, St Germans, Cornwall; John Langdon, Yeovil, Somerset; Robert Pattinson, Wiggonby, Cumberland; George Griffith Phillips, Newcastle Emlyn; Frederick Beaufort Scott, Cheltenham; Richard Wagstaff Smith, Nova Scotia; Weston Erskine Wadley, Plymouth; Jeremias Fredrik Ziervogel, Cape of Good Hope. —The following gentlemen were admitted Members on the 14th inst:—John Bourne Bromley, Stourbridge, Worcester; William Joseph Callon, Liverpool; James Cheese, Jersey; William Hill Climo, Belmullet, Co. Mayo; Henry Davies, Crossin, Carmarthen; Thomas Finch, London; Francis Baker Fowler, Bath; William Gayton, Church street, Spitalfields; Augustus Robinson Hall, Topsham, Exeter; Marriott Hall, Sheffield; William Hoyle, Slaithwaite, Yorkshire; Joseph Laidler, Stockton-on-Tees; Henry Edward Langford, Cherbury, Shropshire; Henry Robert Campbell Litchfield, Twickenham; William Hooper Masters, Yeovil, Somerset; John Morgan, Clifton, Bristol; Robert Nash, Weston-super-Mare; John Racey, Quebec; John Scaly, Barbadoes; William Stawman, Wakefield, Yorkshire; Chas. Steele, Clifton, Bristol; Daniel Taylor, Bury, Lancashire; William Thomson, Edinburgh; Thomas William Thursfield, Kidderminster; Henry Ward, Diss, Norfolk; Henry Wheeler, Clifton, Bristol; William James Wilson, Straid, Ballynure, Antrim.

NEW FELLOWS.—At a meeting of the Council of the Royal College of Surgeons on the 9th inst., the following members the College, who had been elected Fellows at previous meetings of the Council, were admitted as such:—Henry Bedwell, Cheltenham—diploma of membership dated June 26, 1840; Robert Harrison Bowness, Poulton-le-Fylde, Lancashire—May 7, 1838; William Carr, Lee grove, Blackheath—May 29, 1837; Richard Chapman, Kirby Moorside—February 5, 1819; Robert Humphrey Cooke, Stoke Newington—February 15, 1839; John Taylor, Bayswater—June 26, 1840; Robert Hankinson Williams, Great Eccleston—May 9, 1834; Frederick Wood, St Bartholomew's Hospital—July 2, 1841.

ANATOMY AND PHYSIOLOGY.—The following gentlemen, having undergone the primary examinations on the 9th inst., will be admitted to the pass examination when eligible—viz.: Messrs W. W. Somerville, Edinburgh; L. R. H. Rouse, University College; Percy Milligan, ditto; Wm. Rayner, ditto; Muncherjee Beramjee Colah, ditto; E. H. Olive, ditto; S. J. B. Caldwell, Westminster; Fred. Lewis, Middlesex; C. F. Sutton, ditto; J. R. Brumwell, Manchester; T. V. Rayner, ditto; F. B. Eaton, Newcastle; T. M. Rouse, St George's; Samuel Swabey, Edinburgh; R. C. Price, St Mary's; W. J. Wilson, Belfast; W. H. Climo, Galway; F. E. Junker, Vienna; J. B. Yeo, King's College; Henry Goodall, Glasgow; A. C. Gray, ditto; John Martin, Liverpool; C. W. Waylen, St Bartholomew's; F. W. Brown, ditto; S. C. Hird, Leeds; William E. Stevens, Guy's; J. H. Benson, Leeds; John Harrisson, King's College; H. W. Mitnish, ditto; William Ironside, Aberdeen; Forbes Watson, St Thomas's; S. W. Fisher, Bristol; F. H. Heusman, Glasgow; Robert Winter, St Mary's; E. C. Ashford, Edinburgh.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Nov. 8th, 1860:—John Roberts, Crwg, Carnarvon, North Wales; Richd. Griffiths, Welshpool, Montgomeryshire; William Henry Hartill, Willenhall, Staffordshire; Frederick Philip Phelps, Reading, Berks; John Warner, Leighton Buzzard, Beds.—The following gentlemen also on the same day passed their first examination:—Frederic Barnes, Charing Cross Hospital; Edmund Venning, University College.

UNIVERSITY OF LONDON.—SECOND M.B. EXAMINATION, 1860.—The following is a list of candidates who have passed the late second examination for the degree of Bachelor of Medicine:—*First Division.*—Thomas Hiron Bartleet, Queen's College, Birmingham, and King's College Medical Schools; Charles James Bracey, ditto; James Braithwaite, Leeds School of Medicine and Guy's Hospital; William Cayley, King's College; John Cooke, St Thomas's Hospital; John Easton, King's College; Henry Gervis, St Thomas's Hospital; Francis William Gibson, B.A., University College; Charles Grabham, St Thomas's Hospital; John Harley, King's College; William Sims, ditto; Eustace Smith, University College; William Spencer Watson, King's College; Robert Watts, University and Bengal Medical Colleges; Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital; Henry Forbes Winslow, King's College; Washington Lafayette Winterbotham, University College; Edward Woakes, St Thomas's Hospital. *Second Division.*—William Hickman, University College; Reginald Croft Lever, King's College; William Pile, University College; Sydney Ringer, ditto; Joseph Rutter, ditto; George James Symes Saunders, King's College.

APPOINTMENTS.—Mr Simpson, formerly Surgeon to the Western General Dispensary and Surgeon to the Western Educational Vaccine Station, nominated by the Privy Council, has been appointed Teacher of Vaccination, under the new regulations of the Medical School of University College, at the Tottenham Court Chapel Station. The certificates of proficiency granted by Mr Simpson entitle their possessors to hold Poor-law appointments.—At a special meeting of the General Committee of the Birmingham and Midland Eye Institution, held on Thursday, November 1, Sidney E. Proctor, L.R.C.P., &c., formerly Resident-Surgeon to the Kent County Ophthalmic Hospital, Maidstone, was appointed Resident-Surgeon to this Charity.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen, having passed their Examinations, were admitted Licentiates of the College during the recent sittings of the Examiners:—John Bolland, Dublin; Thomas Clark, Blairgowrie; Thomas Smith Clouston, Orkney; William John Fairbairn, Edinburgh; Abraham Hogg, Co. Cavan; James Mathews, Co. Cavan; George Monteath, Dumfriesshire; David Robertson, Dunkeld; William Thomas Young Smith, Yorkshire; George Grainger Tandy, Worcestershire.

THE MEDICAL COUNCIL AND MR ORGAN.—On Thursday last, Mr Organ obtained a rule in the Court of Queen's Bench for requiring the Medical Council to show cause why his name should not be restored to the list of qualified Medical Practitioners.

OPHTHALMIA IN ITALY.—Of the troops of King Francis in Gaeta, more than 2,500 have been attacked by ophthalmia.

THE EDINBURGH SCHOOLS opened last week with the usual introductory lectures. The attendance is an increase on last year. Candidates for the University degree being admitted on the preliminary examination of the old system for the last time, a large number availed themselves of the opportunity. A marked increase in the number of candidates for the preliminary examination for the double qualification by the Colleges of Physicians and Surgeons proves the attractiveness of the scheme of the Edinburgh Colleges. The University address was delivered by Sir David Brewster, the well-known Principal. The address dealt mainly with questions of University reform, which has of late been so much stirred in Scotland. The Principal having maintained that he and his colleagues of the Senatus Academicus must be the safest depositories of the patronage of chairs; that the proposed association of independent examiners with the professors in conducting the examinations for degrees is unacademical and unnecessary; and that there should be one set of professors for teaching, and another set to do the thinking,—much surprise has been excited by the novelty of the views, and they have been severely criticised in the local journals. The Principal is a vigorous advocate for a University conferring degrees only on those who have taken all their education within its walls, but he did not meet the difficulty of the London University degrees being, notwithstanding, in the highest repute. The distinguished Principal concluded his brilliant lecture with a warm tribute to the labours and Christian worth of the late Dr George Wilson. The introductory lecture at the College of Surgeons was delivered by Dr Saunders, lecturer on Physiology, in the presence of the presidents, fellows, and students of the Colleges. The relation of the sciences to each other, and the importance of the study of structure and biology as the foundation of an intelligent system of therapeutics, formed the chief subject-matters of the address, and were handled by the lecturer in his usual able and unpretending manner.—A new feature in the Edinburgh School—the Sick Children's Hospital—is now in full operation; and a course of Clinical Lectures at the hospital, by Dr Matthews Duncan, is announced. Dr Keillor also announces a course on Diseases of Children.—The Session of the Medico-Chirurgical Society opened last week, under the presidency of Mr Benjamin Bell. The meeting proved of no small interest, on account of the discussion on acupressure which arose. Dr Handyside read an admirable paper on a case in which he used needles to arrest the hæmorrhage in amputation of the thigh for gangrene following injury. The vessels were readily secured by acupressure, and the needle

in charge of the femoral artery was withdrawn in forty-eight hours without any hæmorrhage following. In the discussion which followed, Professor Miller, and Drs Watson and Gillespie, took the side in favour of the ligature in preference to acupressure, giving a variety of reasons, but admitting that they had not yet tried the latter plan themselves. Mr Edwards, and Drs Handyside, Struthers, and Alex. Simpson, on the other side, spoke in favour of giving acupressure a fair trial, from what they had seen of it. Professor Simpson, the inventor of the method, was detained from the meeting. The President, in summing up the discussion, congratulated Surgery on the simplicity and value of the ligature, and suggested that possibly a combination of the two methods might be best.—'Lancet.'

MEDICAL MAYORS.—Mr Alderman R. S. Harvey, F.R.C.S. Eng. & Edin., was elected Mayor of the City of Lincoln on the 9th inst. This is the second time Mr Harvey has had the honour of discharging the duties of the mayoralty; his first election to the office was in 1843. On the same day, Dr M. J. O'Connor was elected Mayor of the ancient Borough of Morpeth; and Dr Richard Cross, Mayor of Scarborough.

BLAINE PRIZE MEDALS.—These medals, value ten guineas each, founded by the late Sir Gilbert Blaine, Bart., have just been awarded to Walter Dickson (B.), M.D., of H.M.S. Chesapeake, and William Diurs, M.D., M.A., H.M.S. Boscawen, 1858.

THE KILDARE-STREET CLUB-HOUSE, which had been purchased from the Club by the King and Queen's College of Physicians for the purposes of the College, was burned to the ground on the 10th inst., with the loss of three lives and the splendid library of the Club. We understand that none of the loss will fall on the College, as they had not obtained possession.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 21.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.
GEOLOGICAL SOCIETY OF LONDON.—8 p.m.
SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—Opening Address by Sir Thomas Phillips, F.G.S., Chairman of the Council, 8 p.m.

Thursday, November 22.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.
London Surgical Home.—2 p.m.
KING'S COLLEGE MEDICAL SOCIETY.—Mr Francis Mason, "On Lithotomy."

Friday, November 23.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 24.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—Clinical Lecture on "Epilepsy and Paralysis," by Dr Brown-Séquard, 3½ p.m.

Monday, November 26.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.
MEDICAL SOCIETY OF LONDON.—8½ p.m.

Tuesday, November 27.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.
MEDICO-CHIRURGICAL SOCIETY OF LONDON.—8 p.m.

BOOKS RECEIVED FOR REVIEW.

On Urine. By Edmund A. Parkes, M.D. London: John Churchil.
On Infant Feeding. By C. H. F. Routh, M.D. London: John Churchill.
Anatomy of the Arteries. By John Hatch Power, M.D. With Illustrations by B. Wills Richardson, F.R.C.S.I. Dublin: Fannin and Co.
On Stopping Teeth, &c. By Sidney Longhurst. London: H. Bailliere.
On Infantile Mortality. By W. T. Gairdner, M.D.
The 'Dublin Quarterly Journal,' November.
Transactions of the Pathological Society of London, vol. xi.
Clinique Médicale sur les Maladies des Femmes. Par M. Gustave Bernutz et M. Ernest Goupil. Tome Premier. Paris: F. Chamerot.

NOTICES TO CORRESPONDENTS.

F.R.C.S.'s letter on the Liverpool case, received. The copies have been sent.
Mr WELCH.—Certainly.
A SUBSCRIBER.—The hyposulphite of soda has been used successfully in cases of sarcina ventriculi. The dose is about ten grains. Dr Jenner prefers the sulphite in these cases, as it is not so readily decomposed.
Dr H. L.—The newspaper, with enclosures, received.
Dr EDWARD B.—1st. No.—2nd. No.
A FATHER.—We are unable to answer the questions more explicitly than has already been done in this Journal. The Regulations appear to us clear enough. You should write to the authorities.
KAPPA.—We do not think you are right in saying that Medical men should not be Registrars of Births, in consequence of the favouritism they may exercise when they give the Letter of Instructions for Vaccination. A lay Registrar could exercise the same unfair influence; and, moreover, he would not be liable to the restraint of professional opinion. If a Medical Practitioner abuse the privileges of his office, he deserves much censure; but we do not consider the fault of one man a sufficient reason for excluding Medical Practitioners generally from the possession of this office.
MEDICUS (Hull.)—1st. Yes.—2nd. You should write to the secretary of the office: we believe the office to be solvent.
L. L.—We recommend the book.
BARBAROSSA, on "Beards," received. We apprehend that most of the bearded philosophers you name owe that ornament more to the fancy of the artists who sulptured their busts than to the "ordination of Nature." We do not know much about the "ordination of Nature" in these particular instances, but we should like to know your authority for saying that Plato wore a beard. Diogenes, you may remember, put a *plucked* capon on the table, saying, "Behold Plato's man!" The argument, indeed, does not go for much; for Mr Green might as well exhibit a plucked candidate at the College as the last embodied specimen of the Platonic philosophy.
A STUDENT.—Received, with thanks.
A COUNTRY SURGEON.—Yes; at St Andrew's.
Dr WARD'S request shall be complied with.
Mr PORTER.—Note received.
Mr SIMPSON and Dr PROCTOR.—Communications received.
A PUPIL.—The Regulations of the Apothecaries' Society recognise the date of indenture of apprenticeship as the commencement of professional education: you would, therefore, come under the present regulations.
SANITAS.—Received.
Mr ARTHUR B. BROWN.—The Report has been received, but was too late for insertion in the present number.

The London Surgical Home,

FOR DISEASES OF WOMEN,
16 Stanley terrace, Notting hill, nearly opposite St John's Church.

MEDICAL OFFICERS.
PHYSICIAN:
T. Hall Davis, M.D.
SURGEONS:
I. Baker Brown, Esq., F.R.C.S.
T. W. Nunn, Esq., F.R.C.S.
ASSISTANT-SURGEON:
Philip H. Harper, Esq., F.R.C.S.
VISITING-SURGEONS:
W. F. Wratislaw, Esq., 1 Archer villas, Westbourne grove West.
G. Spencer, Esq., 1 Horbury terrace, Notting hill.
Dr Giles, Norfolk terrace, Westbourne grove West.

This Institution is established for the Treatment of Surgical Diseases peculiar to women. It contains twenty beds. A small sum is paid by each patient, weekly, towards the expense of the Institution, the services of the medical officers being entirely honorary.

*** All qualified Medical Men are admitted to see the practice on Thursdays, at 2 p.m., on application to one of the Medical Officers at "The Home."

J. A. TAWNS, Honorary Secretary.

Society for Relief of Widows

and ORPHANS of MEDICAL MEN in LONDON and its VICINITY.—Instituted 1788.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 5th day of DECEMBER next, at which Candidates for Admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. The forms of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

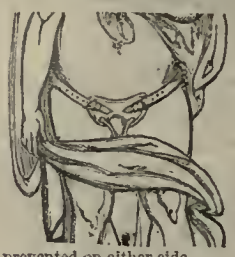
The Secretary attends at the Office every Wednesday and Friday from four to five o'clock.

S. W. J. MERRIMAN, M.D., Secretary.
53 Berners street, W.

BY ROYAL LETTERS PATENT.

Lindsey's New Patent Truss,

suitable for Right or Left, and Double Hernia WITHOUT STEEL SPRINGS OF ANY KIND.



The Faculty are invited to Inspect Lindsey's NewTruss, highly recommended for its extreme simplicity, ease, and efficiency, especially in cases where a Steel Spring Truss cannot be worn.

It consists of a plate of a light material and convenient form, and a soft or an elastic waist-belt, by which pressure (regulateable) is applied to BOTH abdominal rings, by which any descent of Hernia is prevented on either side.

For all cases of RECENT and incipient Hernia, Lindsey's Patent Truss is the best form of support, being at once curative and preventive.

A full descriptive Circular, post free, from the manufacturer,

MARK JOHN LINDSEY,
37 LUDGATE STREET, ST PAUL'S, LONDON.

A FIRST-CLASS SILVER MEDAL. PARIS, 1855.

S. Nye and Co. beg to call

attention to their

SMALL FOR DINNER &c.

MINCER THE TABLE, &c.

This little machine is for the use of those who cannot properly masticate, and who, in order to preserve health, should have their food thoroughly minced. As an aid to digestion it is invaluable, being adopted for hot or cold meat, etc., and very efficient and rapid in its operations. Price 30s.

TESTIMONIAL.

"12 Norfolk Villas, Bayswater.

I have had one of your Mincing Machines for the Dinner Table in use for some time, and find it everything that can be wished. I recommend it to all my friends who suffer from indigestion. Yours obediently,

MESSRS NYE and Co. T. SAUNDERS.

LARGER MACHINES for Kitchen Use, for Families, Hotel-keepers, Pastry-cooks, Butchers, etc., effectually and quickly mincing all kinds of meat and vegetables, for soups, etc., forced and potted meats, and a variety of dishes; also for making sausages, cutting, mixing and forcing into the skins at the same time. Price 30s., 42s., and 63s. Testimonials Free.

S. NYE'S PATENT FOR COFFEE, ETC.

IMPROVED MILLS, PEPPER, SPICE, ETC.

Are the best and most convenient ever offered to the public. Price 8s., 10s., and 14s.

"At once the best and most convenient mill of its kind now in use."—'Family Herald.'

DEPOT AND MANUFACTORY,
79, WARDOUR STREET, LONDON.—W.

Child's Patent Electro-Gal-

VANIC and METALLIC BRUSHES, for all Neuralgic and Rheumatic affections, preventing the hair becoming grey; no trouble in use, effect certain.

CAUTION.—Be sure to see that "Child's patent" is on each brush. Parties have been much disappointed by buying inferior brushes, which not only destroy by breaking the hair, but are useless for the purpose of restoring and preserving it.—Sold by all chemists, perfumers, etc.

Manufactory, 21 PROVIDENCE ROW, FINSBURY.

Nervous and Mental

DISORDERS.—Shillingthorpe Hall, near Stamford, for many years the residence of the late Dr WILLIS.—Dr GARDINER HILL, late of Wyke House, Isleworth, and formerly of Lincoln, has fitted up the above mansion, with its extensive pleasure-grounds, for the residence and cure of Ladies and Gentlemen mentally afflicted. Patients reside with the family.

Parnell's Patent Real

DETECTOR LOCKS,
FIRE AND THIEF PROOF SAFES, DEED AND CASH BOXES,
ARE THE SAFEST AND CHEAPEST FOR ALL PURPOSES.
Selected by the Board of Trade.
Street-door Latches, with two small keys, 7s. 6d., warranted secure.
Fire-proof Safe, with drawer and patent lock, £5. 5s.
DEPOT, 283, STRAND,
Opposite Norfolk street, near Temple Bar, London, W.C.
Illustrated Lists of Prices gratis.

THE PARASITICAL DISEASES OF THE HEAD AND FACE.

By GEORGE ROSS, Esq., M.D., &c.,

Author of the 'Constitutional Relations of Diseases of the Skin.'

There are no diseases more frequent or intractable than those which attack the scalp. It also happens that there are few diseases that affect the integument of other parts of the body that do not also break out either on the head or face. Hence the diseases of these regions are to a considerable extent typical of cutaneous affections generally. When, however, one of the ordinary forms of cutaneous disease appears on the scalp, it is more obstinate there than on other parts; and if the face should be also implicated, the disease causes the patient much deeper anxiety. A red patch of psoriasis on the body may be borne with comparative equanimity, but the apprehension of a permanent disfigurement of the face from the same disease excites the profoundest alarm. Besides, the uneasiness and pain accompanying affections of the delicate cutaneous surface of the face are much more acute than when the same diseases attack other parts, owing to the constant irritation caused by wind, dust, and the solar rays to which the face is exposed. These causes are also apt to render the process of cure more difficult and protracted.

The forms of disease which will now especially engage our consideration have been, until the last few years, little understood. The words Ringworm, Scall Head, Baldness, seem to be sufficiently intelligible; but it is only necessary to look through the several treatises on Diseases of the Skin to discover that there is a wide disagreement of opinion among their authors as to the nature and relations of those affections. Much of this contrariety of opinion is, no doubt, owing to the pedantic fondness for classification which has hitherto prevailed, and from a perverse desire to do that which Nature everywhere abhors—namely, to fix a definite limit and character to each classified type of disease. I do not deny the uses of classification; but it must be taken for what it is worth, and not set up as a substitute for Nature.

As an illustration of this statement, I may observe that the most recent authorities differ widely as to the pathological affinities, and therefore the scientific nomenclature, of ringworm. For instance, Dr Neligan says that it is a herpetic or vesicular eruption, and calls it *herpes circinnatus*. Mr Wilson regards it as a peculiar affection of the hair itself, and describes it under the name of *trichosis furfuracea*. Cazenave nearly agrees with Neligan, and styles it *herpes tonsurans*; but his English Editor, Dr Burgess, denies that it is a vesicular eruption at all, and substitutes a new chapter for the original one by Cazenave, and, classing the disease with the porrigoes, names it, after Wilson, *Porrigo Scutulata*. Dr Hughes Bennet rejects the term Porrigo altogether. I might cite others—Gibert, for example, who calls it *pityriasis decalvans;* but enough of these discrepancies. Nevertheless, the disease, as Nature presents it in its more advanced stages, is well known and described by each of these authors; it is the classification that creates the confusion and the obscurity. Scall head has been the subject of just as much difference of opinion.

If Medical Practitioners are so much at variance concerning the nature of these diseases, we cannot be surprised if the public make yet greater mistakes. Ringworm and Scall Head are phrases employed haphazard to describe very different forms of disease.

Where authors differ so much, our choice of a technical term is surrounded with perplexity. I do not deem it necessary, however, to adopt a new phraseology, the old terms answering the purpose of this dissertation for all practical ends. I shall therefore designate Ringworm under the term *Porrigo Scutulata*, Scall Head under that of *Porrigo Favosa*, and Alopecia or Baldness under that of *Porrigo Decalvans*. Under these several terms I intend also to distinguish the various diseases that resemble the characteristic affections.

I regard these forms of disease as essentially the same—

1st. Because of their seat—in the hair and *hair follicles;*

2nd. Because of the peculiar *tuberculous exudation* attending them;

3rd. Because of the presence of *vegetable parasitic growths;*

4th. Because of their *contagious* nature.

These combined phenomena afford sufficient reasons, I think, for regarding these affections as members of one family. I shall not now dilate upon these several points; but I may observe that these four characters are significant of a series of pathological conditions, commencing with a depravity of the constitution of a strumous nature, which leads to a degeneracy of the nutritive functions of the skin and hair follicle, and an amorphous exudation within and around them; which exudation becomes a nidus for a foreign growth, and this in its turn confers on the disease a contagious quality.

RINGWORM (PORRIGO SCUTULATA).

This affection attacks young children, and but rarely until after the first dentition. It commences very insidiously, at first creating little inconvenience beyond a slight tingling, and therefore escaping notice until it is well developed. When it occurs on the head alone, it is seldom observed until the rings are of some size; and even when it appears first on the face, it is usually regarded as an ordinary tetter, and nothing is done until the constant scratching of the child draws attention to the head, when generally three or four irregular rings are found, and medical assistance is sought. Thus the first stage of the disease is overlooked.

We can, however, track the progress of a case of ringworm from its earliest origin, in an ordinary case, by noticing the growth of a new ring. At first a small red patch is noticed, then pimples appear at the edges of the circle: these are minute vesicles, which, at the end of about three days, break, and a film of scurf forms at the apex of each pimple. One or two hairs spring from each point, and are surrounded with this furfuraceous matter, which can be readily picked off, when the root seems a little raised and reddish. By the confluence of these pimples a ring is formed, which may vary from a quarter of an inch to an inch in diameter. Sometimes a much larger magnitude is attained. The interior now becomes paler, and at this stage it is smooth, dry, scurfy, and papillated; the hairs, sometimes detached and sometimes in bundles, being broken, shrivelled, lighter than natural in colour, bent the wrong way, and twisted. The hair in this condition has been likened, very appropriately, to tow. The external ring is formed by the diseased roots of the hairs in the condition already described; and the skin is red, more particularly so on the outer side, where the disease extends. If the scalp has been kept clean, these characteristics are very observable.

The disease is now accompanied with troublesome itching, which induces scratching of the papillæ: these become irritated, and eventually a greyish crust forms on the patches. This crust is composed of the same furfuraceous scales that surround the roots of the hair, mixed with a peculiar exudation and the broken fragments of the hair, which are seen rising through it or matted in the mass. The dry, worm-eaten look of the patch, and circular form, have given rise to its characteristic designation, Ringworm.

Neglect of the disease, a bad strumous constitution, and perpetual tearing with the nails, sometimes cause pustules to form, from which there is a copious and offensive discharge. The head becomes scabbed, and the child is a miserable object. This, however, may be considered to be a degenerated condition of the disease.

When the disease attacks the face, neck, or shoulders, the rings are red, and covered with a fine scurf; they sometimes spread rapidly.

Pathology of the Disease.—With the aid of the microscope, recent observers have thrown much light upon this affection. The characteristics of the disease are a formation of a number of small nucleated cells, which do not assume the plant-like character observable in favus, but which, like favus, are generally considered to be of a vegetable nature. Mr Wilson, however, denies this, saying that they are a degeneration of the granules of the hair-cells, from which the fibrous portion of the hair is developed. He explains the death of the hair, and the formation of these abnormal nucleated granules, by the morbid change that has taken place in the constitution of the original granular cells. The hair is composed of an outer cortical sheath, a middle fibrous structure, and an internal medullary portion. Mr Wilson says that neither the cortical nor medullary portion is apparently diseased; but this opinion must be erroneous, as the cortex becomes dry and brittle, having the same characters as diseased epidermis, and the change in the colour of the hair evidently shows that the pigment granules constituting the pith must have undergone some alteration. The fibrous structure is composed of two layers, an external and internal: the external is "entirely formed of transparent globular nucleated granules, closely packed together, and constituting a tesselated structure;" and it is the change produced in these granules, Mr Wilson believes, that constitutes the disease. All other dermatologists, however, unite in the belief that these granules are of a vegetable nature; an opinion which I think there are sufficient reasons for accepting. Dr Neligan, however, does not allude to the existence of these cryptogams. I shall enter further into this part of the subject when treating of Porrigo Favosa, or Scall Head.

Ringworm is, I have, no doubt, a contagious disease. I have seldom seen one child in a family attacked by it without one or two more also suffering. Yet rarely more than two or three, even in a large family, will be attacked at the same time, because there will not be more than that number at the proper age or in a suitable condition to take the disease. In a school I recently visited, several children were obliged to leave in consequence of this complaint. There are many medical men who, whilst they admit the dissemination of the disease, deny its contagiousness, and explain its propagation by the assumption that the children at the time were all living amid the same external conditions, and had therefore acquired a similar constitutional peculiarity. It seems, however, rather odd that these children should have fallen into the same state of constitution just at the same period. It is more reasonable to admit the contagiousness of the complaint, and it is highly probable that the vegetable spores are the principal means of its conveyance. There is no other satisfactory way of explaining its dissemination in day-schools, which are attended by children of different families and different modes of life.

(To be continued.)

THE SPIRIT OF THE PERIODICALS.

The 'Lancet' opens with a Lettsomian Lecture, by Dr Pavy, on *Certain Points connected with Diabetes.* We extract it:

"In approaching the subject of 'Sugar in the Animal Economy,' it is necessary to place ourselves in the most guarded position. Fallacies arrive through such unexpected and multifarious channels, in researches on this point, that it is requisite to be especially cautious in dealing with the experimental results that may be obtained. The relations of sugar have certainly not yet been fully extricated from the deeper recesses of organic chemistry belonging to animal life; notwithstanding it seemed a short time since that our knowledge was complete, or nearly so, and that the whole pathology of diabetes was on the brink of disclosure. But a little more, indeed, than ten years back, the discovery of a sugar-forming function for the liver was announced. This discovery appeared to rest upon irrefutable grounds, and rapidly obtained an established footing in all our text-books on Physiology. The doctrine of gluco-genesis had become at last so familiar as an admitted fact, that one scarcely thought of stopping to question further its substantiality.

"My own impression in favour of the glucogenic theory was so strong, that for some considerable time I did not give the importance that was due to a result I had obtained which did not accord with our preconceived views. I felt inclined to attribute what I observed, rather to some source of objection in the experiment, than to look upon it as controverting the position we held. At last, however, growing dissatisfied at not being able to account for what I saw, I resolved to commence a thorough investigation to discover, if possible, the cause of my result. I found there was not the source of fallacy I was contented before in supposing might exist. From that moment I have advanced step by step, as my experiments have directed me; and from the force of the evidence that has presented itself, I have been involuntarily led from the position of a strong advocate to that of an adversary of the glucogenic theory. Disinclined, at first, to regard what I saw as constituting a valid objection, I have since been compelled to submit to evidence, which, I can only say, having convinced me, will, I believe, prove convincing to others. Much of this evidence, in as far as it is immediately connected with my subject, I shall have to advert to as I proceed, and it is my intention to show the experiments upon which my statements are founded.

"I cannot refrain from mentioning at the outset that it is with the greatest deference I stand at variance on this subject of gluco-genesis with so distinguished a physiologist as Bernard. I am satisfied the liver is not specially intended as a sugar-forming organ; but whatever may ultimately prove to be the natural purport of the so-called glucogenic matter existing in it, to Bernard will always belong the credit of a great and important discovery.

"Of the varieties of sugar, it is the glucose, or grape-sugar, that we shall have to deal with in these lectures. Now, as it is of the greatest importance that we should possess information about the means adopted for recognising our agent, I will first speak of the tests that are resorted to for determining its presence and its quantity. Happily, here we do not encounter any difficulty, for grape-sugar is almost as easily detected as any inorganic material, even when present in an exceedingly minute quantity. Numerous tests have been from time to time recommended, but the following are those that, on account of convenience or otherwise, are generally used:—

"Moore's test consists in treating the specimen with a solution of potash, and then boiling. The alkali decomposes the sugar, resolving it into a dark-coloured substance, which renders the liquid more or less of a sherry or brownish hue. I do not consider this test a desirable one for physiological purposes. Where the quantity of sugar is large, as in diabetic urine, the effect is so strongly marked that there cannot be any mistake in recognising it; but where only a minute quantity of sugar is present, there is only a shade of difference to discriminate, and, with the best intentions, we may often be deceived, where only shades of difference in colour are concerned. What, in physiology, we require is something giving a more decided 'aye' or 'nay,' and this we get with the various copper tests and with fermentation.

"In using Moore's test for the detection of diabetes, a drachm, say, of urine is treated in a test-tube with about half its bulk of liquor potassæ, and boiled for a couple of minutes over a spirit-lamp. It must be borne in mind that a fallacy—and I have frequently seen it—may occur. If the liquor potassæ have been kept in a white or flint-glass bottle, it becomes contaminated with lead. Lead may also be abstracted from the glaze of an earthenware dish, in which the potash may have been boiled or evaporated down. At all events, from whatever source lead may have been derived, on boiling liquor potassæ contaminated with it with any organic compound containing sulphur, the sulphur is liberated, and, combining with the metal, produces a more or less dark-coloured liquid, according to the amount of sulphuret formed.

"Amongst the copper tests we can have our choice; but in all, the principle of action is the same. Free protoxide of copper is present, which, on being boiled with grape-sugar, loses half its oxygen, and is thrown down as a yellow, orange-yellow, or orange-red precipitate, according to the amount of sugar present, which possibly determines the state of hydration of the deposit. A liquid containing a large proportion of sugar gives an orange-red deposit; whilst, when there is only a slight proportion of sugar present, the sub-oxide thrown down assumes a yellow colour.

"In Trommer's test, the oxide of copper is set free at the time of application. A drop, or a couple of drops, of a moderately concentrated solution of sulphate of copper are let fall into the specimen to be tested, and then liquor potassæ is added in considerable excess. The precipitate at first thrown down on the addition of the alkali is redissolved if sugar be present, and a deep-blue liquid is the result, which, on boiling, deposits the reduced or sub-oxide precipitate. The objection to this test is, that it is not so convenient in practice as the copper solutions to which I am about to refer; and where only traces of sugar are present, they may escape detection, on account of undissolved protoxide obscuring a slight production of the reduced oxide.

"Of the solutions of copper, Barreswil's liquid is by far the most celebrated. It is this form of copper test that has been employed by Bernard in his researches. Reduced to our English scale of weight and measurement, it is thus composed:—

Bitartrate of potash (cream of tartar)	960 grains.
Carbonate of soda (crystallized) ...	960 ,,
Caustic potash (potassa fusa)	640 ,,
Sulphate of copper	320 ,,
Distilled water	20 fluid oz.

"These materials are to be dissolved, mixed, and the resulting blue liquid to be filtered.

"Barreswil's liquid is thus a rather complex solution. Essentially it consists of oxide of copper dissolved in an alkali by the presence of an organic material (tartaric acid), which does not occasion its reduction at the temperature of ebullition. It is the property of the protoxide of copper not to be soluble in an alkali unless some form of organic matter be present. Hence the necessity of the tartaric acid, or some such agent, in the cupro-potassic solutions. But why use the bitartrate of potash, which calls for the employment of the carbonate of soda to neutralize its excess of acid? It is more simple to take at once the neutral tartrate of potash, and then the carbonated alkali may be dispensed with. Fehling's solution is of this description, and consists of sulphate of copper and tartrate of potash, with soda as the alkali.

"I can recommend the following as a simple method of preparing a copper solution for use in clinical practice in the detection of saccharine urine. Take five grains of sulphate of copper and ten grains of tartrate of potash, and dissolve in two drachms of liquor potassæ. A clear deep-blue liquid is formed, which is quite as efficient as any other kind of cupro-potassic test. The liquid, however, that I use and keep ready prepared in my laboratory is made with a larger proportion of potash than what is contained in the liquor potassæ—a condition necessary to enable the test to be preserved in an efficient state. The following are the proportions used:—

Sulphate of copper	320 grains.
Tartrate of potash (neutral)	640 ,,
Caustic potash (potassa fusa) ...	1280 ,,
Distilled water	20 fluid oz.

Dissolve each in a separate portion of the water, then mix the sulphate of copper and tartrate of potash, and afterwards add the alkali.

"The precipitation of sub-oxide from any of these copper solutions on boiling must not be looked upon as affording an infallible indication of the presence of sugar; neither, on the other hand, must the absence of a precipitate be regarded as absolutely proving the absence of sugar. Such a remark must seem materially to detract from the value of testing with a copper liquid; but, bearing in mind certain considerations, I do not think there is much chance of falling into error, and certainly the copper is the most useful test that we have.

"It is said that glycerine, tannine, cellulose, leucine, uric acid, and chloroform are each capable of producing, in different degrees, a reduction of the oxide of copper. Chloroform certainly exerts a strong reducing effect. Uric acid I have observed to occasion some deposit of red oxide; and from cotton I have obtained just a trace of precipitate. But the glycerine I have tested has not yielded the slightest vestige of reaction. A circumstance, however, of great importance is, that if a copper solution be kept for any considerable period, and particularly if exposed to light, it will of itself deposit some red oxide on boiling. Hence, unless the solution have been recently prepared, it should be tested, by boiling a little, alone, from time to time; and if it should be found to give a precipitate, a fresh addition of potash will restore it, rendering it again as fit as ever for use.

"But under certain circumstances no deposit of sub-oxide will take place, although sugar may be indisputably present. Ammoniacal salts have the property of occasioning this. I have frequently noticed, where an ammoniacal odour is evolved on boiling a specimen with the blue liquid, that at first there has been no perceptible change; then a change of colour, without any precipitation, has taken place; and if the boiling has been continued so that the potash of the blue liquid has expelled the whole of the ammonia, a considerable deposit of sub-oxide has afterwards fallen. The presence of albumen interferes with the proper reaction of our copper test; I expect, on account of the ammonia evolved as the result of destruction by the potash in the test. In a case of apoplexy where the urine was albuminous, I tested for sugar, expecting to find it, because there was sudden and great congestion of the circulation. The action of the test was obscure; but on boiling the urine and filtering before applying it, a neat precipitation of sub-oxide occurred.

"With a fluid like blood, a process of preparation for testing is of course absolutely indispensable. Boiling does not get rid thoroughly of the albuminous and colouring matters; its alkalinity enables the liquid to retain some of these. The cautious addition of acetic acid to neutralisation will effect their entire precipitation; but a little too much acid produces the condition that was intended to be removed. I consider this process troublesome, and always resort to the use of the sulphate of soda—a material which does not in the slightest degree interfere with our test, and which furnishes us with a perfectly clear liquid from the blood. The blood is simply mixed with about an equal weight of sulphate of soda, and heated to effect coagulation in a small porcelain capsule. Thrown on a filter, a limpid transparent liquid immediately runs through.

"Bernard has more recently recommended animal charcoal for separating albuminous and colouring matters from a liquid, where we are desirous of applying the cupro-potassic test. According to Bernard, it is the property of animal charcoal to abstract certain materials and not others from a liquid. Glucose is a substance which it does not remove, but the albumen and colouring matters are completely separated by it from the blood, albumen and uric acid from urine, and even the caseine and fatty matter from milk. It is sufficient, therefore, to treat an animal fluid with the necessary quantity of animal charcoal; and upon filtration a clear liquid will run through, which retains any sugar that might have been present, although deprived of many other substances.

"A solid substance may be prepared for testing, either by making a plain decoction of it, or else by pounding it in a mortar with the sulphate of soda, heating, and filtering in the same manner as with blood.

"Although just a point of doubt might be attached to the indications afforded by the other tests, yet with the fermentation test we have been hitherto accustomed to look upon its reaction as perfectly characteristic of the presence of sugar. It seems, however, from the researches of a French chemist, M. Berthelot, who has recently devoted much time to the chemistry of the sugars, and whose statements are entitled to our greatest consideration, that there are other substances besides sugar—viz., glycerine, mannite, dulcine, and sorbine, which are capable of undergoing the alcoholic fermentation with yeast. Alcoholic fermentation, therefore, can no longer be regarded as affording an infallible indication of sugar.

"In applying the fermentation test, it is necessary that the yeast should be thoroughly washed before use. Yeast, as purchased, will undergo a considerable fermentation alone, and even after being well washed I have found it give rise to the evolution of a slight amount of carbonic acid. In fact, the fermentation test in my hands has not proved susceptible of that delicacy and absolute certainty I could have desired. The nature of the gas evolved may be determined by the action of potash, and the presence of alcohol in the liquid may be shown by distillation, and then mixing the distilled product with unslacked lime, and heating in a convenient apparatus for igniting the vapour that passes over.

"It now only remains for me, in this preliminary part of my subject, to speak of the mode of conducting the quantitative determination of sugar. The best process I know of is with the copper solution, and this, I am satisfied from considerable experience with it, is susceptible of the utmost delicacy and precision. We cannot separate and weigh the sugar as the chemist does with an inorganic material; but we estimate its amount by its reducing or deoxidizing effect on a copper solution of determined strength. The liquid I employ—that composed of potash, tartrate of potash, sulphate of copper, and water, in the proportions I have already given—is of such a strength, that 100 minims of it are exactly decolorized by half a grain of the purest well-dried grape-sugar that I have been able to obtain. In other words, half a grain is the exact amount of sugar required to convert the oxide into the suboxide contained in 100 minims of my blue liquid. To give an example, I will describe how I proceed in the case of diabetic urine. The quantities are measured in graduated tubes, drawn at one end to a point so that liquid may be dropped as required. One hundred minims of the blue liquid are taken, and a mixture of one part of urine with five of water (because the urine is too concentrated alone) allowed to fall into it drop by drop whilst kept boiling in a small porcelain capsule over the flame of a spirit-lamp or gas. As soon as the blue colour of the copper solution has been completely removed, the operation is at an end. The amount of diluted urine employed can be read off, and will contain an equivalent to half a grain of glucose.

"Should the fermentation test be used quantitatively, according to Dr Christison, every cubic inch of carbonic acid evolved corresponds, in round numbers, to a grain of sugar; or, more precisely, forty-seven cubic inches of gas are equivalent to forty-five grains of sugar.

The same journal contains a report of the Oration delivered by Mr Henry Thompson at the commencement of the Session of the Harveian Society, and a continuation of Dr Stephen H. Ward's *General and Clinical Remarks on Scurvy*, from which we will reproduce a quotation in our next Number.

Mr Baker Brown continues his reports of *Eleven Cases of Vesico-Vaginal Fistula* in the same journal. We quote the cases now reported:

"Case 5. — *Vesico-Vaginal Fistula; two months' duration; two operations; cure.* —Mrs B——, a lady from Berkshire, aged thirty-seven; three children.

"*History.*—With her first child she was in labour for a week, and was ultimately delivered with instruments. Her second labour was not nearly so severe. Her third labour occurred in March last. The pains began on the 7th, and were regular, as well as severe, until the 9th, when the child's movements ceased. The pains continued very severe, and on the evening of the 11th instruments were applied. After some hours' exertions, she was delivered of a female child (still-born), which weighed over 12 lb. She was not conscious of passing her urine after the labour was over; and when, a few days afterwards, she arose with the intention of doing so, she found that it all passed involuntarily. A slough came away about the tenth day. She has recovered her general health, but has no control over the bladder in any position.

"May 15th, 1860.—I examined her, and found an opening into the bladder about the size of a shilling. It was situated a little distance from the os uteri, and extended up into the lateral wall of the vagina. There was a constricted band extending across the vagina, and involving the anterior edge of the opening. I placed her on a preparatory course of tonics, and on the 29th of May proceeded to operate, in the presence of Messrs Plumbe (of Maidenhead), G. Brown, Clark, and Philip Harper. She was placed on her hands and knees, and did not take chloroform. In order to obtain a more complete command of the opening, I first passed one of Startin's needles through the edges, and then pared them freely; five sutures with bar clamps were applied. The usual after-treatment was adopted.

"Everything went on well for five days, but on the sixth there was a slight escape of urine. I removed the bar clamps on the tenth day, and found that the greatest portion of the opening had healed, but a small piece where the constricted vaginal band was attached had not done so. As she was extremely anxious to return home, I determined to make another attempt to close the remaining fistula, without previously dividing the band, as I generally do. A fortnight afterwards, I again operated in the same manner, and in the presence of the same gentlemen. The opening this time required only three of my bar clamps. She went on very well this time; and on the eleventh day I removed the clamps, and found the opening perfectly healed. A few days later she returned home.

"*Remarks.*—This case would have healed by first operation if I had previously divided the constricting band, which, by constantly dragging on the inner edge of the fistula at every movement of the patient, disturbed the co-adapted edges. Although two operations were performed, the patient was cured and returned home in five weeks.

"Case 6.—*Large Fistula; two operations; cure.*—(From the reports of the London Surgical Home)—H. S., aged twenty-one, admitted into the London Surgical Home under the care of Mr Baker Brown, May 26th, 1860.

"*History.*—Three years ago she was delivered of her first and only child. She was three days and nights in labour, and was then delivered with instruments. She was very ill afterwards, and about a fortnight later found that her urine escaped per vaginam; this it has done ever since, and she has been in a miserable condition.

"On examination, the vagina was found much cicatrized, and the os uteri protruded at the vulva. The fistula was of the size of a florin, involving half the urethra and a large portion of the bladder.

"May 31st.—Mr Brown divided the constricted bands in the vagina, and plugged the parts with oiled lint. Sponge tents were afterwards applied till

"June 28th.—The parts being now perfectly healed, she was placed on her hands and knees without chloroform. Having passed two long needles through the edges of the opening so as to raise them into view, Mr Brown thoroughly pared and brought them together by seven silver sutures, using no clamps, but simply twisting the wire.

"July 5th.—Sutures removed; all healed except a very small hole about the size of a small pea.

"19th.—Mr Brown operated again, the patient not being under chloroform. He used two bar clamps.

"28th.—Clamps removed; all quite healed. Loses a little urine from the natural passage, from want of power to retain it.

"Aug. 12th.—Discharged, quite cured.

"*Remarks.*—It will be observed that the simple twisted sutures were here used: my reason for doing so was, that, half the urethra having been lost, any button or bar clamp would have pressed on the remaining half and interfered with the free passing of urine.

"Case 7.—*One Fistula; two operations; cure.* —(From the case-book of the London Surgical Home.)—M. B——, aged thirty-two, married, has had one child (still-born); admitted into the London Surgical Home on the 18th July, 1860.

"*History.*—Has been married fifteen months; was confined of her first child April 6th. The labour lasted twenty-four hours; no instruments were used. She was very ill after the labour, and about a week later her urine came away per vaginam; since then she has passed none naturally per urethram.

"On examination, there was found a fistula about an inch long, situated at the junction of the urethra with the bladder. There was also a tight circular mucous band, which constricted the vagina; just above this could be felt the os uteri, which was very low down.

"July 19th.—Mr Brown divided the band, and plugged the vagina with oiled lint, the patient not being under chloroform. Sponge tents were afterwards used until Aug. 2nd, when Mr Brown operated, the patient not being under chloroform. He used three bar clamps.

"Aug. 11th.—Clamps removed. The fistula seemed quite closed; but towards evening the nurse found that there was a slight escape, the united parts having separated.

"16th.—Mr Brown operated again, the patient being under chloroform. Bozeman's button, with six shots, was used.

"27th.—The button was removed, and the whole wound was found to be quite united.

"Sept 8th.—Up to this period she had been gaining strength, and had been out several times. On examination, Mr Brown found that the fistula was quite healed. The patient therefore left the same day for her home.

"*Remarks.*—This is another of those cases where there was a want of power in the parts around the fistula, and where I gave credit for some part of the opening being healed, because it was filled up with loose granulations. It is always, therefore, better to cut away all the parts apparently united by such granulations before operating; yet it will be seen that she was cured in the short space of five weeks."

Dr Richardson contributes to the 'Medical Times and Gazette' a Clinical Lecture on a case of *Phthisis Pulmonalis*, in which amputation of the foot had been performed. We reproduce it:

"In bringing this case before the class, Dr Richardson remarked: You are aware, gentlemen, that during this year we intend to meet every Saturday morning, to conduct a demonstration of disease, either from the living subject, or from some post-mortem specimen derived from a case with the history of which we are familiar. I shall sometimes perform this duty, while at other times it will, I hope, be undertaken by one or other of my colleagues. I shall never come before you with the mere notes of a case ready prepared, simply to read them out; but I shall on every occasion, when we have a patient, take from the patient, as far as he can give it, the history of his case at the time he is before you. You shall hear his own account, and, as we follow out the diagnosis, you shall take down in a note-book, specially retained for this purpose, deliberately and carefully, every fact exactly as I record it in my own journal. Now, the patient before us on the present occasion is a young man, twenty-one years old. He tells us that he is a lever-escapement maker, and has been much confined at his business in-doors; a very important point always to elicit, this one of occupation. He has been ill four years; and we learn from him that his father died from an accident, that his mother is living and well, and that there is no special hereditary taint in his family. His habits have been temperate; his face, you will observe, is expressive of debility, and his body is deficient in flesh.

"On the 21st of November, 1856, having been previously in good health, he was seized with giddiness, while sitting at his work, and fell off his stool insensible. He remained ill with brain

symptoms for fourteen days, but eventually recovered. He took cold a fortnight afterwards, and then commenced to suffer from cough. From this time for twelve months he suffered from hacking cough, which did not keep him from work, but was attended with night perspirations and loss of flesh.

"On the 24th of July, 1857, he got a sprain in the left ankle, and the joint afterwards took to swelling, very slowly, with great pain and hardness. This rendered him more restless and anxious even than the cough.

"On October 16, 1857, he was admitted into St Bartholomew's Hospital, under Mr Lawrence; he remained there nine months, during six of which he was in bed. Within one week after his entrance into the Hospital, hæmoptysis came on and continued at intervals for a month, after which it subsided.

"The foot was first treated by leeching, afterwards by poultices, which were continued for six weeks, and then a point having appeared anteriorly, an incision was made, but nothing followed.

"Internally he had a mixture for his cough, and cod-liver oil, with good diet.

"On three different occasions amputation of the foot was contemplated, but each time the operation was deferred owing to existing disease in the lungs.

"He was discharged at the end of nine months uncured.

"The patient then passed under the treatment of a Homœopathic Practitioner, who put the foot in a heavy iron-splint (which weighed six pounds) with an adjusting screw; by means of the screw attempts were made every fourteen days at extension.

"The joint, during this time, was more enlarged than ever, and presented four open wounds. The main treatment consisted in endeavouring to put the foot straight, the toes being directed somewhat downwards. A liniment was also used for the foot.

"He was subjected to these measures for twelve months, during which time he grew worse: the cough increased, there was more expectoration, the night-sweats were much aggravated, and for many nights he lay entirely sleepless from pain in the joint.

"On November 25, 1859, he was admitted to the Royal Infirmary for Diseases of the Chest, under my care: the cough was then very severe; there were evidences of tubercle in both lungs, and the tubercular crepitation in the apex of the left lung was large and moist. The left ankle was entirely disorganised: on the anterior surface were four deep and wide sinuses, which communicated with the articulation.

"The heavy boot was withdrawn; as much exercise out of doors as possible was ordered; cod-liver oil and one grain of quinine were given three times a day, and five grains of gallic acid with one-third of a grain of morphia every night—with full diet.

"He continued under this treatment until February 1st, 1860, the lung disease not becoming materially worse; but the anxiety from the pain in the foot, together with the discharge, were increased.

"On the 2nd of February, 1860, Mr Wm. Adams saw the case in consultation, and on the 16th he removed the diseased foot by Pirogoff's operation at the Great Northern Hospital. The operation was performed under chloroform.

"At the end of the first fortnight the wound was nearly closed, but there was a little discharge at the side for six months.

"Immediately on the removal of the foot, the chest symptoms, and all the signs of debility, began to improve, and on June 18 an examination of the chest showed dulness on percussion on the left side in the apex of the left lung; but an entire absence of crepitation from both lungs, and of all the acute signs of phthisis. At this date the patient had resumed his old employment, and continued at it until the latter end of September. He could walk on the stump, and do a good day's work.

"At the latter end of September he again began to cough, and on the 18th of October he spat a little blood.

"November 3.—At the present time the condition of the patient is as follows:—The stump is entirely healed, and presents a perfect cushion; he can bear his whole weight upon it without any difficulty or pain: he sleeps well, but perspires at night; there is some emaciation; the conformation of the chest is good, but there is deficiency of respiration on the left side; there is marked dulness on percussion on the left side in the subclavicular region, and also over the lower part of right lung anteriorly; there is further dulness, not so marked, on both sides of the chest posteriorly: on auscultation, there is increased vocal resonance on the left side in the subclavicular region, with deficient respiratory murmur; while lower down, towards the nipple, there is small dry crepitation. There is the same kind of crepitation in the lower anterior portion of the right lung.

"The patient is again taking cod-liver oil, quinine, and the opiate gallic acid pill. Such are the facts,—you will now each one examine the patient for yourselves, as you have seen me examine him.

"*Observations.*—After the examination of the patient by the class, Dr Richardson continued,—Now the great practical interest of the case turns on the question of the influence of the operation that has been performed on the progress of the symptoms. It is quite clear that in this instance the removal of the diseased foot has not only arrested the course of the phthisical affection, but has produced virtually a cure. Was it, then, right in every case so complicated, to remove the offending part? The common view is against operation in such cases; the theory being that the discharge from a diseased structure, such as this man presented in his foot, acts as a derivative, and prevents the progress of the more fatal disease in the lungs. So distinguished a Surgeon and authority as Mr Lawrence, than whom there is no one more practically learned, hesitated, and at length refused to operate in the case in hand. Nevertheless, after two years' further suffering and exhaustion, the operation has been performed successfully, and this is the third example which I have seen of a similar kind.

"I am bound to say, therefore, with great deference, that experience is not altogether against an operation in such examples; for, in the case under discussion, the man would have been dead long since but for the operation. There are two classes of cases in which tubercle may be connected with disease of the joints: in the one class the patient presents evidence of hereditary scrofulous and phthisical taint, and the local manifestations of disease are conjoint indications of constitutional disorder. Whether in this class an operation is really advisable it is difficult to say. But there is a second class, of which the patient whose history has been adduced is a type, in which the development of phthisis occurs purely from confinement in an impure air, and where the disease of a joint is the result of an injury. Here there is no common or constitutional cause for the two disorders; and here, whenever such diagnosis can be determined, the removal of the diseased limb should obviously be the first point of practice, and specially so if it is clear that the limb itself cannot be saved, and if its presence is the cause of constantly exhausting discharge and pain.

"There is another point of practice to be observed. In many cases of death from chloroform the patients have been found after death presenting tubercle of the lungs. This, consequently, caused an anxiety to the operators in the case narrated; but the chloroform was administered without the occurrence of irregularity of the pulse, or other bad sign, and the recovery was rapid after the narcotic was withdrawn.

"Finally, as regards the present recurrence of tuberculosis in the subject of this Lecture, it is to be traced to the same cause as in the preceding attack—namely, to long-continued exposure to an impure air in an occupation for which no active muscular exercise is demanded. If this patient can get the means to live in the fresh air, he will recover; and, indeed, during a short respite from his business, he has already begun to show decisive signs of convalescence."

Mr Hilliard, Instrument Maker to the Glasgow Infirmary, contributes to the same journal some observations on the *Instruments employed in the Operation for the Cure of Vesico-Vaginal Fistula.* As this paper contains diagrams of a series of new instruments invented by Mr Hilliard, and as the paper would not be intelligible without the plates, we must refer the reader to the original article for information. Dr C. W. Turner communicates a paper on *Scarlatina and some of its Sequelæ.* The Author thinks that the poison of scarlatina acts primarily on the brain. He reports a case, and makes the following remarks upon it:

"It is curious to observe the progress of the disease in this case. At the commencement, the brain was relieved by the rash; still the poison remained in the system, and next attacked the glands of the neck: being foiled in that quarter, it seizes the kidneys; they are unable to do their duty of separating the impurities from the blood, and the brain becomes a second time affected, giving rise to a frightful train of symptoms from the poisoned blood circulating through it, and only relieved by the functions of the kidneys being restored. There is every reason to believe that these symptoms are to be ascribed to the presence of urea in the blood, forming uræmic poisoning. Dr C. J. B. Williams mentions that he has known the fluids of ascites and anasarca induced by diseased kidneys to emit a decidedly urinous smell, and to exhibit on analysis appreciable quantities of urea; further, that one of his pupils detected urea in the serum contained in the ventricles of the brain in a case of fatal apoplexy.

"Another case, among others very similar in all respects to the one which I have related, came under my care in the person of a young girl aged eleven. She was the subject of scarlet fever, and here also was a very depressed condition of the vital powers; still she went on tolerably well for about fourteen days, with but little disturbance of the brain; at the expiration of that time the function of the kidneys became almost suspended, the small quantity of urine which passed being of a very red colour, and charged with albumen. Directly upon this, the brain became affected, convulsions, attended with foaming at the mouth, occurred, lasting for many hours, and returning upon several occasions. On the restoration of the secretion of the kidneys, the bad symptoms all disappeared, and the patient is now well. In this case there were ascites and anasarca, and I was astonished at the large amount of fluid ejected from the stomach.

"It appears, then, that in scarlatina the brain may be twice affected: the first attack arises from the direct action of the scarlatinal poisoning upon that organ; the second attack arises from the presence of other poison in the blood, arising from a suspension of the eliminative functions of the kidneys. In the preceding cases the brain attack was dependent on the disordered state of the kidneys. I will now relate a case where the brain was primarily affected and continued the seat of the disease, the kidneys were not concerned in the business at all, and the attack was altogether different from the one which occurs later in the disease: this form I have always observed to simulate, and indeed is, active inflammation of that organ; whereas, the second attack, although exhibiting a fearful train of symptoms, yet the symptoms do not arise from the brain itself, but are dependent and caused by the suspended functions of the kidneys. The present case occurred in a child of my own, who, when attacked with scarlatina, was ten years of age. The symptoms set in most severely, with extreme drowsiness, intense headache, constant sickness, great heat of skin, and a full, quick pulse. The next day, in addition to all the high febrile action and sensorial disturbance, the pupils were contracted, giving the eyes that ferretty appearance so characteristic of phrenitis. The most active remedies were used,—bleeding, leeching, calomel, bladders of ice to the head, blisters, &c. After some days the acute symptoms were removed, but in place of contracted pupil we now had all pupil, and we found that paralysis of the whole left side had taken place. By blistering, placing the system slightly under the influence of mercury, salt water fomentations, and at last cod-liver oil, &c., the use of the side recovered, and she is now a strong, healthy girl of seventeen: the only point remaining of her most formidable attack is that with a difficult piece of music she cannot always

depend upon her left hand. In this case the whole strength of the disease seems to have expended itself in the part first affected: there was no deficiency of renal secretion, no anasarca, but there must have been effusion in the brain. I have notes of other cases, illustrating in a remarkable manner the difference of the brain-attack on the commencement of scarlatina from that which takes place as a sequela of the disease. As, however, the cases which I have related are a type of the others, it will be needless to occupy your valuable space further by citing them. I will conclude by remarking on the difference of scarlatina as existing at different seasons and places. In the autumn of 1858 scarlatina prevailed in another part of this district, and the disease ran its course without any of the usual sequelæ. Evidence, however, presented itself, showing how a very severe attack of scarlatina may result from communication with a mild one. It happened that scarlatina broke out in a school; all the cases did well, and no after-symptoms, in the form of anasarca, &c., ensued. One of the pupils went home, a distance of some miles: he did not take scarlatina himself, but he communicated the disease to his sister, and she died of it. Another pupil went into another county: his mother took the disease from him and died.

"I would mention also another case,—the daughter of a high dignitary in the Church. This young lady was the subject of a most formidable attack of scarlatina, and I doubted her having had the disease before; but her father told me she certainly had,—that he removed her into the country, and on his return he met a friend at the railway-station, and, as they travelled together, he offered him part of his rug: when he met this gentleman some time after, he told him that he had given his daughter scarlet fever.

"The cases referred to in the beginning of this paper occured in April and May of last year."

We continue this week our quotation from Dr Goodfellow's Lectures on *Diseases of the Kidney*, which appeared in the 'Medical Times and Gazette' of the 17th inst.:

"Poiseuille's experiments proved that the mixture of alcohol with the animal fluids, both when directly injected into the blood-vessels, and after being taken into the stomach, retards the circulation through the capillaries, although its first effect is to excite the heart to increased action. It diminishes the want of food, and impairs or destroys the appetite for it. Bouchardat remarks that with drinkers of brandy and other alcoholic liquors, the alcohol acts by diminishing and suppressing probably the functions of absorption by the stomach in respect of every other substance; it augments, on the contrary, the secretion of that organ; and from these conditions arise the increased secretion of mucus, the disgust for food, and the emaciation. Of course such liquids as beer, some wines, and cider, and other nutritious and true alimentary and fattening drinks, are not included.

"That it affects the nervous system, and indirectly, if not directly, the muscular system also, I need scarcely mention; it is too often rendered obvious to us. A moderate quantity produces an excitation of the nervous system, which extends over the whole economy; a still larger dose produces great disturbance of the cerebral functions, which another and still larger dose completely annihilates. The same effects nearly are observed upon the muscular system. A moderate dose seems to impart strength to the muscular contractions, while a very large dose destroys all voluntary contractility, and a poisonous one that also of the involuntary muscles. Flourens' experiments upon the effects of alcohol upon birds are very instructive. Its effect upon them resembled that produced by the removal of the cerebellum, except that the intelligence remained. With alcohol, I need not say it was destroyed. In poisoning by alcohol, the respiratory movements and those of the heart were the last affected,—those of the heart the last. Even for some considerable time after respiration had ceased, the heart continued to beat. In the experiments which I made upon the frog, which some of you witnessed, the heart continued to beat, the circulation went on, for some time after respiration had ceased.

"*Their Pathological Effects.*—That alcohol is a local irritant is unquestionable, and that it produces its effects upon the system partly in this way is very probable. It may act remotely by sympathy to some small extent, as Orfila believed. But we have seen from the very able researches of MM. Lallemand, Perrin, and Duroy, from whose book I have already quoted so largely, that it is rapidly absorbed by the venous radicles, and that its principal action is directly upon the different organs which it irritates, and eventually inflames. Especially has it been proved to be present in greater proportion in the nervous tissue than elsewhere, which it more particularly excites. It disturbs its functions; it perverts and ultimately destroys the intellectual faculties, and even the emotional faculties; it disturbs the function of the sensory nerves, both common and special, as shown by subjective tactile phenomena, strange perversions of taste, double vision, and other disorders of the optic nerves—tinnitus aurium, and other disorders of the auditory nerves. It equally disorders and destroys the function of the motor nerves, as shown in irregularity, and absence of consentaneous action of the movements. From these effects upon the cerebro-spinal system it is more than probable that it disturbs and impairs the functions of the organic nervous system, as evidenced by defective nutrition and secretion. When taken in the form of brandy, whisky, gin, and such fluids, it impairs nutrition, probably from its great attraction for water, inspissating the blood and juices of the body. I need not mention in what large proportion water enters into the composition of the tissues and fluids of the body. It is probably in this way that it acts as a diuretic so far as the increase of the watery part of the urine is concerned, not only from the increased quantity of water ingested with and after the brandy, but from its abstracting it from the tissues. There is no doubt that it tends to harden the brain substance, and produce atrophy of many of the structures, not only by increasing the quantity of connective tissue and other white fibrous tissues, and so leading to undue pressure upon the more important parts, but by condensing the tissues directly by the abstraction of water. There is no doubt of its exerting this destroying influence upon the liver. I shall endeavour to show you that it does so upon the kidney also. As a general rule, it irritates and inflames the tissues of the stomach and duodenum, and even the pancreatic and hepatic ducts; and it probably affects and deteriorates the secretion of these glands. It produces hypertrophy of the connective tissue forming Glisson's capsule, which in its turn presses upon the small vessels, and upon the hepatic cells, and produces atrophy of these anatomical elements in two ways; first, by cutting off the supply of nutrient materials, and secondly, by absorption from pressure. The digestive processes are probably still more impaired by the bad quality of the bile and pancreatic secretion.

"Now, very much the same changes take place in the kidney as in the liver and other organs. We have seen that alcohol passes through the vessels and tissues of this organ as alcohol: it irritates these tissues, as it does similar tissues in other parts; it leads to blood delay; it impairs the influence and function of the nervous system; it produces hypertrophy of the connective tissue, forming the stroma or framework of the organ, and of the capsule; and it produces a granular appearance precisely as it does in the liver. In fact, this alteration is very commonly seen in both these organs in old drunkards, especially and almost exclusively those who take the raw spirit in large quantities, or spirit mixed with only small quantities of water. Those who drink largely of beer, and perhaps of wine, are found to have a somewhat different form of kidney, especially when taken as gin, brandy, &c. But we have seen that alcohol separates and modifies the fatty matters of the blood. MM. Lallemand, Perrin, and Duroy have seen this. Most pathologists believed that so far as the relation between cause and effect could be traced, it was almost certain that alcoholic beverages, when largely and continuously consumed for any length of time, led to fatty degradation. This separation has now been actually seen and proved. Now, this separation and alteration of the fatty principles of the blood probably plays a very important part in the pathological effect of alcohol, when taken in large quantities, in the form of brandy, gin, whisky, &c. Now, saponifiable fatty matters, that are visible to the naked eye, are calculated to impede the circulation through the capillaries,—if not cut off the blood supply altogether,—and so produce atrophy of the secreting tissues, while the connective tissue, supporting the vessels, would receive an undue supply of blood plasma, and therefore become hypertrophied. It is not improbable that some of these fatty matters become transuded with the exudates, and thus lead to the presence of fat in the tubules, and also in the intertubular substance; some may also remain in the walls of the capillary vessels, and replace in time the normal elements. We had a case in Cambridge Ward in the summer, which most of you witnessed, and which offers a striking example of this, for large fatty particles could be seen by the naked eye floating upon the surface of the blood. This man, whose name was Beck, was admitted on the 25th of May. On his admission he was considered almost moribund. The dyspnœa was extreme, and so was the anasarca. There was evidence of enlarged heart, and of extreme œdema of the lungs, and of effusion into the left pleural cavity. Many of you will recollect the opinion I gave as to the nature of the changes that we should find in the kidney. According to his own confession, he had drunk immensely, principally of gin; but he was not at all particular. He was a musician, and in the habit of playing at dancing parties; but he was always well off, lived well, and except at times, when he was more drunk than usual, he was not liable to exposure to cold. He had had eleven children, but they all died in infancy or early childhood. From the cause alone in this case, you will recollect that I ventured to state what would be the condition of the kidney after death. At that time we did not expect that he would live many days. He, however, rallied for a time, but died eventually on the 29th of the following month, the immediate cause of death being an attack of bronchitis. During his stay in the hospital, we had opportunities of confirming the diagnosis by the examination of his urine, and the general symptoms and signs. I told you that the kidneys would probably not be enlarged, and that they would not vary much from the normal weight. I stated that they would be found to be extensively granular, that there would be numerous small cysts, that the cortical portion would be much reduced in thickness, and that there would be a considerable quantity of fatty matters. This turned out to be an accurate description in every respect. Although this man was a drunkard by his own confession, yet it was impossible to see much of him without being convinced that we had got the whole truth from him. You will recollect how he won the regard of all who watched his case, from the patience with which he bore his great sufferings, and the intelligence and other good qualities which he evinced. There were several other circumstances of interest connected with the diagnosis in this case, but as I only quote it for the purpose of alluding to the spirit kidney I do not think it necessary to speak of them now. In persons who become the subjects of kidney disease from the excessive consumption of beer, another form of kidney is found. Instead of the small granular kidney, with its cortical portion diminished at the expense of the medullary portion, it is generally a mixed kidney, something between the large white kidney which we see after scarlatina, and the true granular kidney with more or less of fatty deposit, both in the tubes and in the interstitial tissue.

"Never overlook, in seeking for the mode of causation of these diseases, the great influence of the sympathetic nerves—the greater and lesser splanchnic, and even of the par-vagum—upon the secretion; and, if any cause is in operation to interfere with the function of these nerves, how the circulation of the organ is necessarily affected, and therefore its secretion also. I have now given three of the most important causes; I may say, perfect types of their respective kinds. One, namely, scarlatina, is an example of our first category,—those whose action is upon the blood primarily, and upon the nervous system, and the tissues of the organ, secondarily; another, namely cold, is an instance coming under our second category,—those which affect the nervous system primarily, and the blood and tissues secondarily; and thirdly, alcohol and its allied compounds, which may fairly be said to partake of the characters of both these modes of action, indeed of all three. Perhaps with strictness it ought to be placed under our second heading.

"It now only remains for me to give you an example under our third class—those which, either by direct or reflex action, affect the tissues of the organ primarily, and its own nerves secondarily.

"The key to the action of these causes is to be found, I take it, in these quotations from M. Claude Bernard:—"Albumen is constantly in the urine, and the tissues of the organ; and its blood-vessels become turgid and black, every time that we irritate the substance of the kidney. If, leaving the organ intact, we even irritate its nerves, the same effects ensue.' 'If the function of the nerves be suspended, temporarily or permanently, the secretion of the kidney will be arrested, and the circulation also, and the organ will be rapidly destroyed.' Consider the effects of such direct irritants, both upon the nerves and structures of the organ, as alcohol, turpentine, and cantharides, in connection with these results of experiments performed by M. Claude Bernard, and you can have no difficulty in understanding their mode of action in the production of these kidney diseases.

"The same may be said of those disordered states which act by producing reflex irritation: calculi in the pelvis of the kidney, the ureter, or the bladder; catarrhal affections, gonorrhœa and so on, dysmenorrhœa, and even Onanism and excessive venery.

"You are aware that the renal plexus is chiefly formed by the solar plexus and the lesser splanchnic nerves, and that the renal plexus gives branches to the spermatic plexus: hence the morbid sympathies which exist between the kidney, the ureter, and the testicle; and, by the communications with the solar plexus, with the stomach and diaphragm, and, indeed, with the whole system. You will not fail to perceive, then, how any irritation in the ureter, the testis, the uterus, &c., is calculated to give rise to reflex irritation in the kidney, and *vice versâ*.

"In the next Lecture, I shall give a cursory review of the several forms of kidney, the result of one or other of the several affections coming under the general denomination of Bright's Disease."

The 'Dublin Medical Press' contains a report of *Two Cases of Aneurism of the Thoracic Aorta*, by Dr G. W. Egan, occurring in the practice of Dr Geoghegan and Dr Benson.

"Case. 1.

"John A——, ætat. forty-six, an iron-worker, admitted June 18, 1860.

"*History.*—The patient had previously in general enjoyed good health, but his habits were intemperate. About six months ago he became affected with pains in the back and shoulders, and with hoarseness almost verging on aphonia, which he attributes to the influence of cold: a fresh exposure about a fortnight before admission was followed by increase of the last-named symptom.

"*State on Admission.*—The face is florid, injected, and anxious; the lower part of neck very full, as if swollen, the trachea lying at a great depth: there are present, aphonia; hoarse, stridulous, and somewhat difficult inspiration; uneasiness referred to the *pomum Adami*; occasional cough, the sound of which very strikingly resembled the *yelp of a dog*; and an inability to snuff up air suddenly through the nostrils when the mouth is closed. Articulation is performed in a hoarse and gasping whisper. Some bronchitis is also present, accompanied by attacks of spasmodic difficulty of breathing, chiefly laryngeal. Physical examination of the chest revealed marked dulness along the sternum and beneath the inner third of the left clavicle, extending downwards for a distance of about two inches. In this situation a distinct double sound and impulse were observed, both being respectively much louder and more forcible than those of the heart, which were audible in their usual place. The first of the above sounds was accompanied by a short *bruit de soufflet*. The heart-sounds were somewhat feebler, perhaps, than natural: no difference was perceptible in the respiratory murmur beneath the clavicles, and the outline of the anterior wall of the chest appeared unaltered. Both lungs were pervaded by slight sonorous râles. The pulse in right radial artery was much stronger than that in the left; in the left carotid it was extremely feeble. There was a loud, rough, tracheal sound in windpipe; no dysphagia was observed.

"*Diagnosis.*—Aneurism of the arch of the aorta, complicated possibly by antecedent slight chronic laryngitis; the present exacerbation appeared chiefly due to bronchitis, and the remedial measures were directed accordingly.

"*Progress and Treatment.*—After the patient had been in hospital a few days, sudden paroxysms of suffocation referred to the larynx occurred every evening, and were at first abated by tartar emetic and opium. On the fifth day after admission he was seized with an attack of so urgent and formidable a nature, that, to avert *immediate death*, Dr Geoghegan performed laryngotomy by plunging a scalpel at once into the crico-thyroid space, and introduced a canula into the opening. This measure was speedily succeeded by quiet and regular breathing (28 in the minute). The temperaure of the room was ordered to be suitably maintained. Occasional slighter recurrences of difficult breathing were at once relieved by removal of mucus through the canula. Notwithstanding, however, the adoption of these and other necessary means, the patient gradually became collapsed, and died eight hours after the operation, having remained apparently unconscious and as if sleeping up to the period of his decease.

"*Autopsy, eighteen hours after Death.*—The heart was enlarged, and presented a good deal of fat on its surface. The right ventricle contained a considerable fibrinous clot, extending into the pulmonary artery; the right auricle, a similar one, together with dark coagulated blood; the left auricle, a dark coagulum; the left ventricle, a small fibrinous clot. The valves of the organ were healthy.

"The ascending aorta was much dilated, and near the heart was beset with calcareous plates, and elsewhere with atheromatous patches, in which were exhibited, under the microscope, abundant rhomboids of cholesterine. The transverse portion of the arch presented a shallow cavity lined with dark-coloured fibrine, and resting on the tracheal bifurcation: this cavity communicated with the aorta by an opening as large as a crown-piece, the edges being rounded and obtuse. The rings of the air-tube at the seat of contact were partially eroded, so that but a thin septum was interposed. From the upper and left side of the aneurismal sac there was a slight offset or projection pointing towards the sterno-clavicular articulation. The left carotid was about two-thirds the diameter of the right, but pervious; its opening into the aorta was extremely small. The left recurrent nerve was adherent to and firmly imbedded in the parietes of the aneurism; it was atrophied, and its neurilemma injected.

"The left posterior crico-arytenoid muscle was much atrophied, being of a tawny colour, and contrasted strongly in bulk and colour with the right: the other laryngeal muscles on the *same side* were atrophied, but much less so; the left crico-thyroid and all the laryngeal muscles of the opposite side were unchanged.

"The mucous membrane lining the cricoid cartilage was pink, and both here and elsewhere slightly spongy, but not decidedly thickened; the chordæ vocales and laryngeal ventricles natural, with the exception of a lining of viscid mucus. There was universal redness of the mucous membrane of the trachea and bronchial passages, and the tissue of the lungs was congested.

"*Comments.*—In commenting upon this case to the class, Dr Geoghegan remarked that the history, together with the appearances on dissection, rendered it doubtful whether, in the present instance, the whole of the laryngeal phenomena were referrible to the aneurism, as they commonly are, and not in part to pre-existent chronic laryngitis of a mild form. The urgent fits of dyspnœa appeared due to the access of inflammation of the mucous membrane of the trachea and bronchi creating sympathetic spasm in the laryngeal muscles, whose physiological equilibrium was already seriously disturbed by the condition of the left recurrent nerve, the laryngeal.

"The singular yelping sound of the cough, which had been observed previously to the supervention of the attacks of dyspnœa, was clearly due to the influence of the aneurism of the recurrent. Dr G. commented on the condition of the laryngeal muscles, in the present instance, as affording a remarkable example of the practical bearing of physiology on pathology and practice, and stated that the merit of having first drawn attention to the subject was due to Professor Banks of this city, who has figured the state of parts from an excellent and faithful dissection.

"Dr Geoghegan also drew attention to the phenomena of the double sound and impulse, so well marked in the present case, and this although the aneurism (engrafted in a larger dilatation of the vessel) was small and shallow, and had not eroded the anterior wall of the chest. No altogether satisfactory explanation of the above conditions had as yet been offered. The view propounded by that admirable observer, the late Dr Bellingham, refers the first sound and impulse respectively to the friction of the blood against the contour of the opening of the sac, and to the distension of the tumour during the ventricular systole. This view being in harmony with facts, and being sustained by analogy, appears quite admissible. The mechanism of the second sound and impulse seems by no means so clear. Dr Bellingham considers these latter to be the effect of regurgitation from the aorta (and in some cases from its tributaries), under the influence of gravity during the heart's diastole. This doctrine is open to the objection, not alone of being unsustained by any positive evidence, but is also opposed by the circumstance of the persistence of the sound and impulse under conditions in which gravity in the required direction is inoperative or nearly so—namely, in the recumbent posture.

"In the absence of any unimpeachable theory, Dr G. surmised, that the *second* sound and impulse might be due—the former, to the *expulsion* in some cases of a volume of blood from the sac; in others, to its *entrance* of that fluid into the latter (according to the position of the aneurism with respect to the aorta); such entrance or expulsion being effected by the elastic reaction of the cellular wall of the sac, and also by that of the closely adjacent bronchial bifurcation and summit of the lungs. The systole of that portion of the aorta immediately to the distal side of the aneurism may, possibly, in some cases, contribute to the production of the second impulse, by assisting the reaction of the above-named parts.

"The greater strength and elasticity of the coats of the tumour when it involves the arch of the aorta, and especially in aneurisms like the present, of a mixed kind—perhaps also difference in the size of the aperture leading into the sac, may to some extent explain the frequent occurrence of double sound and impulse in the thoracic, as contrasted with the single ones which are usual in other parts of the arterial system.

"In the present case the operation of laryngotomy was merely resorted to in the discharge of the duty of prolonging life, as suffocation was absolutely imminent. In such a case as the present, and in various other emergencies calling for an immediate opening in the air-tube, it appeared to Dr G. that laryngotomy fulfilled all the necessary indications for the supply of air, the obstruction being seated above the artificial opening, whilst the rapidity and safety with which this operation can be executed in a case where promptitude is everything give it here a decided superiority over tracheotomy: had the latter procedure been attempted in this instance, great difficulty, and perhaps fatal delay, must have ensued from the depth of the lower part of the neck, and also serious risk from the close proximity of the aneurism to the trachea. Dr Geoghegan also remarked that in the extraction of foreign bodies from the larynx in children, additional room may be gained by prolonging the incision in the crico-thyroid space downwards through the median line of the cricoid cartilage; the isthmus of the thyroid gland, if divided, either not yielding any hæmorrhage, or the latter being quite readily controlled. Dr G. had employed this manœuvre in one instance with complete success: the elasticity of the cricoid cartilage, especially in the young, allowa the edges of the incision in it to be divaricated to a very notable degree without injury.

"The attention of the class was also drawn to the necessity for employing a suitably fitting canula in performing laryngotomy, with a view of preventing the trickling of blood into the windpipe from the divided laryngeal branch of the superior thyroid.

"In this case death seemed most probably due to modified or syncopal asphyxia. The repeated severe attacks of laryngeal spasm, aided perhaps by a partial extension of the bronchitis to the capillary tubes, had interfered materially with the arterializing process. The final symptoms, however, together with the state of the heart cavities, indicated a concurrent but independent condition of progressive syncope. Had bronchitis been absent, the patient would probably have survived until the aneurism had burst into the trachea. The relief which immediately followed the operation was decisive. In a case similar to the present, Dr Beglie had recourse to tracheotomy with similar temporary advantage."

To be Continued

The 'Dublin Hospital Gazette' contains a Translation from the 'Hospitals-Titende,' by Dr Moore, of a Report of a Case of *Fibrous Polypus of the Base of the Skull*, extirpated by resection of the upper jaw, in the Surgical Department of Frederik's Hospital, Copenhagen. We omit the preliminary matter, and quote the case:

"Hans Rasmussen, aged eighteen, a servant-boy from the country, was admitted into Frederiks Hospital on the 19th of June, 1859. The patient, who as a child had not been scrofulous, and, with the exception of the usual diseases of childhood, had not suffered from any illness, began four years ago to observe some obstruction in the left nasal cavity, with purulent discharge and frequent bleeding. He applied to a surgeon, who, according to his statement, extracted a polypus from his nose, after which he felt well for six months; but three years since, obstruction to the passage of air through the nose again occurred, with purulent discharge and hæmorrhage in a still higher degree than before, and about the same time the patient experienced a feeling of tension and incipient tumefaction of

the left cheek, which gradually swelled up to the size it now presents. A year and a half ago, he began to have piercing pains in the left orbit, while at the same time the sight of the left eye was weakened. Shortly after, he observed the eye becoming more and more prominent, and the pains, which gradually increased, extended over the whole head, assumed a more palpitating character, and sometimes occurred in such violent paroxysms that he was almost deprived of self-possession. The sight of the left eye progressively decreased, without any accompanying symptom, to such a degree that for the last three months the patient has been quite unable to see with it. For the last half-year he has also usually had flying pains in the left cheek, and in the molar teeth of the under jaw on the same side. He has, besides, been rather deaf, and complains of constant singing in the left ear, and of severe throbbing pain in the right. He speaks with a thick, snuffling voice, but has no particular difficulty in swallowing. He suffers somewhat from a defluxion in the pharynx, from the posterior openings of the nose, of a fœtid, sanguineo-purulent fluid, which is not, however, discharged so abundantly in this way as it formerly was through the left nostril.

"On examination, no particular abnormity in the shape of the nose nor any external swelling is found; the organ is rather flattened, and in its left half is slightly extended in width. The left nostril is more dilated than the right, and the septum nasi is completely driven over to the right side. Through the left nostril there is seen, about half an inch from the orifice, a roundish tumour entirely filling up the left nasal cavity. The tumour is not sensitive, but bleeds rather easily when touched; it is of firm consistence, and of a bluish-red colour; a sound can easily be passed on the inner side of the tumour, between it and the septum nasi down into the pharynx; but when introduced on its outer side, it immediately meets with resistance to its further progress.

"Through the mouth, the left half of the soft palate is observed to be convex, without any discolouration of the mucous membrane; and the posterior part of the hard palate is somewhat depressed, but without any perceptible attenuation of the bony substance. The finger, when introduced, does not detect any considerable swelling behind the velum palati. The teeth are all uninjured. The left cheek, on the contrary, is seen to be much swollen, and both externally and internally a roundish, somewhat flattened, soft, and painless tumour can be felt, apparently proceeding from the superior maxillary bone, close under the zygomatic arch, and hanging a couple of inches down, occupying the part between the otherwise healthy skin of the cheek and the mucous lining of the latter. No swollen glands are discoverable in the sub-maxillary region, nor is anything abnormal found in the ear externally.

"The left eye is seen to project considerably, so that the eyelids can scarcely close; the sight of this eye is completely lost, without anything morbid being perceptible on external inspection; the pupil is not dilated, and the iris moves freely. The patient at present suffers no pain; his general health is good.

"22nd.—This day the patient had a paroxysm of ague, with violent rigor. The same recurring on the 26th, ten grains of sulphate of quina, in four ounces of acid mixture, were prescribed. The paroxysm again recurring on the 29th, the quina mixture was repeated, since which time there has been no relapse. On the 8th of July he was operated on, while under the influence of chloroform.

"The nose and upper lip were divided by a longitudinal incision along the middle line from the root of the nose, where the longitudinal incision was united with a transverse cut, passing to the inner canthus of the left eye; the left lower eyelid was set free by cutting through the mucous membrane, and the entire quadrangular flap of skin, together with the soft parts covering the left half of the nose and the left superior maxillary bone, were turned aside. By means of a bone-nippers and a chisel, the greater part of the superior maxillary bone on the same side was taken away, together with a portion of the zygoma, leaving only the floor of the orbit above, and the alveolar process below.

"The antrum highmorianum was found empty and greatly compressed. On removing the above-mentioned portion of bone, the part of the polypus lying externally to the superior maxilla could be traced up under the anterior part of the zygomatic arch into the spheno-maxillary fossa, where it was connected by a slender arched portion with another production of the same size, which, in front of the pterygoid process, and perforating the upper part of the palatine bone, extended through the left posterior naris into the left nasal cavity, wholly filling up the latter. These two productions, which thus together formed a half arch, had on the middle of the convexity of the arch a roundish, hard stalk, one inch in length, and three-quarters of an inch in thickness, attached to the periosteum on the anterior portion of the basilar part of the occipital bone, and the inferior surface of the body of the sphenoid bone, where the osseous wall was so softened, that after the removal of the tumour, one easily penetrated into the cavity of the sphenoidal sinuses.

"When the polypus thus lay exposed, with its two boundaries, in the bottom of the region, the production was first dissected which lay upon the superior maxilla, and had strong adhesions to the periosteum of all the osseous parts bounding the spheno-maxillary fossa. The formation lying in the nose was then also separated; it was tolerably firmly adherent to the posterior part of the septum nasi. Both productions were thereupon taken out connected, by dividing the stalk behind them with a curved nippers, and the stem itself was subsequently separated from its strong adhesions to the roof of the pharynx.

"After the removal of the polypus, the actual cautery was strongly applied to the seat of insertion, the flap of skin was then replaced, and the edges of the wound were united by suture. Considerable hæmorrhage attended the operation, which lasted three-quarters of an hour, and towards the close the patient had become very anæmic, so that the radial pulse could no longer be felt. Port wine was therefore given.

"9th.—The patient yesterday several times evacuated some black blood by vomiting and per anum. He has, however, recovered his strength very well, and is more lively. The pulse is tolerably full—120.

"12th.—He is much troubled with fœtid breath, caused by the wound in the pharynx. Gargle of tincture of myrrh. The sutures were removed, and adhesive plaster applied. Constant injection with water.

"14th.—He got up.

"15th.—The wounds are, for the most part, healed. The patient's general state is satisfactory.

21st.—He is beginning to see slightly with the left eye, which was previously blind. The prominence of the organ has ceased.

"August 1.—The discharge from the nose is trifling; the patient's general state is very good. He was out for an airing.

"3rd. The power of vision of the left eye is steadily increasing, so that he can now discern the outlines of large objects. On the left cheek, where the outer extremity of the polypus was dissected away, was a little abscess, which was opened.

"8th. The patient looks well; his nose is a little flattened on the left side, but the obliquity is slight.

"14th. The sight is still misty. The patient was discharged at his own request.

"On reviewing the foregoing case, it is evident that in one principal point the extirpated polypus is referrible to the category of those described by Nélaton. Thus the morbid growth proceeded entirely and distinctly from the base of the skull, and had a tolerably defined insertion into the body of the sphenoid bone, and the anterior portion of the basilar part of the occipital bone. It here had a firm and solid adhesion, but was without difficulty removed by means of the curved scissors, and was therefore not possessed of the degree of solidity met with by Jarjavay, and which resisted even the scisssors. It appeared, however, as others also have observed, that the surface of bone on which it sat was so attenuated and changed at the attachment of the tumour, that it was perforated on the application of the hot iron, so that the latter seemed to penetrate into the interior of the bone, probably into the sphenoidal cells. On the other side, there were also strong adhesions to other surfaces of bone—to the septum nasi, to the zygomatic fossa; but these appear to have been removed with still greater ease, and were therefore probably, as Nélaton has stated, secondary and accidental. This is a main point, which it is interesting to establish, and which is confirmed by the great majority of the cases of this kind latterly published; almost in every instance we trace their origin to the dense fibrous tissue investing this portion of bone. Some writers have, however, observed the origin lying more to the side in the pterygoid fossa, and proceeding from the ala interna of the pterygoid process. Huguier has met with a very peculiar origin—namely, from the fibrous tissue filling the foramen lacerum, the polypus prolonging itself into the dura matter, with which it was in immediate contact. A very few observations are, indeed, found to differ in this respect; thus one is related by Dieulafoy, of Toulouse, where the polypus is said to have proceeded from the antrum highmorianum, and to have thence extended inwards, becoming naso-pharyngeal. But as there are very many examples of the opposite — namely, where the naso-pharyngeal polypus has prolonged itself into the antrum, and even through this sinus, opening a way through the bone into the canine fossa,—it is rather doubtful whether the observation alluded to was accurate; thus the Author states only that seizing it with Muzeux's forceps, he tore away the fibrous polypus and drew it entirely out, through the antrum highmorianum. It is, moreover, by no means constant that the origin of the polypus has with any accuracy been established during operation, as was perfectly done in our case.

"The polypus operated on in this instance was fibrous, of a uniform, filamentous, hard and tough, whitish-yellow tissue. Its form was tolerably regular, representing an inverted T, the descending vertical petiolus being attached to the middle of a curve whose two transverse branches were about equally long, and were rounded and thickened at the ends. These two transverse lateral branches were so situated that the one passed into the left nostril, and so ran in front; the other passed out through the foramen spheno-palatinum into the zygomatic and spheno-maxillary fossæ, and therefore ran outwards to the side. On the contrary, the polypus did not sink down into the pharynx, which would evidently have been the best place for its development, and it was so far not properly pharyngeal: it will be recollected that it was not reached by passing the finger up behind the velum palati. Our polypus was therefore rather regular in its form, thus differing from various earlier ones observed by others, which are correctly called multiple polypi; such have, that is to say, been developed in the nose, as well as in the pharynx, month, antrum highmorianum, and in the zygomatic and temporal fossæ. Nor had this polypus grown to any very considerable size; it certainly produced a strong and disorganizing pressure, to which the amaurosis testified, as well as the fact that the whole of the left of the alveolar arch and the hard palate on that side were slightly dislocated and depressed; nevertheless, the dislocation and diastasis were not so great as others seem to have found them, although these fibrous polypi among the bones of the face scarcely ever attain to any extraordinary size. One observed by Richard and Robert had, however, sunk so far down that it produced difficulty of breathing; and another described by Maisonneuve had developed itself considerably after having pressed forward into the zygomatic and temporal regions, where it may certainly be considered as lying free under the skin, as it sinks down into the connective tissue of the cheek."

(Continued at Page 362.)

APERIENTS IN ACUTE DYSENTERY.

We find in the 'Gazette Médicale de Lyon' a paper by Dr Vernay, Physician of the Hôtel-Dieu of that city, on the exhibition of aperients in acute dysentery. After carefully describing the acute, adynamic, and chronic forms of the disease, the Author represents as follows the course of treatment which he has found most promptly and completely beneficial in cases of less than one month's duration, when the daily evacuations varied from 20 to 100.

On the first and second days he prescribed, for each day, a bottle of Seidlitz water, and twenty drops of laudanum at night.

On the third day the patient took no medicine. In mild cases but two motions occurred at this period. On the next, soup was allowed, and a moderate allowance of solid food on the fifth day; from the seventh to the tenth he was permitted out-of-door exercise. After the aperient, laudanum was found serviceable, but not when prescribed alone. In cases considered severe, in which even abundant motions were observed daily, ten evacuations at most occurred on the third day, and the tenesmus was much less distressing. M. Vernay concluded the treatment by exhibiting on the third, and sometimes also on the sixth day, the following aperient mixture:

℞—Fruct. tamarindi . . ½ oz.
Rhei . . . . . 1½ dr.
Boil in 12oz. of water, and add
Mannæ lachrym. . . 1 oz. Strain.

This formula, which belongs to Sydenham, was found appropriate to this stage. In the incipient period it would have been insufficient to relieve the bowels. After the Seidlitz, however, the tonic and aperient action of the rhubarb proved beneficial.

On the seventh day, two evacuations only occurred. Soup was allowed, and next day light food: the patients were discharged from the twelfth to the fifteenth day. These results were invariably attained when the disease had lasted less than a week before treatment.

With regard to the selection of the aperient, M. Vernay remarks that Seidlitz water or tamarinds are most advantageous at first, and subsequently the rhubarb. The latter drug should, on the contrary, be prescribed at once when dysentery has lasted more than ten days, and is also preferable for the aged and the debilitated.—'Journal of Practical Medicine and Surgery.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column		2*l.*	2s. 0d.
A Page or Three Columns		5*l.*	5s. 0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 28, 1860.

HOMŒOPATHY, HYDROPATHY, AND MESMERISM

IN RELATION TO THE SCIENCE OF MEDICINE.

The transition-state in which the Profession of Medicine is generally admitted to be, formed the subject of an article in our last number. Not only, however, in the relations then delineated, but in many others, is this process of transformation in progress. The rivalries between our numerous Collegiate bodies show the fermentative actions that are at work among them, and the subtle affinities by which the elements are slowly entering into new combinations. The spirit of change is brooding over us, and old forms and usages are undergoing solution and precipitation in the alembic of opinion and controversy. In this general transformation, how does it stand with the principles and the practice of Medicine?

In these respects, too, new ideas are thrown into the cauldron, to sublimate, as it may happen, as a potent spirit, or subside into a *caput mortuum*. What is inflammation? What is tubercle? What is nerve-force? what vital force? What is the mode of action of oily materials in the nutritive processes? What of alcohol? Is stimulation beneficial in fevers and inflammations, or the reverse? Is it possible to trace every disease to a specific cause? Can we artificially or synthetically induce disease, and lay down incontrovertible principles of cure? These questions, and many more than these, are undergoing a patient examination, with the hope of eliminating some potential truths that shall extend the limits of the remedial powers of our art, and enlarge the resources of human longevity and happiness.

Other questions also arise in connection with the various pseudo-remedial systems which have fastened parasitically during the last quarter of a century upon the Science of Medicine. What has been the influence of Hydropathy, Homœopathy, Mesmerism, Chrono-thermalism, and the numerous subordinate branches that have sprouted from these parent stems? We are not in the habit of touching these subjects, because we have too confident a faith in the immutability of the general principles of the science, and too strong a reliance in its steady progress, to fear the disturbing influence of crude and partial hypotheses, which are merely the toys of the learned and the marsh lights of enthusiasts and dupes. We leave to others the congenial duty of knocking to and fro the shuttlecock of opinion and scoring unprofitable victories.

These great heresies, however, have attained so great a prevalence in society, and have enlisted so many votaries from our own ranks, that it would be mere affectation to ignore their existence. Let us ask ourselves, then, what has been their effect upon the science and practice of Medicine?

The advocates of Homœopathy boast that Hahnemann evoked a new principle out of the chaos of Medical doctrine, and established a starting-point for a more harmonious and complete system of Medical practice. Some of his followers, however, assert contrariwise, that he rediscovered the lost principles of Hippocrates, and that he is entitled to be regarded as the second founder of Physic. These, however contradictory, are sublime pretensions; and as pretensions let them stand. Whether Hahnemann be the opponent or disciple of Hippocrates is immaterial; the influence of his doctrines is what we intend to consider.

In one and the main respect, Homœopathy has egregiously failed; the doctrine that "like cures like" not having made the least impression upon the minds of men who cultivate Medicine as a science; and it remains a theory alone among the majority of Hahnemann's followers. The parallelism is, indeed, partially admitted, as it always has been; but the elevation of a few superficial resemblances or parallelisms into the universality of a principle has been decisively rejected. This notion of Hahnemann's necessarily involved a second principle,—that of infinitesimal dilutions; inasmuch as common experience showed that drugs in the ordinary doses produce results, in nearly all cases, just the opposite of those induced by the diseases they are prescribed to cure. This obvious and practical refutation of the principle could be evaded only by such a minute dilution of medicines, that they should cease to have any visible effect. Thus was constituted a second cardinal therapeutic principle, which has now, however, no place even in the Homœopathic creed. The best Homœopathic authors avoid the subject, or advert to it only to characterise it as one of the delusions of a great man; an ungrateful way of picking out one of the eyes of their idol.

It was necessary, in fact, in order that Homœopathy should continue to exist, that this doctrine of infinitesimal dilutions should be abandoned; because it implied to the understanding and conscience of every man who was not a belated enthusiast, that Medicine was not necessary to the cure of disease. Here, indeed, we touch the practical point, and we ask again, what has been the influence of Homœopathy upon the practice of Medicine?

The answer to this question, no doubt, must be, that it has tended to repress the ancient drugging system which flourished in this country during the by-gone Apothecary *régime;* and that the comparisons that have been instituted between the Homœopathic system and the ordinary system as practised in the great Hospitals of Europe have induced thoughtful men to consider more carefully into the ways and powers of Nature in the relief of bodily maladies. All, therefore, that can be said of the real influence of Homœopathy on our science is this—that it has revived in many minds a faith in the *vis medicatrix naturæ*—a phrase that had become a proverb, and a principle that was already formulated into a law, many centuries before Hahnemann was born into the world. Neither the phrase nor the principle, however, was Hahnemann's. Whilst snapping at shadows, he dropped the substance: but he dropped it, we may add, because he did not comprehend its value. Out of his errors, however, we extract fresh testimony to the truth of this perpetual law.

What Hahnemann could not do, what he never pretended to do, and what has not yet been done in a detailed manner, is to determine with accuracy the mode adopted by Nature in relieving herself at the different stages in the progress of disease. When we have become perfect masters of her secret ways, we shall be better able than we are now to counteract her wanderings, and help her in her reactions. The cure of disease can only be effected by the correction or sustainment of certain physical actions and processes: it is necessary, therefore, to the determination of a philosophical method of treatment, that these should be known. We cannot define the limit between morbid and curative processes, for they are obedient to the same law, and the morbid action may, and commonly is, at the same moment a mode of cure. This looks like a paradox; but let us consider. The ulceration of the skin consequent upon a subjacent collection of pus is a morbid process; but, nevertheless, the process is curative, and a good Surgeon imitates Nature and anticipates her ways by an artificial incision into the abscess. We cannot follow up this branch of the subject.

Hydropathy, again, has taught us nothing in the principles of treatment that was not already known; but it has had the effect of calling attention to the advantages of bathing as a domestic institution, and of the necessity also of studying the operation of natural agencies on the system. The science and therapeutics of disease remain, however, unaffected by hydropathic pretensions.

Mesmerism, with all its absurdities, extravagances, and frauds—its spiritual rappings, its

table-turnings, and clairvoyance—has nevertheless quickened a spirit of inquiry into the nature of the relation between mind and body; and, most undoubtedly, an advance has been made by such men as Braid and Carpenter in our knowledge of these psychological phenomena. The wheat has been winnowed from the chaff, and we know the full extent to which Hypnotism can be made available in our art. That extent is limited. That operations have been performed under the influence of Mesmerism is now, we think, well established; but it is a capricious agent, operative only on certain constitutions, and is superseded in utility by chloroform; so that the spiritual agent as a practical resource can never be made generally available.

We need not dilate. These heresies have thrown no new light upon Medical Science, nor provided us with one useful practical agent that was not heretofore known, and Medicine must continue her course of improvement under the guidance of those thoughtful minds and in the direction of those patient labours that have conducted her to her present unexampled altitude and development.

Extravagant novelties, singular hypotheses, premature and vague generalisations, empirical dogmas, will never benefit our art in any important degree. The temple of Esculapius is not an unsubstantial phantom, framed by a fantastic imagination from the vapours of cloud-land; but a solid fabric, erected brick by brick by the persevering and modest labours of the regular workmen whom science has engaged and trained in her service.

SUMMARY OF THE WEEK.

ELLIS *v.* KELLY.

The opinions expressed by this Journal on the Title Clauses of the Medical Act, when that Act was first passed, and since that time frequently repeated, receive confirmation from every new decision on the disputed questions in our Courts of Law. Much money might have been saved, and much acrimonious feeling prevented, if the Profession had been content to put a literal construction on the doubtful phrases, instead of endeavouring to torture them into a sense that they would not bear, and that could not be sustained in one of Her Majesty's Courts. We have always maintained, in opposition to the opinion of our contemporaries, that there is no prohibition in the Medical Act against any "registered" Practitioner styling himself "Doctor" if he pleased; the fact of registration exonerating him from any penalties which might possibly otherwise apply to a usurpation of that title.

The point with us has not been, what *ought* to be the law, or what were the intentions of the promoters of the Bill—though, perhaps, in this respect we are better informed than most men who pretend to know the secrets of the Government and Legislature—but it has been simply, what is the literal interpretation of the Act? The Act does not require—and we repeat it for the fiftieth time—that an individual should be registered under a particular designation, to entitle him to use that designation on his card or brass-plate; nor, on the other hand, does it fix any penalties upon him for using any designation which does not appear against his name in the 'Register.'

The case of Ellis *v.* Kelly, tried recently in the Court of Exchequer, has for ever settled the construction of the Title Clauses of the Act so far as they relate to this question. Dr Kelly possesses, it appears, an Erlangen degree, but it was not entered on the 'Register.' Nevertheless, he continued to style himself "Doctor," for which alleged offence an information was laid against him by Mr Ellis. In summing up the case, the Lord Chief Baron said: "If a man is registered, he may call himself what he pleases." This is a positive opinion; which is not invalidated by the circumstance of the Chief Baron having made, in our judgment, two or three mistakes on points not immediately in connection with the question. For example, he said—if our report, which is taken from the 'Times,' be correct—that the "Act is to prevent any man *practising* Medicine who is not registered." We wish it would. And, again, he assumed that a man who styled himself Doctor might thereby be considered to imply that he was a Fellow of a College of Physicians. Not so; for the title Doctor is a University title, and the offence, if any, would be in assuming a University, and not a Collegiate status. This, however, is a disputed point, and the Licentiates of the Royal College of Physicians of Edinburgh may not inappropriately add the dictum of Chief-Baron Pollock to the other dicta on record in favour of the courtesy-right of Licentiates of a College of Physicians styling themselves Doctors.

THE POWERS OF THE MEDICAL COUNCIL.

Organ's case has been under the consideration of the Court of Queen's Bench. Mr Organ's name was struck off the 'Register' by the Medical Council, in accordance with the powers given them in the 29th section of the Medical Act. An appeal has been made against the decision of the Registrar, and Lord Chief Justice Cockburn has granted a Rule *Nisi*. The Council will, consequently, be compelled to justify the course they took. Alas! for the Medical Act! Alas! for the British Legislature!

A MARKET FOR SECOND-HAND DIPLOMAS.

If we thought the Medical Council had the courage to take a hint, we would supply them with a bit of valuable information. As it is possible, however, that it may serve some useful purpose, whether the Council interfere or not, we shall append it as it reached us, in the form of a very curious Advertisement. Here it is:—

[COPY.]

"*To Representatives of Deceased Surgeons, Surgeons and others.*—The Advertiser will purchase Diplomas from any recognised University, College or Hall, also Hospital Certificates. Dates of either not objected to, long or short. Apply in the first instance to Medicus, with price and particulars, with real name and address, West End News Rooms, 76 Strand, London."

Here is a new trade in diplomas, that threatens to outdo the business carried on in Lincoln's Inn Fields. What can the "Advertiser" want with all these diplomas and certificates? The trade in "Old Clo'" is a thriving one, because it has a useful purpose; but surely we are not to see a new grade of Medical Practitioners created by the purchase of second-hand diplomas! We are in daily expectation of seeing a hooked-nose gentleman at our door, inquiring, "Any old diplomas for sale?" We hope that the Colleges will instruct their Secretaries to look sharp after signs of erasures in the certificates presented to them, and that the Registrar will keep an equally bright eye upon the diplomas. Will anybody take the trouble to ferret out this audacious Advertiser?

DEATH OF DR WALL OF DUNMANWAY.

Our Irish readers will regret to hear of the decease of Dr Wall of Dunmanway, who was so unjustly removed by the Commissioners from his office of Dispensing Surgeon. The anxiety he suffered on that occasion is supposed to have injured his health, and to have contributed in no small degree to his untimely death. For some time past his means have been so much impoverished by his removal from office, that his Medical friends have assisted to support his family by raising subscriptions; but the present crisis has rendered necessary a more general effort. A Public Meeting has therefore been called to excite Professional sympathy in behalf of the fatherless children, and we are glad to be informed that ere the meeting closed 47*l.* were subscribed. We hope that the subscription will be sufficient to meet the wants of the family, and large enough to do honour to Irish generosity.

DR MACKESY AND THE WATERFORD CORONER.

We congratulate Dr Mackesy on the manly stand he has made in behalf of his Medical brethren in Waterford, who, it seems, have been rather harshly treated by the Coroner at various Inquests which he has recently held. The immediate motive of Dr Mackesy's justification of his brethren was an Inquest that was held on a poor woman who, whilst labouring under scarlatina, was removed, without due judgment and humanity, as it was alleged, to the hospital. The Coroner in this case, as in previous ones, animadverted with unmerited severity on the Medical Attendant; and Dr Mackesy, in his place at the Union Board, most generously and ably reproved the harsh language of the Coroner, and explained the difficulties which often surround Medical Practitioners in their treatment of poor patients. Dr Mackesy deserves well of his brethren for such noble behaviour.

THE SPIRIT OF THE PERIODICALS.

(Continued from page 359.)

We extract from the 'Medical Times and Gazette the following account of a *Visit to Graefrath*, by Dr Edwin Lee :

"Graefrath is a village of Rhenish Prussia, near Dusseldorf, which has acquired considerable celebrity from being the residence of the distinguished oculist, the Hofrath, Dr De Leuw, to whom many patients resort from foreign countries, the number of English greatly preponderating over others,—several of them remaining under treatment for a considerable time in the summer months, at which season the place is overflowing, though the accommodation is but indifferent, consisting of two or three inns of a primitive character, with plain *table d'hôte* dinner at one o'clock, and inferior lodgings. There is no resource for the recreation of patients or of friends who may accompany them ; but the environs are pleasing, and the air is of a bracing quality. The Hofrath is a spare, delicate-looking man, of about 65, of quiet, unassuming manners, intellectual countenance, and penetrating eye, not requiring the use of glasses. He does not see any patients either at his own residence or at their lodgings, the only one he has sometimes gone to visit being the King of Hanover. He has a consulting-room at the principal inn, where he remains from eight o'clock till two or three, and sometimes later, during the greater part of which time the entrance-passage —there being no waiting-room—is thronged with patients of all classes, though two days in a week are more especially allotted to the poorer class. Many patients have thus to wait for hours ; it is but seldom that a fresh comer can have an interview before a day or two. Notwithstanding this concourse, the Doctor not unfrequently gossips with patients for some time about matters in which they may be interested, which, it is said, he finds necessary, as a relaxation from the continuous employment of seeing and determining upon eye cases. As may be expected, not a few of these cases are irremediable, the patients having been induced to repair to Graefrath as a *dernier ressort*. On announcing my name and sending in a letter from a patient at a distance, I was, after a short time, cordially received, and allowed to be present during the inspection of patients, several of whose cases were of considerable interest. The Hofrath's diagnosis in obscure or difficult cases is clear and decided. His treatment—eschewing in great measure depletive means, leeches, purgatives, blistering, &c.—mainly consists of the application of unguents or lotions, of a more or less stimulating or sedative character, to the forehead and the eyes,—nitrate of silver and iodine preparations being not unfrequently employed. Mercury and other internal remedies, with a view to produce an alterative effect upon the organs, are not often administered, though internal medicines are sometimes prescribed to remedy co-existing derangement of the health. The fee for the poorer patients is very low,—about a shilling ; that for strangers, except for a single consultation, is about a Prussian dollar a visit, or they give what they please at the termination of the treatment.

"The Hofrath originally acquired reputation as an oculist by publishing, when an Army Surgeon, a work upon contagious ophthalmia, which was at that time highly thought of. He has practised in his native village for upwards of thirty years, having repeatedly refused invitations to reside in capital cities. He informed me that he had prepared for publication a work on entropion and trichiasis, for which he has operated successfully many thousand times. His method, however, as far as I could understand, does not materially differ from that usually pursued, of removing the irritated eyelashes, and excising a smaller or larger portion of the skin of the inverted lid and uniting with fine sutures. He strongly disapproves of the operation of excising the margin of the lid, as practised by a distinguished oculist of Berlin. In advanced cases of cataract he operates with the needle, puncturing the cornea (keratonyxis), as was the practice of the late Mon. Walther, of Munich,—only one eye being operated upon when both are affected, if the result be successful. He entertains, however, the firm conviction that cataract may frequently be dispersed in the early stage by external remedial means, and internal when necessary. One English patient, who was considered to be thus cured at Graefrath, had for years been almost blind, deriving no advantage from the oculists whom he had consulted. He now sees well ; but, whatever he may have had, I much doubt from his account the existence of cataract ; neither could I see any sign of this disease in a lady said to be labouring under its incipient form, whose sight, having been a good deal used in reading, &c., had failed, but was much improved under the treatment. Another English lady, however, in whom the cataract was apparent in both eyes, stated that she could see much better since she came to Graefrath. The Hofrath mentioned to me a distinguished oculist in Vienna, who formerly disbelieved the possibility of cataract being absorbed, but who had lately, in an appendix to his work, admitted its practicability. He does not allow to be known the means which he employs for this purpose, the prescriptions being only made up by the local *pharmacien*, and patients taking with them a sufficient supply of the remedies to go on with in their absence. Among the other English patients was a lady with incipient conical cornea, which had improved under the treatment. An American banker (a young man), who, from excessive attention to business, had become amaurotic, and was nearly blind, had not derived any advantage from his visit to Graefrath. As constitutional measures are not generally employed against the local disease, so also strict attention to regimen does not seem to be enforced by the Hofrath. One patient, of florid aspect, and having all the appearance of a *bon vivant*, whose eye was considerably inflamed, and who had been treated in England without success, had resided for some time in the neighbourhood, coming occasionally to visit the Hofrath, after having had a stimulating ointment (argenti nitras) put in the eye, immediately went up from the consultation to the *table d'hôte* and drank his half-bottle of wine.

"All the patients whom I saw appeared to have the greatest confidence in the Hofrath ; some, doubtless, not without good reason, having derived benefit after the failure of means employed at home ; the obscure and more difficult cases are of course the exception to the generality ; and one cause of the improvement which so many experience is doubtless greatly owing to the pure air and plain living of the place, and also to the season of the year being the most favourable (very few remain after October) for recovery, and less liable to produce aggravation or relapses. It is well known that in most Eye Institutions the bulk of the cases are less numerous and severe, and are more tractable in the summer months than at any other time of the year."

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

Nov. 3rd.—Removal of Necrosis from Head of Femur.—Mr Fergusson. Removal of Scirrhous Breast.—Mr Wood.

Necrosis of Head of Femur.

Mr Fergusson said this case was an instance of what is called spontaneous cure—Nature's cure. The surgeon says he has performed a cure after the disease has been treated under his care perhaps five years ; Nature's cure should have been prevented by surgical interference. Much time is lost by his process, and an incomplete result obtained. This young boy, about nineteen years of age, has been under my notice a long time : I thought he might get well. Under chloroform, Mr Fergusson made an examination of the mobility of the joint. He said: There was, as you saw, great latitude of motion of hip-joint. This, nevertheless, would be considered a case of hip-joint disease of right leg. You saw I made an incision into a sinus at the back of, or posterior aspect of femur, and behind the trochanter major, and could pass my finger down very deeply. I then felt the head and neck of the bone, and after exploring with probe, felt some rough and dead bone. Some necrosed pieces of bone I brought away with nippers. I then, with bistoury, slit a sinus on the front aspect of femur, internal to the trochanter major : it seemed a very superficial sinus, as you saw, on first introducing my finger along it. You also saw the great depth to which I thrust in my finger. After a little perseverance, I brought away two very small pieces of bone. These (showing them) two small pieces had, no doubt, been the cause of all the disturbance, and of this great irritation. You see one spicula of bone has a smooth surface, indented at one extremity with a notch, where it was detached. They had, no doubt, travelled a great distance, having formed, as I believe, a necrosed portion of the os innominatum. This may be considered a true specimen of hip disease. They, as I believe, have formed a portion of the acetabulum. Mr Fergusson (holding up one of the pieces, which had a curvilinear outline and form) said : I suspect this piece of bone to have come from the margin of the cotyloid cavity. This is merely my own opinion. I have no other indication than its curved form and shape, and that it has travelled a great distance. Having removed these portions of bone, I have stuffed up the sinuses with lint, as you saw, to induce cicatrization from the bottom of the wound, and to facilitate the escape of other portions of bone, if there be such to come away. Spontaneous surgery may be carried too far, and much time be lost in hoping for spontaneous, or Nature's cure. I might in this case have resorted to excision of the head of femur, but did not think the case required that treatment. I have confidence that this simple and less formidable process may effect a cure. Perhaps more bone may yet have to be brought away.

Removal of Breast.—Mr Wood.

This patient, a woman of middle age, had a tumour which dated the origin of growth only nine months ago, but most probably had existed unnoticed for a longer period. This tumour was of singular character, free from pain, and of very rapid growth. The nipple was somewhat retracted. The breast was natural in appearance, the tumour mobile, but nodulated on the surface. The glands in the axilla were enlarged, and thickening had begun to be traced in that region. Exudation occurred from nipple of a sero-purulent and occasionally bloody fluid. The patient called this exudation milk, but Mr Wood said it was evidently cancerous juice. That the tumour was scirrhous he had no doubt, and ought, if removed at all, to be removed early. It of late increased rapidly in size. Upon explaining those circumstances, the patient willingly submitted to an operation. Mr Wood proceeded to remove the whole mammary gland and tumour ; he dissected it away close to the skin. There was little vascularity on the surface of the tumour, but the vessels were numerous when it was cut into. Mr Wood said this tumour was the opposite of the one Mr Fergusson had just before removed. This, he considered, was a pure specimen of cancer; Mr Fergusson's was simply an enlarged indurated cyst. He had to contend with large vessels in the removal of the tumour. Mr Wood said : You saw a vessel bleeding profusely on the external aspect of the tumour ; this was a branch of the axillary artery, the external mammary, which we secured, also the internal mammary. Upon making a section of the excised tumour his diagnosis was fully confirmed : of its being true cancerous, and of the existence of cancer-cells, the microscope could only determine the fact.

Nov. 10th.—Tracheotomy.—Mr Fergusson.

Several minor surgical proceedings occurred in the operating-room. Although these were unimportant in themselves, incidents transpired instructive both to professional student and veteran. Two or three cases of double hare-lip occurred, in which Mr Fergusson operated in his usual successful way. He took occasion to explain the peculiarities and modes to be adopted in this operation. One child was brought to be operated on, of remarkably healthful and robust form and appearance, and colour in the cheeks. He manifested his vigour by loud cries and struggles. This child had been previously operated upon under chloroform, and all had gone well. Chloroform was administered by Dr Anstie, with great deliberation and patience. The writer, who was close to and in front of the child, noticed its colour to have suddenly gone, and breathing to have ceased. The pulse was gone, and extremities had become quite cold, and skin a marble-white colour. Life had apparently ceased, or was rapidly flowing away. Mr Fergusson instantly applied cold water to the face and chest, beat the

chest with a wet cloth, and resorted to artificial respiration. For some time all seemed unavailing, and that all hope of restoration was evidently the prevalent idea. A laboured inspiration occurred, when all at once a slight but distinct blush came suddenly in the centre of the cheek. From this time the child gradually resuscitated, to the great relief of the anxious spectators. Mobility returned—the child became sick, and vomited a considerable quantity of pultaceous aliment from the stomach. Its restoration was complete. Mr Fergusson thought it best to defer operating until a future occasion.

GUY'S HOSPITAL.

OCTOBER 6TH.—CARCINOMA OF BREAST, EXCISION OF.—MR COCK. EXCISION OF ELBOW-JOINT.—MR HILTON.

CARCINOMA OF BREAST.

The history of this case corresponded in almost every particular with the case just recorded, operated upon by Mr Wood. The patients were of the same age (cancerous period), about fifty years. Tumours of rapid growth; this of six months' duration, or only noticed from that period—free from pain. It was also similar in showing little vascularity on surface, great internally. The gland and tumour were wholly removed, and showed upon section a truly scirrhous character. These gentlemen, in commenting upon these almost identical cases, attributed the same inevitable consequences to result. Both considered the operation only a temporary alleviation from suffering, and that an inevitably fatal issue would occur. The immunity might continue for one, two, or three years.

EXCISION OF ELBOW-JOINT.

This was a carefully-conducted operation, and of very instructive character. Mr Hilton made a longitudinal incision in the course of sinuses, on the posterior and internal aspect of the joint; the patient being a young woman, about twenty years of age. She suffered great pain, especially upon movement: chloroform was consequently administered in the ward before her removal to the operating-room. After the first longitudinal incision, Mr Hilton carried a transverse section through cartilages into the joint; then dissected out the olecranon, which he removed with strong pliers. He then dissected the joint, and with Butcher's saw removed a slice off the extremity of the humerus. By careful dissection he then exposed the head of the radius and ulna, and removed with the same saw a slice from both. Water-dressings and zinc to the bent elbow-splint were applied.

UNIVERSITY COLLEGE HOSPITAL.

EXCISION OF LARGE TUMOUR OF BREAST.—MR ERICHSEN. CURE OF HERNIA (NEW MODE).—MR THOMPSON.

AMPUTATION OF BREAST.

This patient, a strong, healthful-looking woman about forty years of age, had a remarkably large tumour of breast. She said it was of two years' growth, but was of probably longer duration. It was what is called chronic mammary tumour, free from pain or other untoward circumstances, except its weight and size, causing great inconvenience. It was nearly eight inches in diameter; when amputated, it would fill a hat. It had that peculiar conical aspect of the nipple observable in chronic mammary tumour. The tumour, growing rapidly, pressed the mammary gland under the nipple, and thus gave a conical shape to the breast, the nipple and mammary gland being the apex of a cone, and the adenoid tumour its base. It had received various names, from the time of Abernethy and Sir Astley Cooper down to the present day. These circumstances we gave a history of in describing *Adenocele* in our Reports a few weeks back. It is at present usually called *Adenocele*—a benign, if we may so speak, or non-malignant tumour. Mr Erichsen stated that he had operated upon two cases lately, in private practice, successfully. Mr Marshall, then assisting, had rendered him assistance at one of those operations. He had, as in this instance, given a correct diagnosis and history, deciding the non-malignant nature of the tumour. One of these cases, of only fifteen months' growth, was of considerably larger size than the one now amputated; the other was still of larger growth, and weighed 12lb. Mr Erichsen removed the mammary gland with the adenocele, otherwise the integument would have been too abundant to produce a good cicatrix. He made a section of the tumour, and observed that the glassy, homogeneous surface which it presented was significant of its being *non-malignant*. There were no interseeting striæ running across it, as in carcinoma, or bands to connect cells. It was what is called fibro-plastic structure. He reverted to a similar case he operated upon six weeks ago, given in our Reports at the time, which has gone away well. Mr Erichsen said—"This will heal and be discharged in a fortnight, if not attacked with erysipelas, which in so healthful a subject is unlikely to occur. The edges of the wound will quickly cicatrise." Mr Erichsen observed that when these tumours occur at the cancerous period (middle age of women), which they frequently do, they are the source of great anxiety. The two cases were greatly alike in all respects—age, personal appearance, formation, and healthful constitution.

CURE OF HERNIA.

Mr Thompson essayed and initiated an operation of his own on this occasion, his object being to obtain more decided adhesive action and inflammation that should induce a more firm cicatrix in the parts operated upon than other proceedings had hitherto effected, the want of which, he said, was the source of failure. He felt so confident of the correctness of the principle which guided the practice he was inaugurating, that whatever might be his success on the present occasion, which was not a very favourable one, he should persevere in the plan he was about to adopt. Mr Thompson remarked that he had witnessed many objections and consequent failures from all other modes. He had performed Wütrzer's operation upon the patient he was about to operate upon to-day some time since. In this case the scrotum and one were large and loose, and the weight of the abundant tissues had overcome the new cicatrices. This indicated a want of solidity and firmness of cicatrix, which he wished to obviate by obtaining a more extended surface of union. Invagination by a tube, as in Wütrzer's operation, gave adhesive inflammation at the peritoneum and conjoined tendon only, and not in the sac, which the tube effectually prevented. In consequence, the tissues, by their weight and looseness, dragged and broke down the cicatrix at the point of union, and the hernia occurred again. This would more especially take place when, upon convalescence, the horizontal is relinquished for the erect position. Instead of using the tenotomy-knife and subcutaneous division of superficial fascia, Mr Thompson invented and used a pair of spring nippers like an inverted pair of compasses. Between the grip of these he elevated and cut away a section of integument. This was done at the point which forms the commencement of the invagination. Thus obtaining two raw edges, they are then invaginated up to the internal ring, and with the index-finger the needle, which is best armed with silk ligature, is guided and pushed through the peritoneum and conjoined tendon and transversalis fascia. The end of one ligature is then freed from the needle, and the other is carried over the ring, brought out and tied tightly on the surface. The same proceeding is then had recourse to upon the external ring; the needle being passed through the tube, somewhat similar to Wütrzer's, through the invaginated tissues, and the ligatures, made to pass through and include the external ring, are tied over a circular wood-roll on the surface; the object being to bring the raw edges of the invaginated sheath into union with the parts included in the ligature, and so induce a more dense union by a larger inflamed surface upon which to set up the adhesive action. The patient was willing and anxious to obtain any mode of relief that could be suggested.

NOV. 14TH.—AMPUTATION OF SCIRRHOUS BREAST.—MR MARSHALL.

A woman, about forty-five years of age, had enlarged gland of the left breast growing for some time. The skin and nipple were retracted, and the gland showed adhesions to the integuments—the sure sign of malignant growth. Mr Marshall made a large section, removing a considerable portion of integument and the whole of the gland. He said, he removed more integument than usual, to include a hardened portion which existed at the extreme margin of the section. Upon the removal and examination of the gland, Mr Marshall described the disease as being of the character called *reticular schirrhus*,—reticular or web-like processes running in all directions through the diseased gland. These contained the cancerous fluid, which did not lie in the milk cysts, but by the side of them—the cysts themselves containing indurated or inspissated milk. He noticed the numerous vessels required in this case to be ligatured. These malignant diseases made large demands upon the circulation during their growth. He contrasted this case with the case of *adenocele* removed by Mr Erichsen last week, of which we have given a report, in which only one important vessel required to be ligatured.

A CASE OF SUPPOSED INTERNAL HÆMORRHOIDS was brought into the operating theatre under chloroform. Mr Marshall, who was called upon suddenly to officiate for Mr Erichsen, said he knew nothing of the character of the case. Upon examination, he found that it was a case of *fistula in ano*, which had been operated upon, and the incision had not been healed, but had formed fresh sinuses, running in several directions. Also prolapsus of the mucous membrane had taken place. Mr Marshall removed the large portion of mucous membrane prolapsed, and freely laid open the sinuses at the verge of the anus. He filled the wounds with dry lint, to stimulate them and induce adhesive inflammation, that they might heal from the bottom. He said, until the sinuses were healed, it was of little use removing prolapsed mucous membrane, since such removal only increases a tendency to return.

ST GEORGE'S HOSPITAL.

NOV. 8TH.—REMOVAL OF TUMOUR ON PAROTID GLAND.—MR HEWETT.

This tumour had existed for twenty-three years, consequently was of very slow growth. The patient was a young woman, about thirty years of age. Mr Hewett had been consulted about six months previously, the patient having practised, at her own suggestion, moving the tumour about, hoping by that means to reduce its size. Instead, the tumour rapidly enlarged from this treatment, and Mr Hewett recommended its removal. She was a lady's maid, and accompanied her mistress into Scotland. On her return, she agreed to its removal. Mr Hewett diagnosed, from its clean outline and long existence, that the tumour was of *fibro-plastic* structure, and, from its deep seat and slow growth, *non-malignant*. He made a deep incision over the parotid gland in the neck, through the integuments and subcutaneous tissues, and reaching the gland, found a portion of it lapping over the tumour. He carefully dissected away the gland, when the tumour beneath was found quite free, of the shape of a potato, and easily turned out. He fortunately found it quite loose and moveable, and so much detached that it turned out like a potato from a bag. In the course of its removal, Mr Hewett had to pull on one side with a tenaculum the cervico-brachial branch of the brachial nerve. In consequence, he said, there would no doubt occur more or less of paralysis of the lower part of the mouth from this unavoidable stretching of the nerve while suspended over the tenaculum. The function of the nerve would become interrupted, and paralysis is the consequence. He said this might probably continue for four, eight, or twelve months, but would in the end entirely subside. With respect to the tumour, he said he had every reason to believe it was of benign character. It had no roots, attachments, or branches extending or running into the neighbouring tissues. These circumstances give every assurance of freedom from any return. Upon cutting into it, it proved to be of *fibro-plastic* structure, and in one spot he showed that it was *cartilaginous*, being of that character of tumour called *enchondromatous*, bands of cartilage intersecting its growth. With respect to its healing, that will be by second intention. The patient being a healthful, good subject, if inflammation does not set in to induce *pyæmia*, of which, although there is a possibility, yet very little probability—or erysipelas, of which the wards are at present free—the wound will speedily heal. He said there would be suppuration, and the wound would heal in the course of a month, or earlier. The last tumour of this kind in the hospital Mr Pollock operated upon a few weeks since. In that case the wound healed in a week, and in ten days the patient left the hospital. Mr Holmes will examine the tumour with the microscope, the structure of which will be reported.

CLINICAL REPORTS OF CASES

UNDER THE CARE OF MR BAKER BROWN, AT THE LONDON SURGICAL HOME.

(Reported by Arthur B. Brown, Clinical Clerk.)

Fissure of the Rectum—Supposed Disease of the Uterus.

M. A., æt. thirty-two, married, admitted into the London Surgical Home August 6th, 1860.

History.—About two years ago was very ill, the abdomen becoming enlarged; the catamenia irregular, profuse, and lasting for a long time; and frequent flooding from the uterus.

She consulted two medical men at different times, who treated her for the flooding and flatulence, but never examined her either per vaginam or per rectum.

Her bowels have been much constipated, and she has suffered much pain on passing her motions. On her admission, she complained of a sensation of a swelling in the abdomen, which moved from side to side; great pain in the limbs, and "a tired feeling."

On Examination, Mr Brown found the uterus perfectly healthy. There was a fold of external piles round the rectum, and several internal piles; also a fissure of the rectum, with a polypoid body dropping into it.

Treatment.—August 9th.—The patient being under chloroform, Mr Brown cut off the exteroal piles, tied the internal, cut off the polypoid body, and divided the fissure. The rectum was then plugged with oiled lint.

August 11th.—Lint removed.

August 12th.—Had ℥ss. of castor-oil, which opened her bowels without any pain.

She soon after this left the Home quite cured, and Mr Brown has since heard of her as being quite well.

Fissure of the Rectum.

A. W., æt. thirty-eight, married, admitted into the London Surgical Home August 6th, 1860.

History.—About nine months ago she was ill with intermittent fever, which left her very weak. When she got better, she felt an irritating pain in her rectum, with difficulty and pain in passing her motions: she had also great pain in her back and loins. Two months ago she attended as outpatient at one of the Metropolitan Hospitals, and was there treated for hæmorrhoids, but without much relief.

On Examination, Mr Brown discovered a very bad fissure, with a polypoid body dropping into it; also two external piles.

Treatment.—She was put for a few days on tonic treatment, and on August 9th Mr Brown cut off the external piles and the polypoid body, and divided the fissure, the patient not being under chloroform. The rectum was then plugged with oiled lint.

11th.—Oiled lint removed.

12th.—Had a dose of castor-oil, which opened her bowels freely and without any pain, which she had not been free from for eighteen months.

25th.—Left quite cured.

Fissure of the Rectum—Supposed Prolapsus Uteri—Hypertrophy of Clitoris.

R. O., æt. forty-one, unmarried, admitted into the London Surgical Home October 17th, 1860.

History.—Twenty years ago, had a fall and injured her womb; an abscess formed, and discharged for some time. She has suffered from great pain in passing her motions and urine. Eighteen months ago, could not pass her water for six months, and used to have the catheter introduced. She has worn pessaries for five or six years to support the uterus.

On Examination, the uterus was found perfectly healthy; but there was a fissure of the rectum, and the clitoris was hypertrophied and felt like a piece of cartilage.

Treatment.—November 2nd, Mr Brown divided the fissure, and also divided the clitoris midway between the gland and crura. This was so hard, that it was with difficulty divided; but when cut, bled freely.

The rectum was then plugged with oiled lint. 4th.—Lint removed. 5th.—Bowels opened by castor-oil, more comfortably than they have been for years.

Remarks.—Mr Brown observed in his clinical observations on this case, that it was one of great interest, as it was evident her sufferings (which she very much magnified) arose from two causes: first the fissure of the rectum, which not only gave pain on defecation, but also produced difficulty of micturition, a very common result of fissure or fistula of the rectum; secondly, from irritation of the clitoris, which was kept up by self-abuse until it had almost lost its normal character. Mr Brown observed that he had on several occasions succeeded in curing the patient of this baneful habit by simple division of the clitoris.

Fissure of the Rectum—Supposed Disease of the Uterus.

M. F., æt. thirty, married, admitted into the London Surgical Home November 1st, 1860.

History.—Eight years and a half ago, was confined of her first child. Since then, she has had constant pain in passing her motions, and lately blood has also passed at the same time. She has for some time had great pain and bearing-down in her womb, and has been treated by many medical men for disease of that organ.

On Examination, Mr Brown found the uterus perfectly healthy; but on examining the rectum, discovered a fissure and two small polypi.

Treatment.—November 3rd, Mr Brown divided the fissure, removed the polypoid bodies, and plugged the rectum with oiled lint.

5th.—Lint removed. Had ℥ss. of castor-oil, which opened her bowels with more ease than had been done for nine years.

12th.—She now has daily evacuations without the slightest pain, and expresses herself as being free from all her old inconvenience.

MEDICAL SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, NOVEMBER 5, 1860.

DR BABINGTON, PRESIDENT, IN THE CHAIR.

A paper, by Professor SIMPSON, of Edinburgh, was read by Dr MCWILLIAM, entitled

NOTICES OF THE APPEARANCE OF SYPHILIS IN SCOTLAND, IN THE LAST YEARS OF THE FIFTEENTH CENTURY.

Dr SIMPSON's paper commenced by stating that Medical men are for the most part agreed upon two points in relation to the history of syphilis—viz., that it is a species of disease which was unknown to the Greek, Roman, and Arabian Physicians; and that it first began to prevail in Europe in the latter years of the fifteenth century. The non-existence of syphilis in ancient times, and the circumstance of its original appearance in Europe, about the date alluded to, are opinions strongly borne out by two sets of facts. For, first, no definite account of this marked and extraordinary species of disease is to be found in the writings of any one of the ancient Greek or Roman physicians, historians, or poets; and, secondly, of the numerous authors whose works exist in the learned collections of Liusinus, Astruc, and Girtanner, and who saw and deseribed the malady in the latter years of the fifteenth, or commencement of the sixteenth century, almost all comment upon it as (to use their own general expressions) "*Morbus Novus,*" "*Morbus Ignotus,*" &c., &c. "It would not, however," said Dr Simpson, "affect our present object, were we to consider the disease as it appeared about the period in question, not to have been a new malady previously totally unknowo, but merely, as some have thought, an aggravated form of a disease, formerly existing in so mild a form as not to have attracted general observation." Dr Simpson considered it unnecessary to investigate the question of the probable source of the disease, and the exact date at which syphilis first burst forth in Europe. In relation to the object he had in view, it mattered not whether it sprung up spontaneously and endemically in Spain, Italy, or France, at the era in question, or was imported from Africa, as Grüner and others allege, or from Hispaniola, as Astruc, Wetherhead, and a host of authorities have stoutly, and not unsuccessfully, maintained. Nor was it necessary to discuss whether it first showed itself in 1493, as Sanchez and Hensler consider that they have proved; or in 1492, as Fulgosi asserts; or as early even as the month of October, 1483, as Peter Pinctor, in 1500, proved astrologically to his own complete satisfaction that it ought at least to have done, inasmuch as that was, as he has sagaciously shown, the precise and exact date of the conjunction of Venus with Jupiter, Mars, and Mercury; and the conjunction of these or other stars in the heavens above, was, as he and many of the Astrological Physicians of his time believed, the origin of this new scourge on the earth below. Dr Simpson started from the general proposition, that the disease was in 1494 and 1495 first distinctly recognised in Italy, during the invasion of that country by the victorious army of Charles VIII. of France. The malady is generally allowed to have earliest broken out, in a marked degree, at Naples, about the time that Charles took possession of that city in the spring of 1495, or nearly two years after Columbus's return from his first voyage to Hispaniola. Charles set out again for France in May, 1495, and the malady seems to have been both diffused by his infected troops along the line of their northward march, and afterwards carried to their respective houses by his own French soldiers, as well as by his various Swiss, German, and Flemish auxiliaries. The new malady was not long in reaching Scotland, as attested by edicts issued in 1497 by the Town Council of Aberdeen, with reference to the appearance of the disease there, and by the Privy Council in Scotland in relation to its prevalence in Edinburgh. By the Aberdeen edict it was "stated and ordainit, that all licht wemen be charg'd and ordainit to decist fra thar viees and syne of venerie,"—and a few years later, "that diligent inquisition be taken of all infect personis with this strange seikness of Nappelis." The Edinburgh edict was six months later in date than the first of those issued by the Aberdeen authorities. It was, as already stated, drawn up by the King's Privy Council, and proceeds thus: "It is our Soveraine Lordis will, and the command of the Lordis of the Counsall, sent to the Prouest and Baillies within this Burgh, that this proclamation follow and be put into execution for the eschewing of the greit apperand danger of the infection of his Lieges fra a contagious sikness callit the Grandgore, &c. That is to say, We charge straitlie and command that all maner of personis, being within the Fredome of this Burgh, quhilk are infectit or has been infectit, and incurit of this said contagious Plage callit the Grandgore, devoyd, red, and pass furth of this Town, and Compair upon the sundia of Leith, at ten houris before none, and thair sall have and synd Botis reddie in the Haven ordainit, to tham be the Officary of this Burgh reddilie furneist with victuales, to have thaim to the Inch, and thare to remain quhile God provide for their Health." The edict further ordains that those who take upon them the cure of the disease are also to pass with the "infectit" to the inch; and disobedience on the part of the Doctor or his patient, rendered both alike amenable to the penalty of being "brynt on the cheek with the marking irne, that they may be kennit in time to come." At the time of the first appearance of syphilis in the northern realm, the throne of Scotland was occupied by James IV., a prince who was a great patron of the arts and sciences of his time. At different times we find him experimenting in Chemistry, in Physiology, and in Medicine. His daily expense-books contain many entries of purchases for instruments and materials to make the unmakeable "Quinta Essentia," or philosopher's stone; and he had laboratories for these investigations both at Edinburgh and Stirling. King James practised the art of Leech-craft, as well as experimented in Alchemy and Physiology. "He was," says Lindsay of Pitscottie, "weill learned in the airt of Medicine; and was ane singular guid chireirgiane; and their was none of that profession, if they had any dangerous cure in hand, but would have craved his adwyse." The High-Treasurer's account shows that the King had a right royal way in one important respect with his patients, that by it he might have secured a large consulting and private practice, even in these modern days of high rivalry and competition; for he paid his patients, instead of being paid by them. Thus, in his daily expense-book, under the date of April 14, 1491, is the following entry:—"Item—To Dominico, to gif ye King leve to leif him blud," eighteen shillings Scotch: and a short time afterwards, "Item—To Kynnard ye barbour, for twa teith drawn furth of his hed be ye King, xviii. shillings." He seems also to have tried his hand at Ocular Surgery; but the following entry rather ominously hints that he was not a successful operator for cataract:—"Item—Giffin to ye blind wif yat had her ein schorne, xviii. shillings." A prince imbued with

such Medical and Surgical propensities would naturally feel deeply interested in the first appearance within his realm of such a malady as syphilis; and in his Treasurer's accounts there are several entries indicated that the King had bestowed monies upon various persons affected with this disease. Thus there are several entries between September, 1497, and April, 1498, for sums awarded to persons of both sexes afflicted with "Grantgore." There are various sarcastic allusions to the disease by the Scottish poets of these early days, amply testifying to the fact of its rapid diffusion, both among the *attachés* of the Court (who were then the most common objects of poetical satire), and among the community at large. William Dunbar, the flower of the old Scottish poets, was at the first introduction of syphilis, in 1497, in the prime of manhood; and in two or three years afterwards, viz., in 1500, was attached to the King and Court of James IV. by an annual State pension. In a number of versea addressed to his patroness the Queen—verses which strongly appear to us at the present day, with our existing standards of taste, as most unseemly and indecent he commemorates the communication of the new disease under the name of the "pockis," or the "spanyie pockis," to the Queen's men, during the jollities of Eastern's e'en, and the reign of the "Abbott of Unreason," and he closes his stanzas with an earnest advice to all to

"Bewar with that perillous play,
That men callis libbing of the Pockis."

The after effects and consequences of the disease he describes thus,—

"Sum, that war ryatous as Rammis
Ar now maad tame like ony Lammia;
And sittin down lyke Scange Crockis;
And has forsaken all sic gamios
As men cā libbing of the Pockis."

Grunbecht and Brandt, who wrote on syphilis in 1496, when speaking of the diffusion of the disease at that early date over Europe, both allude, in very general terms, to its having invaded France, Germany, &c., and reached as far as "Brittain." But the earliest specific notice of syphilis in England which Dr. Simpson remembers to have met with, is in 1502; and in this notice the malady is spoken of under the name of "French pox." This notice is contained in the interesting Privy Purse Expense-Book of Elizabeth of York, the Queen of King Henry VII., edited by Sir Harris Nicholas. This charitable lady seems, from the records in question, to have had several *protégées* under her immediate care and keeping. Among these *protégées* is entered John Pertriche, "one of the sonnes of mad Beale." There are various articles of expenditure successively noted in the Queen's private expense-book as lavished upon this John Pertriche during the currency of 1502, as 'monies' for his 'dyetts,' for 'buying shirts,' 'shoyn,' 'hosen,' &c. There are twenty pence expended for his 'Learnying,' and the last two items in the account record attempts of two different and rather opposite kinds, to amend the mental and moral deficiencies of this hopeful youth. These two ultimate items are:—"For a Prymer and Saulter Book to (John) xx pence," and "Payed to a Surgeon which healed him of French pox xx shillings."

In the second division of his paper, Dr Simpson observes, that the preceding noticea, however brief and imperfect, relative to the first introduction and dissemination of syphilis in this country, were not simply matters calculated to gratify mere antiquarian curiosity. They appeared to him to be capable of a much higher application, For they offered so many elements tending to illustrate the general history of the first appearance of syphilis in Europe, and justify us in drawing from the data they afford, several not uninteresting nor unimportant corollaries in regard to the first origin and mode of propagation of the disease, and the distinction of it from other affections with which it has been confounded. I. These notices tend to corroborate the pathological opinion, that syphilis was a species of disease new to Europe when it first excited the attention of Physicians, and historians, in the last years of the fifteenth century. If syphilis was new in Britain in the end of the fifteenth century, this shows, II. That it is a species of disease distinct and different alike, 1st, from gonorrhœa, and, 2nd, from Greek leprosy (with both of which maladies it has occasionally been confounded), for both of these maladies existed, and were abundantly recognised in this country, long before the era of the introduction of syphilis. III. As regards the mode or modes in which the disease was supposed to be so speedily propagated at its first appearance in Europe, the Aberdeen and Edinburgh records are both interesting, though they offer very opposite testimony on this point. For some time after syphilis broke out, it was believed both by the Medical and non-Medical public, that the disease was communicable and constantly communicated from the infected to the healthy, by the employment of the clothes, vessels, baths, &c., used by these already suffering from it, and by the slightest corporeal contact, or even by breathing the same air with them. One of the gravest articles of guilt brought against Cardinal Wolsey, when he was arraigned by the House of Lords in 1529, consisted in the allegation that, to quote the *ipsissima verba* of the indictment as laid before Henry VIII., "Whereas your Grace is our Sovereign Lord and Head, in whom standeth all the surety and wealth of this Realm, the same Lord Cardinal, knowing himself to have the foul and contagious disease of the great pox broken out upon him in divers places of his body, came daily to your Grace, owning in your ear, and blowing upon your most noble Grace with his perilous and infective breath, to the marvellous danger of your Highness, if God of His infinite goodness had not better provided for your Highness," &c., &c For some years after the first outbreak of the disease, sexual intercourse with the infected does not seem to have been suspected by any one as the source and means by which the syphilitic contagion was propagated; nor was the primary affection of the several organs generally noticed by the authors of these times as a constant or marked symptom. They were acquainted with, and described only, the secondary symptoms of the malady—the hideous eruptions on the skin, the ulcers of the throat, the exostoses and nocturnal pains in the bones—while they mostly all pass over the genital organs as if they remained unaffected. So much was this the case, that we find Montagnana, in 1498, recommending, not as a means of infection, but as a means of cure, moderate coition (*coitus temperatus*). Montagnana speaks of having recommended the treatment in question (*coitus temperatus*) to a sick bishop under his care; and perhaps we may venture to guess that such a prescription would neither be the most disagreeable medicine in the world to one who had taken upon him the vows of St Benedict, nor the one least likely to extend Montagnana's practice among the same class of patients. IV. The early notices (continued Dr Simpson) adduced of the appearance of syphilis in Scotland are curious, as proofs of the rapidity with which the disease travelled at its first outbreak over the kingdoms of Europe. The new malady was, as has already been stated, first distinctly recognised during the period that Charles VIII. of France occupied the city of Naples, or rather immediately after he left that place. That Naples was the locality in which the contagion first spread so widely and rapidly as to be considered almost the source of the new epidemic; and further, that this happened at the precise date of the visit of the French army—seems to be shown by the very designations respectively conferred at the time upon the new affection by the Neapolitans and French. For while the French, as it is well known, designated it at its first commencement "the Neapolitan disease," the Neapolitans, on the other hand, termed it "the French disease." The army of Charles in their march through Italy arrived at Rome on the 4th of December, 1494, and entered Naples on the 21st of February, 1495; and after remaining there three months, they evacuated the city on the 20th of May. On the 4th of the same month, the Spanish General, Cordova, landed in Sicily; on the 5th of July the battle of Torrenovo was fought, and the next day King Ferdinand returned to Naples, but the last remnant of the French army did not reach France till the end of the following year. The Aberdeen edict, however, was issued within less than two years after Charles commenced his march homeward. Or, to state the matter otherwise, Columbus arrived at Palos, in Andalusia, after his first voyage to the New World, on March 15, 1493, and from his second voyage in April, 1496. The edict of the Aberdeen Aldermen and Council was passed on April 23, 1497, or exactly four years and thirty-eight days from the date of Columbus's first return to Europe; while the famous edict of the Parisian authorities was issued on March 6, 1497, only forty-eight days before that of Aberdeen. The rapidity with which the disease thus spread from the south of Europe to its western confines has been often employed as an argument to show that the contagion of syphilis was propagated at its first introduction by laws different from those which now regulate its communication. In other words, it has often been alleged that the disease was thus spread from kingdom to kingdom, and from city to city, by epidemic influence, and by general contagion, and not merely by the slower medium of impure sexual connection. When we look to the then existing state of society, both on the Continent and in our own country—to the loose manners and licentious lives—we shall probably find a sufficient solution of the, at first sight, difficult problem of the rapid dissemination of the new malady. The morals of the general mass of the people are ever found to be regulated by the example set before them by the aristocracy and clergy. At the date of the introduction of syphilis into Europe, the notorious habits of the two latter ruling bodies were assuredly such as to expedite the diffusion of the new scourge that had sprung up among them, and hence at its first outbreak we find the disease forcing itself upon several of the highest members of the Continental Court and Church. The Emperor Charles V., Pope Alexander VI., kings and cardinals, princes and bishops, peers and priests, are recorded among its victims. As far as regarded the predisposing habits and influence of the clergy at least, matters were not better in Britain than on the Continent when the disease reached this country. There was openly inscribed over the door of Cardinal Wolsey's palace,—"Domus Meretricium Domini Cardinalis." The manners of the inferior dignitaries of the church offered only too close an imitation of those of its Primate. The Commissioners appointed by Henry VIII. to visit the monasteries of England have recorded a sad, and probably only a too true, picture of the moral degeneracy of the great mass of the clergy of the time. With some few honourable and cheering exceptions, they found the occupants of the monasteries "following lives of degraded vices and licentiousness, instead of religious purity and exemplary rectitude." Accounts of their proceedings were transmitted by the Visitor to the Vicar-General, and they contained sufficient material to render the monasteries "completely infamous, for their gross, absurd superstition, their shameful impositions, their abandoned, unnatural incontinency," &c. &c. Clerical morals and manners were not in a much better state on the Scottish side of the border. Queen Mary would seem to have regarded the health of the high Roman Church dignitary who baptised her son James with considerable suspicion, for she sent word to him to forbear to use the "spittle" on the occasion. "She would not have a pokia priest to spit in her child's mouth." Very shortly before the commencement of syphilis, the dissolute manners of the English clergy, especially of the regulars, created such noise and commotion, that Pope Innocent VIII. sent, in 1490, to Archbishop Merton, authorising him to admonish his abbots and friars, "that by their lewd and dissolute lives, they brought ruin upon their own souls and set a bad example to others." When such was the scandalous life led by some of the clergy, we cannot wonder (concluded Dr Simpson) that before the introduction of syphilis, Rabelais (himself at one time an ecclesiastic) should apply to gonorrhœa the very significant term of "Rheume Ecclesiastique;" or, that after the appearance of syphilis, this latter and greater malady should have spread speedily among all ranks, down from the clergy to the laity, and from the king to the church, and should have diffused itself by such stealthy and rapid steps over the countries of Europe, as to have at first been mistaken for a malady spreading itself, not by impure intercourse, but by general epidemic influences.

A discussion followed the reading of this paper, in which Dr Copland, Dr Babington, Mr Hunt, and Dr McWilliam took part.

Robbery of Surgical Instruments.—At the Marlborough-street Police Court, John and Susan Farmer were charged with stealing surgical instruments, the property of Mr Bailey, surgical instrument maker, of 418 Oxford street, from whom a large number of instruments had been stolen out of a glass case in the shop. They had endeavoured to dispose of them to a surgeon, and when they were apprehended had in their possession several cases of instruments, which were identified. The prisoners were remanded.

OUR NOTE BOOK.

GLYCERIN LOTION.

Take of rose-water, 1 pint; quince-seed, 2 drachms. Macerate, strain, and add glycerin 1lb. This is an elegant application to chapped hands, and may do very well for a hair-dressing. Rose-water may be substituted by orange-flower water, or other aqueous perfumes.—'Chemist and Druggist,' and 'British American Journal.'

HYPODERMIC MEDICATION BY SULPHATE OF QUININE.

The subject of hypodermic medication is now attracting much attention. Much has been said about its great efficacy in neuralgic affections, where the effect is supposed to be a local one, though, at times, the constitutional symptoms are quite marked.

The results of experiments performed by Dr I. Langer, of Davenport, Iowa, with sulphate of quinine, and reported in the 'New York Medical Press' for June 16, 1860, prove that this drug, at least, acts after its absorption. The article is quite lengthy, but the following conclusions contain the substance of the Author's labours:

"1st. Certain agencies most powerful when hypodermically used, will become inefficacious when administered in stomach doses.

"2nd. Sulphate of quinine injected into the areolar tissue will act quicker, more powerfully, and with equal, if not more, certainty in subduing the primary symptoms of malarial infections, than when administered by the mouth.

"3rd. Sulphate of quinine injected under the corium even in large doses, one scruple at one injection, will not produce excessive cephalic symptoms.

"4th. Sulphate of quinine injected under the corium, if necessary, during a paroxysm, will be followed with less aggravated symptoms than in a stomachic dose.

"5th. Where the sulphate of quinine is indicated, the local irritation of the stomach and appendages constitutes no contra-indication.

"6th. The injection must always be made under the corium.

"7th. The solution must be rendered neutral, to avoid unnecessary pains.

"8th. For the same purpose—also for dissolving the crystals sometimes precipitated in a solution of the sulphate of quinine—the temperature of the solution must be increased to blood-heat and over.

"9th. Sulphate of quinine hypodermically applied is received into the system in a greater state of purity than when given by the stomach, where it may become contaminated or decomposed."—'Boston Med. Journal,' Aug. 2, 1860, and 'British American Journal.'

ON RETENTION OF URINE IN THE FŒTUS AS A CAUSE OF OBSTRUCTED LABOUR.

The substance of this paper constituted a communication to the Academy of Medicine some years since, but has never been before published in full. Judging from the silence of writers on Midwifery upon this subject, M. Dépaul observes, this cause of difficult labour can be little known. But although cases of retention of the urine in the fœtus carried to this extent may be rare, others are far more common, in which, owing to the secretion having continued during a less lengthened period, or having been less abundant, the tumour resulting from its accumulation has been much less considerable, or may have passed unperceived at the period of birth. At present, the Author confines his attention to the obstetrical relations of these cases, proposing on a future occasion to demonstrate the fact now generally denied—viz., that the functions of the kidneys become established at an early period of fœtal life, the urine passing, by reason of the bladder, through the canal of the urethra into the liquor amnii, of which it is indeed one of the principal sources. The following is an abstract of the particulars of the case which occurred in M. Dépaul's own practice, and related by him at great length:

A lady, twenty-eight years of age, in her third pregnancy, found at the fifth month that she had attained the size usual at the end of gestation, this exaggerated size having begun to manifest itself after three months and a half. The movements of the child, too, perceived first at about the fourth month and a half, were very feeble, and kept getting more and more so. Soon after the sixth month labour pains appeared, and in the course of twenty-six hours dilatation had become complete. Notwithstanding, however, that the pains of late had become very active, no progress seemed to be made, and no liquor amnii was discharged. The midwife, wishing to expedite matters, used various violent tractions, the consequences of which were that the cervical spine became broken, and one arm and the head were detached from the body. A practitioner who was called in detached the other arm and opened the thorax; but notwithstanding the evacuation of the lungs and heart, the trunk could not be delivered. After eight hours endeavour of this kind, the Author's aid was sought, the pains having now become feeble, but the patient's condition being in no wise alarming. He was at once struck by the enormous size of her abdomen, the fundus of the uterus extending six fingers' breadth above the umbilicus, while the organ had assumed the size of a uterus at full time when distended with a large quantity of liquor amnii. On examination, the abdomen of the infant was found to be enormously distended, and this was at first attributed to ascites, although such large effusions into the peritoneum during intra-uterine life are very unusual. An opening into the abdomen was forced by means of the finger, and about a quart of sanguinolent serosity was discharged. Notwithstanding this, it still continued immensely distended, and a fluctuating tumour was still to be felt. Perforating this with the nail, a quantity of transparent, citron-coloured fluid gushed out, which was estimated at about five pints. After this discharge the delivery was easily completed, and the patient did as well as after a natural labour. On examining the fœtal abdomen, and restoring it by means of insufflation to the large size it had prior to the punctures, it was found to measure twenty-one centimetres in the transverse, nineteen in the vertical, and fourteen in the antero-posterior diameters—and this independently of the increase which had taken place from effusion of serosity into the peritoneum. The abdominal walls themselves had also undergone a considerable thickening from serous infiltration. The distended bladder, the muscular walls of which were much hypertrophied, occupied almost all the cavity of the abdomen, the organ being in its largest circumference thirty-five centimetres. Three canals opened on its surface,—the two ureters, and the large intestine. The last terminated on the anterior side (its normal calibre having become diminished after coming in contact with the bladder to that of a small quill), its aperture being scarcely detectable. Externally there was no indication of the orifice of the anus. The immediate cause of the urinary tumour was the obliteration of a portion of the canal of the urethra.

M. Dépaul quotes in detail cases more or less resembling this one related by Portal, in his 'Pratique des Accouchements;' by Mr Fearn, in vol. ii. of the 'Lancet' for 1834-35; by M. Delbovier, in the 'Archives de Médecine Belge;' by M. Gaudon, in the 'Bulletins de la Société Anatomique' for 1846; and by M. Duparcque, in the 'Annales d'Obstetrique' for 1842; and from the whole he draws the following conclusions:—1. The urinary secretion is established at an early period of fœtal life. 2. When, from vicious conformation or other obstacle, the urine cannot at this period of life be expelled into the cavity of the amnios, it accumulates in the bladder, and this organ may then obtain dimensions which renders spontaneous delivery impossible, even when the pelvis is perfectly well formed, and the period of pregnancy is not complete. 3. So great have been the difficulties thus produced, that in several cases the head and limbs have become detached without the obstacle being overcome. 4. Whenever an examination of the parts has been made with exactitude, it has been plainly demonstrated that, together with this development of the size of the bladder, there has coexisted a hypertrophy of its walls, and especially of its muscular coat, showing that the organ does not play merely the part of a passive reservoir, but that it frequently endeavours, during pregnancy, to expel the fluid which it has received. 5. The cases on record would seem to show that while it may be well-nigh impossible to recognise the nature of such a case during pregnancy, a strong probability, if not certainty, may be arrived at respecting it during the progress of labour. 6. The rarity of simple ascites carried to this extreme degree, will at once lead to the presumption of a distension of the bladder; a retention of urine may be declared to be present when malformation of the genital organs may be made out by exploration. 7. Under any circumstance the practice to be pursued is the same. When tractions, carried as far as prudence will permit, have failed, an evacuation must be resorted to. 8. As the vices of conformation of the urinary organs in question do not necessarily compromise the viability of the infant, it is absolutely necessary to practise the operation of puncture with all due precaution. The insertion of the funis will serve as a safe guide to the most favourable spot. 9. In proceeding in this way, it may not be impossible, by means of another operation, performed after delivery, to re-establish the natural passage of the urine, and thus save the life of the child.—'Gazette Hebdomadaire,' Nos. 20, 21, 23, and 'British American Journal.'

ALUM LOZENGES FOR APHTHÆ AND PHARYNGO-LARYNGEAL ANGINA.

Instead of the alum gargles prescribed for pharyngo-laryngeal angina, the aphony or disphony of professional singers, and for aphthæ of the mouth, whatever be their origin, M. Argenti exhibits with benefit the following lozenges:

℞—Aluminis . . . . .
Tragacanthæ . . . .
Sacchari . . . . . } ā q. s.
Aq. destill. lauro-cerasi

for lozenges weighing 7 gr. and containing each about half a grain of alum.

The well-mixed mass is spread over a sheet of paper, distributed into lozenges, and dried at a mild heat. The result is a pastil in which the astringent taste of the alum is tempered by the sweetening ingredients, and will keep for months. The lozenge is allowed to melt in the mouth, and the saliva conveys the medicinal agent to the diseased parts.—'Journal of Practical Medicine and Surgery.'

LEGAL INTELLIGENCE.

COURT OF EXCHEQUER, Nov. 14TH.

(*Sittings in Banco, before the* Lord Chief Baron, Mr Baron Bramwell, Mr Baron Channell, *and* Mr Baron Wilde.)

ELLIS *v.* KELLY.

This was a case stated under the 20th and 21st of Victoria, cap. 43. An information was preferred against the defendant, a surgeon at Pinner, for having, on the 2nd of November last, pretended to be, and using the title of, Doctor of Medicine, thereby implying that he was registered under the Act 21st and 22nd of Victoria, cap. 90.

It was proved before the magistrates that the defendant had for years past affixed on the outer gate of his residence a brass plate, on which was engraved "Dr Kelly." The defendant was registered in the last 'Medical Register' as a member of the Royal College of Surgeons of England, 1856; licentiate of the Society of Apothecaries, 1856. The complainant swore that he had heard him call himself Doctor Kelly.

For the defence, a document, purporting to be a diploma of the University of Erlangen, in Bavaria, was put in, and evidence was called to prove the genuineness of it.

Gustavus Morris Strauss, Doctor of Philosophy, of Berlin, swore that he was acquainted with the diplomas of the University of Erlangen, and one of the seals attached to the diploma produced was that of the great University; that the second seal was that of the Medical Faculty; that the diploma permitted the person named therein to practise Medicine throughout Germany, and that he believed the signature of one of the professors (Rowsshuit) to be genuine.

Adolph Reinecher, Doctor of Medicine, of Berlin, swore that the diploma in question was in the form and shape of those used at Erlangen, but that the seals are not like those at present used; that formerly diplomas of Philosophy of German Universities were to be had for money, but not those for Medicine, persons residing in England being unable to obtain one without first undergoing examination.

The complainant contended that the diploma put in was not legally proved to be authentic and genuine, nor the person named therein to be the defendant; and that the same might have been proved if the defendant had left the document at the Registration office, when the Council would, through the Dean of the Faculty at Erlangen, have ascertained the fact of its being genuine or not; and that even if these facts had been duly proved, the defendant not being registered as qualified by that diploma to practise

as a M.D., he did not commit the offence charged in the information by having the title of doctor on his brass plate in front of his house; and also that the possession of such foreign diploma did not entitle the defendant to use the title of doctor of medicine in this country without being liable to the penalty imposed by the 40th section of the 21st and 22nd of Victoria, cap. 90.

The Justices, upon hearing the information, dismissed the same, with costs against the complainant, for the following reasons:—That it was proved the defendant had practised at Pinner as a medical man, assuming the title of doctor of medicine, and was not registered in the Medical Register as such; that the document purporting to be a diploma was not proved; that the possession of that document so far justified the defendant in assuming the title of doctor of medicine; that he could not be said to have assumed such title wilfully and falsely within the meaning of the 40th section of the Registration Act: but the Justices were of opinion that the Act prohibited in England the use of the title of doctor of medicine obtained by virtue of any foreign diploma, unless the same be registered according to the provisions of the Act. The questions stated for the opinion of the Court were—first, whether the Medical Registration Act, 21st and 22nd Victoria, cap. 90, prohibits the taking and using the title of doctor of medicine by any medical man in England unless the said title be duly registered according to the provisions of the Act; secondly, whether, if the Court should be of opinion that the Act prohibits the assuming of such title, the defendant under the circumstances can be held to have so done "wilfully and falsely" within the meaning of the 40th section.

Mr Codd argued for the appellant; Mr Coulson Robinson, for the respondent.

Mr Codd submitted that the opinion of the Court should be in the affirmative on both questions; that the Act prohibited the use of the title of doctor of medicine, and that there was no evidence to justify the justices in assuming his title from the parchment produced before them. Sect. 34, 21st and 22nd of Victoria, cap. 90, enacts that a duly-qualified medical practitioner shall be construed to mean "a person registered under this Act." The 40th section enacts "that any person who shall wilfully and falsely pretend to be, or take or use the name or title of, a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a physician, &c., shall, upon a summary conviction for any such offence, pay a sum not exceeding 20*l*." The question is, whether, upon the wording of the Act, the fact of having a foreign diploma gave the defendant a colourable right to use the title of a physician. The magistrates did not think the seals to the diploma proved, and the evidence of its authenticity failed.

The Lord Chief Baron: The seals are both proved according to the evidence stated in the case before us.

Mr Codd: The justices say the contrary.

The Lord Chief Baron: When we revise the decision here, we may say that the seals are proved, although the magistrates say they are not.

Mr Codd: I contend that a person duly qualified, but not registered, comes within the 40th section; his non-registration is a violation of it.

The Lord Chief Baron: But the defendant is registered both as a surgeon and an apothecary.

Mr Codd: But not as a M.D., which he described himself to be. He wilfully and falsely pretends to be what he is not, and comes within the Act.

The Lord Chief Baron: If a man is registered, he may call himself what he pleases. Suppose a person is a surgeon and a doctor of laws, which might happen, surely he can call himself doctor if he thinks proper to do so! The Act was passed to prevent persons not being qualified to practise surgery imposing upon the public. The defendant is qualified and registered, and you can only charge him with assuming to be a member of the College of Physicians, when he is only in reality a member of the College of Surgeons. There is no pretence for saying that he pretended to be a member of the College of Physicians. The charge virtually here is not that he assumed a name, but that he did not drop it.

Their Lordships were ultimately of opinion that the decision of the Justices should be confirmed, and granted the costs of the appeal.

In the Court of Queen's Bench at Westminster, on Nov. 15, the case of the Queen *v.* the Registrar of the General Council of Medical Education and Registration of the United Kingdom was brought before Lord Chief Justice Cockburn, and Justices Hill and Blackburn. Mr Serjeant Hayes moved for a rule calling upon the Registrar of the General Council of Medical Education and Registration to show cause why the name of the applicant, R. Organ, should not be restored to the Register, from which it had been erased by order of the Council. It appeared from the statement made by the learned serjeant, that the 46th section of the Medical Act (the 21st and 22nd of Victoria, cap. xc.) authorised the General Council to dispense with such provisions of the Act, or regulations made under it, as to them should seem fit, in favour of certain classes of practitioners, among whom were enumerated "persons practising in the United Kingdom on Foreign or Colonial diplomas or degrees." The applicant sent in an application to have the benefit of this dispensation, as being in practice on a foreign diploma. The Council did not recognise his claim on the ground which he put forward, but allowed his name to be registered under another clause of the same section, viz., as acting "as Surgeon in the public service," the applicant being Surgeon to several Poor-law Unions in Yorkshire. Subsequently they caused his name to be erased from the Register, in accordance with the power given to the Council by the 59th section, which enacted that if a registered Medical Practitioner shall be convicted of any felony or misdemeanour, "or shall, after inquiry, be judged by the General Council to have been guilty of infamous conduct in any professional respect," the General Council might, if they saw fit, direct the Registrar to erase his name from the Register. There was also another section, the 26th, which enacted that any entry which shall be proved to the satisfaction of such General or Branch Council to have been fraudulently made may be erased from the Register, by order in writing of such General or Branch Council; and the Council contended that they were justified in erasing the applicant's name under that section; also, it being alleged that he had procured his name to be registered by a statement that he had been duly appointed Surgeon to certain Unions, the fact being that, in at least one of the instances specified, he had no regular appointment. The learned serjeant now stated that the applicant had not claimed to be registered as a Surgeon "in the public service," but as "practising on a foreign diploma;" and he contended that the 30th section was prospective only, and not retrospective; and, as the "infamous conduct" of which it was alleged the applicant had been guilty took place many years ago, the Medical Council had no jurisdiction to inquire into it. Lord Chief Justice Cockburn said the question required serious consideration, and the learned serjeant might take a rule.—Rule *nisi* granted.

DR CHARLES COOTE.

It is with great sorrow that we have to announce the death of Dr Charles Coote. A career of usefulness opening with brighter prospects than usually falls to the lot of one so young has thus been suddenly brought to a close; and when we say he died respected and esteemed by all who know him, we feel that we are expressing a sentiment very generally felt.

Charles Thomas Coote was the fourth son of R. H. Coote, Esq., Barrister, of Lincoln's-inn. He was born in the year 1823. His early education was acquired at the Kensington Proprietary and King's College Schools, whence he proceeded to Queen's College, Oxford, intending at that time to enter the Church, his mind having been attracted to theological studies by the movement which began in the Church of England under the name of Tractarianism. In this study he continued for several years, and obtained with honours his degree of Master of Arts in 1847. But here his active mind took another turn, and he migrated to Pembroke College, devoting his attention to the more attractive studies of Medicine and Natural Science; and again he gave evidence of the talent which he possessed by gaining the Shepherd Medical Fellowship of his College. He now entered on the practical study of his Profession at St Bartholomew's Hospital, and, a short time afterwards, obtained the Radcliffe Travelling Fellowship. In 1853 he took his degree as Doctor of Medicine at Oxford, and in 1858 was elected a Fellow of the Royal College of Physicians.

Having now finished his Professional education in England, he married, and proceeded to visit the various Continental Medical Schools, being for some time a pupil under Rokitansky at Vienna, and Virchow at Wurtzburg. But here a sad trial overtook him—his wife died; and this shock so shattered his health that he returned home, aged by much more than the time he had spent from England.

The war in the Crimea soon followed, and Dr Coote went out as one of the Assistant-Physicians to the British Civil Hospital at Smyrna. Upon his return to England he became attached to the Great Northern Hospital, which he afterwards relinquished on being appointed to the staff of the Middlesex Hospital, which appointment is now made vacant by his death.

His untiring energy and perseverance, his constant attendance in the post-mortem theatre, soon told upon a frame already shattered by domestic affliction, and weakened by his Eastern labours. He rapidly lost flesh and strength; and being advised by his colleagues to try change of air, he proceeded to St Leonards, and afterwards to Hières, in the South of France. For a short time he seemed to derive evident benefit, and the accounts which reached home were very encouraging; but this was only of short duration. He was found dead in his bedroom on the morning of the 13th inst., having died apparently from some cardiac affection.

We gladly append the following resolution unanimously agreed to by his late colleagues, as expressing the feelings with which he has inspired them during the short time he held office at the Middlesex Hospital:—

"The Medical Committee have the painful duty to announce at the Weekly Board that they have received the distressing intelligence of the death of their esteemed colleague, Dr Charles Coote. The Committee cannot make this communication to the Weekly Board without at the same time expressing their deep sense of the loss the Hospital has sustained in the premature decease of one whose extensive acquirements, untiring energy, and great practical abilities, rendered him a peculiarly valuable officer, as well as an ornament to his Profession. As a colleague, Dr Coote was endeared to the Committee by the amiability of his temper and the perfect integrity of his character. And in thus recording the personal attachment which was universally felt for him, the Committee are called upon to add the expression of their belief that the fatal event which they now deplore was hastened by his conscientious perseverance in the discharge of duties far beyond his strength."

That this resolution expresses a very general feeling we are sure; and we know that our departed friend was held in the very highest esteem by the students under his tuition. With their teacher they have also lost a kind-hearted and warm friend; and the promise which he gave of future greatness makes his loss one which the Profession may lament.—'Medical Times and Gazette.'

JAMES HOWELL, ESQ., M.R.C.S.

The recent death of this gentleman, in his seventieth year, has removed from amongst us one who by his talents and influence, and especially by his high tone of professional conduct and feeling, was well worthy of the intimacy he enjoyed through life with most of the leading members of our profession in London and its vicinity.

Mr Howell became a member of the College of Surgeons in 1812, and commenced practice in Wandsworth, influenced to this step by the advice of Dr Tape, of Staines, and Mr Ives, of Chertsey. In 1814 he married the daughter of the latter gentleman; of the children of which marriage, several (including two sons in the Medical Profession) survive him. From this date to that of his death he continued to practise here, beloved and honoured, it may truly be said, by his numerous patients, and grateful poor of the neighbourhood, and the leading professional men of his day, with whom his practice necessarily brought him into a frequent contact, which his worth and manner made the prelude to friendship.

Although he contributed little to the literature of his profession, his great ability was well known to his friends, who found him, on points of importance, considerably in advance of his day. From a very early period he successfully combined the non-restraint system in the treatment of insanity with the use of a liberal diet and opium. The abuse of purgatives he also steadily resisted at all risks to himself; and there is one prominent member of the profession still alive who probably owes his life to the sagacity of Mr Howell in this respect. His success, in the more conventional meaning of the word, was early and decisive.

In 1857 his health began to fail; and he underwent an attack of fever, for which he was attended by Dr Bright and Dr Brinton. In 1858 he was seized with symptoms closely resembling those of whooping-cough, which gradually undermined his constitution. He died at his residence in Wandsworth on the 26th of September last.

Births, Marriages, and Deaths.

BIRTHS.

CREEGEN.—November 7, at Plough road, Rotherhithe, the wife of James Joseph Creegen, M.D., of a daughter.

MARLEY.—November 17, at Bromyard, Herefordshire, the wife of Richard Marley, Esq., M.R.C.S., L.A.S., of a son.

THURNALL.—November 6, at Bedford, the wife of W. Thurnall, Esq., M.R.C.S., of a daughter.

MARRIAGE.

GARNER—BIRNEY.—November 1, at Bright, William H. Garner, M.D., to Helen Cordelia, second daughter of J. Birney, Esq., of Oakley Park, Co. Down.

DEATHS.

BOWDEN.—October 28, Samuel William Bowden, of Brixham, Devonshire, M.R.C.S. Eng., L.S.A. Lond., Admiralty Surgeon and Agent, aged 52.

BURMAN.—November 4, at Wisbech, of apoplexy, Smith Burman, M.D. Edin., aged 52.

COOTE.—November 13, Charles Thomas Coote, M.D. Oxon, F.R.C.P. Lond., of Gloucester place, Hyde park, aged 36.

FRENCH.—November 22, at Cambridge Heath, James French, Esq., M.R.C.S.E., aged 76.

HALLS.—November 6, on board the Peninsular and Oriental Company's steamer 'Ceylon,' John Jas. Halls, Esq., B.A. Cantab., F.R.C.S., Assistant-Surgeon in H.M.'s Bengal Army, Surgeon at the civil station of Arrah during the siege of that place in 1857.

HART.—November 1, in Northumberland square, North Shields, William Hart, M.R.C.S. Eng., L.S.A. Lond., aged 43.

LAMONT.—November 11, Æneas Lamont, of Belfast, F.R.C.S. Ireland.

LUDLOW.—At D'Urban, Port Natal, South Africa, William Henry Ludlow, formerly of Leire, near Lutterworth, Leicestershire, aged 28.

MOLLOY.—November 14, at Hounslow, Middlesex, Robert Molloy, M.D., M.R.C.S. Eng., L.S.A. Lond., aged 45.

PEMELL.—November 13, at Canterbury, Peter Pemell, M.R.C.S. Eng., L.S.A. Lond.

PRICE.—November 13, William Price, of Portsmouth, M.R.C.S. Eng., aged 77.

PURTON.—Recently, Astley Purton, of Alcester, Warwickshire, M.D. Edin., M.R.C.S. Eng., aged 48.

RADCLIFFE.—November 5, Samuel Radcliffe, of Leeds, M.R.C.S. Eng., L.S.A. Lond., aged 53.

SCAIFE.—November 4, suddenly, William Scaife, of Kinkerry hill, Bewcastle, Cumberland.

SEIFFER.—August 26, at Greenock Creek, South Australia, A. Seiffer, M.D., aged 32.

STACEY.—November 15, Edmund Hills Stacey, of Carmarthen, M.R.C.S. Eng., L.S.A. Lond., aged 65.

TAYLOR.—October 30, at Tamworth, Joseph Taylor, late of Appleby, Leicestershire, M.R.C.S. Eng., aged 69.

THOMPSON.—November 8, Henry Thompson, of Baptist Mills, Bristol, (in practice prior to 1815,) Surgeon in the Army, aged 75.

THOMPSON.—October 31, John Thompson, of Blanchland, Riding Mill, Northumberland, L.S.A. Lond.

TURNER.—November 11, Richard Turner, of Lewes, Sussex, M.R.C.S. Eng., L.S.A. Lond., aged 61.

TWEDDELL.—November 14, at Hartley Wintney, Hants, Fenwick Martin Tweddell.

WALL.—October 27, Dr Wall, late of Dunmanway, Cork, aged 39.

WILSON.—November 8, John Grant Wilson, of Clifton, M.R.C.S. Eng., L.S.A. Lond., late Senior Surgeon to the Bristol General Hospital, aged 63.

YELLOW FEVER AT BELIZE.—H.M.S. "Icarus" has arrived at Jamaica from Belize, Honduras, having lost in that place, from yellow fever, the second lieutenant, two assistant-surgeons, master, captain's clerk, and thirty men. Many of the crew also were very ill on her arrival in Jamaica. They were all conveyed to the hospital, since which no deaths have occurred.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 15th inst.:—Henry Joseph Altmann, Islington; Frank Harvey Browne, Stowe Maries; Alfred Frederick Strafford Clarke, Gordon square; Branthwayte Beevor Ford, Longton, Staffordshire; Henry Goodall, Madras; Edward Buller Hicks, Greenhithe; George Augustus Hicks, Torquay, Devon; William Kennethmant Ironside, N.B.; Felix William Isherwood, Clitheroe, Lancashire; John Sampson Levis, Skibbereen; Samuel Lloyd, Smethwick, near Birmingham; George Valentine Theodore Manly, Free Town, Sierra Leone; John March, Hounslow; Richard Henry Milson, London; Theodore Orton, Littlebourne; William Henry O'Toole, Dublin; William Pitt, Willenhall; Thomas Savage, Wolverhampton; Edward Julian Sharood, Brighton; Charles Walls, Boothby, Spilsby; Edward Parker Young, Delamere crescent; George Edmund Young, Mechlin.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, the 15th inst.:—Charles James Bracey, Birmingham; Francis Mark Cann, Exeter, Devon; Francis William Gibson, Bath; Thomas Fitzherbert Snow, Box, Wilts; John Tanner, Tetbury, Gloucestershire. The following gentlemen also on the same day passed their First Examination:—Richard Henry Dawson, Broxholme, Lincolnshire; John Harvey, Birmingham; James Fenton Stamper, Haverfordwest. For an Assistant:—George Samuel Hodgson, London street, Greenwich. The names of gentlemen who passed the Special Preliminary Examination in Arts on Tuesday and Wednesday, the 20th and 21st inst.:—Frederick William Adams, Bristol; George Corney Birt, Brighton; T. H. Brocklehurst, Hyde; Isaac Thomas Bridgman, Saville row, Walworth; Christopher William Calthrop, Withern Alford; Frederick Chabot, Camberwell; Henry G. Dusautoy, Southampton; W. H. Harding, Aylesbury; William Brown Holderness, 12, Park street, Windsor; William John Land, Aylesbeare, Devon; F. M. Mackenzie, Tiverton; Francis M. Pemberton, York House, Chertsey; Charles John Pyle, Amesbury, Wilts; Henry Rayner, Sutton Valence, Kent; R. H. Sanderson, Wellingboro'; Reginald P. Simpson, Norwich; Henry Weekes, Brompton, Kent; William Wilks, Ashford; Eyton O. Williams, 39, Keppel street; Robert Wood, Uttoxeter.

APPOINTMENTS.—Christopher Heath, Esq., F.R.C.S., has been appointed Surgeon to the West of London Hospital, Hammersmith. Dr Thomas Chaplin has been appointed Physician to the English Hospital for Jews at Jerusalem. Mr George Lewis Cooper, F.R.C.S., Surgeon to the Bloomsbury Dispensary, and one of the Surgeons to the National Vaccine Establishment, has been nominated by the College of Surgeons as a Recognised Teacher of Vaccination, and appointed by the Council of University College to instruct the Students of the Medical School in Vaccination, according to the new regulations: Vaccine Station, 3 Caledonian road, King's cross. Edwin Benjamin Gray, M.B. Oxon, M.R.C.S. and L.S.A. Lond., House-Surgeon to the Radcliffe Infirmary, Oxford, was unanimously elected Physician to that Institution on November 15, 1860, in the room of Dr Rolleston, resigned. J. H. B. Macleod, M.D., has been elected Professor of Surgery in St Andrew's University, Glasgow.

TESTIMONIAL.—On the 15th inst., the inhabitants of Hartley Wintney, Hants, and adjoining parishes, presented a handsome silver tea and coffee service, together with a ring and set of shirt-studs, to Dr Foster, on his leaving the neighbourhood. Dr Foster has been in practice at Hartley Wintney for upwards of seventeen years, during which time he has gained, by reason of his professional skill and unremitting attention to the sick, the affection and gratitude of all classes. The testimonial is intended as a slight mark of the esteem in which he is held, and bears the simple but appropriate inscription—"To Dr Foster, from his grateful Patients."

PRESENTATION.—Dr J. T. H. Dunn, of 7 Carton place, Westbourne park, after six years' practice in the town of Whitstable, both as a General Practitioner and as Surgeon to this district of Coast Guard, having removed to London, the inhabitants, wishing to mark their sense of his worth and their regret at losing him, have presented him with a handsomely-embossed Silver Tankard lined with gold, bearing the following inscription:—"Presented to J. T. H. Dunn, Esq., M.D., by his Friends at Whitstable, as a mark of the esteem and respect in which he was held both in his professional and private character during his residence among them. Nov. 12th, 1860."

LUNACY STATISTICS.—The following very interesting statistical facts concerning English Lunatic Asylums have lately been published by Dr Tuke:—There are 31,957 persons legally certified as of unsound mind; it may, therefore, be calculated that of the adult population more than 1 in every 300 is afflicted with mental derangement. The question as to their treatment is one of great public interest. From the returns in the 14th Report of the Commissioners in Lunacy it is demonstrated that private asylums, conducted by resident Physicians, take the highest place as curative institutions, and that the rate of mortality in them is less than in any other asylum of the same description. The following results are taken from the tables given by Dr Tuke, and show the comparative advantage of 151 establishments devoted to the treatment of the insane:—

	Per cent. of cures.	Per cent. of deaths.
60 Private asylums with Resident Physicians	38·6	4·3
30 Ditto without Medical Residents	36·	4·1
20 Ditto receiving paupers	34·	7·7
41 County and borough asylums	34·	7·7

It is satisfactory to find that in some of the private asylums cures amount to more than 50 per cent. of the admissions. The importance of prompt medical treatment is shown by the recovery of nearly 80 per cent. of the cases admitted under medical care during the first three months of the malady.

PROGRESS OF THE MAIN DRAINAGE OF LONDON.—The engineer of the Metropolitan Board of Works reports that the Southern Outfall Sewer, which was commenced in the April of the present year, and is to be completed within two years from that period, will receive the contents of the High-level Sewer, at Deptford Creek, by gravitation, and the contents of the Low-level Sewer through the Deptford pumping-engines; and will convey the sewage of the whole of the southern drainage through Greenwich, under Woolwich, and across the Erith marshes to Halfway Reach in the Thames, at a point about twelve miles below London bridge. It will here be raised by pumping-engines into reservoirs, and discharged into the bottom of the river during the first two hours of the ebb-tide only; so that whilst it will there be diluted by about a hundred times greater volume of water than at present, it will also be carried by the ebb-tide to a point twenty-four miles below London bridge. The length of sewer from Deptford to the outfall is 7¼ miles; it is 11ft. 6in. in diameter, and its fall is 2ft. per mile. This work has been commenced. The tunnel under Woolwich is about one mile in length, and varies from 45ft. to 75ft. in depth. At the east end of Woolwich the cutting is through sand, and at the west end through chalk. The miners are working night and day.

A FALSE CHARGE.—At the Marlborough-street Police Court, on the 15th inst., a parochial medical officer was charged with an assault and indecent conduct towards a young woman, a servant out of place. When the evidence had been given, Mr Tyrwhitt said, these charges were easily made. It was necessary, in going into the evidence, that great particularity should be insisted on, and great attention had been given to this case. Medical men, and surgeons more than any men, were exposed to such accusations. He was of opinion that the present charge against the defendant had not been made out, and he should certainly not commit him, but leave the complainant to proceed, if she should think fit, by indictment at the sessions. He did not believe the charge, and should therefore, so far as this court was concerned, discharge the defendant.

DISEASES OF THE UTERUS.—Although it is a matter of common observation that uterine diseases have never been more prevalent than during the last few years, yet we were scarcely prepared to learn that they often ran a fatal course in men. Nevertheless, according to the Registrar-

General's Twenty-first Annual Report, "Disease of the Uterus, &c.," was the cause of death in no less than fifty-three males in England during the year 1858. In London alone there were four fatal cases—a rather extraordinary fact, inasmuch as neither man nor boy died of ovarian dropsy! Would it not be advisable to start a special hospital for these obscure affections in the male sex?

ANOTHER VICTIM TO PROFESSIONAL COURAGE.—M. Desprès, Surgeon to the Bicêtre Asylum near Paris (for the insane and likewise for aged men), has just died, in the vigour of manhood, from a contagious disease caught whilst attending one of his pupils affected with the complaint. M. Desprès is universally regretted.

A NEW NATURAL HISTORY REVIEW is announced, in which Dr Carpenter, Mr Busk, Professor Huxley, and others will assume a part.

THE WOUNDED GARIBALDIANS.—The Ladies' Garibaldian Benevolent Association have just remitted to General Garibaldi a further sum of 500*l.* for the use of the sick and wounded volunteers of his army.

FEVER IN HUNGARY.—In the country of Arad, in Hungary, eight-tenths of the population have, this autumn, been attacked with intermittent fever; but few deaths have taken place.

PROPOSED DISPENSARY AT ALDERSHOTT.—Not merely in the spirit of charity, but of prudence and economy, the attempt now being made to organise a dispensary at Aldershott is one deserving every co-operation. The condition of the poor wretches who swarm round the camp has been described to us as most horrible, and in endeavouring to give them the relief likely to be afforded by an institution such as that which is projected, its originators are exercising charity in a most discriminating way. Wretched outcasts as they may be, they surely do not merit the heartrending sufferings they undergo, ending sometimes in such a death as humanity must shudder to contemplate. We trust the Government will not withhold its assistance, as the indirect operation of the institution must be attended with results most beneficial to the sanitary condition of the soldier, and of course to the public finances, which suffer in proportion as they become unfit for service by disease. The Rev. J. Dennett, incumbent of Aldershott, and Messrs Mangles' Bank, Aldershott, receive subscriptions. —'Army and Navy Gazette.'

THE SKELETON OF "ECLIPSE."—Professor Gamgee has secured for the New Veterinary College the bones of this noble animal, at the cost of one hundred guineas. The skeleton has for nearly seventy years been in the possession of the illustrious Bracy Clark. Its high intrinsic value depends on "Eclipse" being regarded, from his great fleetness and power of endurance, as the finest type of a blood-horse ever born. From the blood of this horse are derived all the most renowned performers of the present time; and it was from the skill and talent displayed by Sainbel in dissecting this horse, and publishing a memoir on his unrivalled proportions, that ensured him the support in founding the Royal Veterinary College of London. Large sums have been offered for this remarkable skeleton, and, amongst others, sixty-guineas by the Royal College of Surgeons of England. Mr Bracy Clark, the first student of the London College, received the bones from Sainbel himself, and has justly said of them that "they may be securely referred to as an unexceptionable model on which to calculate speed in horses."

JOURNEYMEN BAKERS.—What is the baker's state of health? What is his chance of life? What ought he to do in his particular circumstances? The tables of Friendly Societies tell us that bakers stand fifth on their lists. There are four trades that are more sickly, and nineteen that are less so. During the period of relief in sickness—in other words, from 20 to 70 years of age—the bakers claim for 178 weeks of sickness; that is, nearly three years and a half of such illness as renders them unable to work. The very most burdensome class is that of the potters, who are ill for 333 weeks of the same period; and the best are the clerks and schoolmasters, who claim for 48 weeks, or less than a year. But these figures do not show the full strength of the case. The clerks and schoolmasters are, in large proportion, living at nearly or quite the end of the term; whereas the potters were, for the most part, dead in a few years from the outset, and the bakers disappear, on an average, before the middle of the term. Those who live for ten years of the time have fewer weeks of chargeable sickness, and those who live 30 have more; and the computation made is the average; but if the term were not from 20 to 70, but from 20 to 50, the bad case of the potters and bakers would be seen to be very much worse than it now appears.—'Once a Week.'

USELESS VIVISECTIONS.—The 'Moniteur des Sciences Médicales' makes the following lame reply to charges which have been made of the wanton cruelty in practising operations on living animals at the French Veterinary Schools:—"Our learned friend [the Editor of the 'Cosmos,' who had reproduced the English charges] must know, better than we can tell him, that exaggeration is a defect in anything, and it is a pity that he did not declare to his London and Dublin correspondents that their zeal carries them too far. Personally, we deplore as much as any one can useless cruelties, whether exercised on man or beast; but we cannot admit that our excellent friends at Alfort and elsewhere are transformed in Cabochés or Caligulas, merely because they practise their pupils on living animals, *which is, however, unfortunately true.* But we cannot allow ourselves to decide that they are able to do without this procedure of instruction, and must confine ourselves to expressing a wish that they may be able to do so, and we beg our learned friend to transmit our statement to his honourable zoophitist correspondents"!

DURHAM UNIVERSITY.—Mr Albert O. Haslewood has obtained the Medical Scholarship at this University, in connection with the Newcastle College of Medicine.

NOMINATION OF M. GENDRIN TO THE LEGION OF HONOUR.—There is a piece of news which cannot fail to astonish not a little the Medical public in France, and especially that of foreign countries. After thirty years of the most remarkable clinical teaching, after the publication of works no less remarkable, and after thirty years' service in the Hospitals, M. Gendrin was not a member of the Legion of Honour, of which he has just, indeed, been appointed Chevalier. It is true that his name is known in the two worlds, which is, indeed, a tolerable consolation for the loss of a ribbon,—so considerable a consolation, indeed, that we really think that, had we been in M. Gendrin's place, we should have contented ourselves with it for the rest of life.—'Moniteur des Sciences.'

STREET ACCIDENTS IN PARIS.—We gave lately a return of the number of deaths in the city of London from street accidents. A Paris letter says that, "according to statistical returns prepared by M. Poursageand, a distinguished geometrician, the too great number of carriages which perambulate Paris cause the death annually of 700 persons, and wound 5000. Woe to the deaf and the blind! woe to the absent man! In some public places coachmen advance on the pedestrian from five or six quarters simultaneously, and when they do not drive over him they insult him, and he deems himself fortunate to escape with insult. It follows from M. Poursageaud's calculation that carriages in Paris kill and wound more people than all the railways in Europe. They kill and wound more people than the four million of carriages in the rest of France. The proportion between the victims in the provinces and in Paris is 1 in the provinces to 400 in Paris."

DEATH FROM LOCKJAW.—Mr Wakely, the coroner, held an inquest last week at the Rising Sun Tavern, Euston road, on the body of Mrs Frances Margaret Moore, aged forty-two, housekeeper at the General Dispensary, 126 Euston road, whose death took place on last Wednesday week from lockjaw under very remarkable circumstances. Dr Semple, of Tavistock square, stated that on Sunday, the 11th inst., he attended Mrs Moore, whom he found suffering from lockjaw. She was very ill, and could speak at intervals, but with great difficulty. He was informed in her presence, and to which she assented, that it was a lockjaw caused by a dental operation, apparently properly performed, by a professional dentist, two days previous, of snipping two molar teeth, for the purpose of fixing artificial teeth, which she was in the habit of wearing. The lockjaw continued until the Wednesday morning, when she died. From the Sunday to the Wednesday she suffered severely, and during a greater part of that period she was kept under the influence of chloroform. The sole cause of death was unquestionably from lockjaw. Other witnesses deposed that up to very recently she had been addicted to rather intemperate habits, and that every effort on the present occasion was exerted to save her life. The jury, the medical witness, and the coroner expressed their astonishment at the remarkable death. The two latter gentlemen added that habits of intemperance or unsoundness of mind had probably tended to promote the lockjaw. The following verdict was recorded: "That deceased died from lockjaw, occasioned from natural causes, by the snapping of the crown of two teeth."

APPOINTMENTS FOR THE WEEK.

Wednesday, November 28.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—Mr F. T. Buckland, M.A., "On the Acclimatization of Animals," 8 p.m.

HUNTERIAN SOCIETY.—8 p.m.

Thursday, November 29.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

KING'S COLLEGE MEDICAL SOCIETY.—Mr Earle, "On Apnœa Neonatorum."

Friday, November 30.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 1.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—Clinical Lecture on "Epilepsy and Paralysis," by Dr Brown-Séquard, 3½ p.m.

Monday, December 3.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON.—8½ p.m.

ODONTOLOGICAL SOCIETY OF LONDON.—8 p.m.

Tuesday, December 4.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

PATHOLOGICAL SOCIETY.—8½ p.m.

BOOKS RECEIVED FOR REVIEW.

Vestiges of Creation. Eleventh Edition. London: John Churchill.

Transactions of the Pathological Society of London, Vol. XI.

The Medical Vocabulary. By Robert Fowler, M.D. London: Henry Renshaw.

NOTICES TO CORRESPONDENTS.

Mr SWINDELL.—Received.

Mr JENKINS.—Note, with enclosures, received.

OMEGA.—The advertisement is one of the most disgraceful things of the kind we have seen for a long time. We have commented upon it elsewhere.

A SUBSCRIBER.—Neuralgia is a vague term, including a variety of diseases: it may, therefore, have a variety of causes. We believe that most cases of neuralgia have their origin in atmospheric changes and disorders of the stomach. A change in the barometric condition will readily induce neuralgia in persons liable to it; but then it is necessary to define neuralgia. Tonics, regimen, and change of air are the best remedial agents.

Mr W. S.—1st. Yes.—2nd. Yes.

L.R.C.P. EDIN.—A Licentiate may call himself "Doctor," the Medical Act notwithstanding. He cannot use the letters M.D., or style himself Doctor of Medicine,—at least, we do not think that he could honourably do so, for it is difficult to say how far the law would prevent him. Medical law is in a greater muddle than it ever was, thanks to the Medical Act.

M.D.—No.

Mr BAKER is thanked for his communication.

Dr RIDOE.—Received.

Mr OSBORNE.—It shall be forwarded.

H. B.—The dispensing of medicines would render you ineligible for admission into the London College of Physicians. It is too pure a body to endure the smell of rose-water.

A SUBSCRIBER (Coventry).—It will be too late.

CELSUS.—The subscription is one guinea per annum. You should write to the Secretary.

M.R.C.S. & L.A.C.—1st. You would be received at St Andrew's. Write to Dr Day.—2nd. Not in law.—3rd.—See our article in this Number.

ERIENSIS.—We hope that Dr Wall's family will be kept from want by the liberality of the Profession. He was the victim of a ruthless law.

Dr WILLIAMS.—The Publisher will write to you.

Dr B. W.—Enclosures received.

Mr FERGUSSON is thanked.

Mr B. KING.—1st. Yes.—2nd. No.—3rd. Churchill.

AN AUTHOR.—Mr Churchill has refused to sell the works of Dr Jordan, the Skin Doctor. This is the best answer to your inquiry.

Dr DUNN.—Received.

Mr JOHN GRANT SMITH.—Note with enclosure received as we were going to press. We will take an opportunity of looking through the pamphlet.

Loan, Discount, and Deposit BANK.

Established 1849.—145 Blackfriars road. S.

DEPOSITS.—Sums of £1 and upwards received, bearing interest at from 5 to 10 per cent., withdrawable as per agreement.

DISCOUNT.—Approved Trade Bills negotiated at two days' notice.

LOANS.—From £6 to £200, repayable by easy instalments, on approved Personal Security, Bills of Sale, Mortgages, Life Policies or otherwise.

Prospectuses, and every Information, may be obtained by letter or personal application.

EDWARD LEWIS, Manager.

145 BLACKFRIARS ROAD, S.

Liquor Castanea Equina.—

Messrs. REW and Co. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chesnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per pound.

The Oil of Horse-Chesnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chesnut are prepared only by REW and CO.

LITHIA WATER, LITHIA POTASH, and LITHIA AMMONIA WATER. These Waters are prepared according to the Instructions of Dr Garrod, and each bottle is guaranteed to contain the proper proportion of Lithia. 5s. per doz.

R. M. REW and CO., Operative Chemists, 282 Regent street, London.

Bass's East India Pale Ale,

BARCLAY'S PORTER AND STOUT,

In 18-gallon Casks, Bottles, Half-Bottles, and Imperial Pints.

Also DEVONSHIRE CIDER.

BERRY BROS. and Co.,

3 St James's street, London.

Kinahan's LL Whisky v.

COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

WATER BEDS AND CUSHIONS.

A Preventive against Bed

Sores, &c. Bed Sheets, Air Cushions, and all necessary Utensils for Invalids.

BENHAM and Co.,

Practical India-rubber Workers, 118 Oxford Street, W.

Child's Patent Electro-Gal-

VANIC and METALLIC BRUSHES, for all Neuralgic and Rheumatic affections, preventing the hair becoming grey; no trouble in use, effect certain.

CAUTION.—Be sure to see that "Child's patent" is on each brush. Parties have been much disappointed by buying inferior brushes, which not only destroy by breaking the hair, but are useless for the purpose of restoring and preserving it.—Sold by all chemists, perfumers, etc.

Manufactory, 21 PROVIDENCE ROW, FINSBURY.

S. Bowles (late Windsor and

Co.), PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6 James street, Covent garden, W.C. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

The Pulvis Jacobi Verus,

prepared by WILLAM HOOPER, 24 Russell street, Covent garden, from its identity with the more costly preparations and its acknowledged efficacy as an Antimonial, merits the patronage of those Gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand, for Public Institutions, has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

PULVIS JACOBI *VER.*, NEWBERY'S.

To the Medical Profession of Great Britain and Ireland.

GENTLEMEN,—We beg to call your attention to the following extract from a Paper by the late John Cheyne, M.D., F.R.S.E., M.R.I.A., Physician to the Hardwicke Fever Hospital, Dublin, and Physician-General to His late Majesty's Forces in Ireland, &c., &c., contained in "*the Dublin Hospital Reports*," *vol.* I, *p.* 320.

"The following very simple method of "exhibiting JAMES'S POWDER, in cases "of undue determindtion of blood to the head, "is that which I have generally pursued. The "patient is made to begin with a very moderate "dose, not more than two grains at bedtime, "and to increase the dose by half-a-grain every "night, until some sensible effect is produced "upon the stomach, bowels, or skin. Should "the stomach be affected with sickness, the dose "must be lessened, by one grain on the following "night. *By the addition of a little rhubarb "to it, a larger quantity of* JAMES'S "POWDER *may be administered than the "stomach could otherwise bear.* If the skin "is softened, or the bowels affected, the dose "should not further be increased, but it must be "repeated every night for a considerable length "of time: in several instances I have known "eighteen or twenty grains taken for a consi-"derable period without any inconvenience."

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the house of Newbery and Sons, in St. Paul's Churchyard, it is necessary to prescribe it as "PULVIS JACOBI VER., NEWBERY'S," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*) may be substituted for the original medicine.

This substitution must bring disappointment, and of course lead Practitioners to give up prescribing Dr. James's Powder altogether, or to regard it as a preparation on which no dependance can be placed.

FRANCIS NEWBERY AND SONS.
45, St. Paul's Churchyard, London.

Prices for Dispensing ½ oz. Bottle 3*s.* 4*d.*, 1 oz. 9*s.* Usual Discount to the Profession.

GAS STOVES,

GASELIERS, AND GAS FITTINGS OF ALL KINDS, FOR CHEMISTS, &c.

H. MATHER,
18 HIGH HOLBORN.

TEETH WITHOUT SPRINGS,

BY HER MAJESTY'S ROYAL LETTERS PATENT.

Newly-invented Applica-

TION of PREPARED INDIA-RUBBER in the construction of Artificial Teeth, Gums, and Palates.

MR EPHRAIM MOSELY,
SURGEON-DENTIST, 9 GROSVENOR STREET,

SOLE INVENTOR AND PATENTEE.

A new, original, and invaluable invention, consisting in the adaption, with the most absolute perfection and success, of CHEMICALLY-PREPARED INDIA-RUBBER, in lieu of the gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features:—All sharp edges are avoided; no springs, wires, or fastenings, are required; a greatly-increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, are secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the Chemically-prepared India-rubber, and as it is a non-conductor, fluids of any temperature may be retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. Teeth filled with gold, and Mr Ephraim Mosely's Cement, the only stopping that will not become discoloured, particularly recommended for front teeth.—9 Grosvenor street (W), London; 14 Gay street, Bath; 10 Eldon square, Newcastle-on-Tyne.

Human Osteology

from France.—RAGINEL, 38 Ludgate hill, City, E.C., London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser, so as to show that every bone of each set belongs to the same skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat-gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.

Splendid Pieces for Lecturers and Museums.

Elastic Supporting Fabrics,

of very superior textures, for Varicose Veins, Accouchement, Spinal Affections, Hernia, &c. Instructions for measurement, and prices, on application to the Manufacturers, POPE and PLANTE, 4 Waterloo place, Pallmall, London, S.W.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever

TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided: a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 8d.

Price of an Umbilical Truss, 42s., and 52s. 6d. Postage, 1s. 10d.

Elastic Stockings for Vari-

COSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s. 6d. 7s. 6d., 10s., and 16s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,
228 Piccadilly, London.

Lateral and Angular Cur-

VATURES of the SPINE.

In calling the attention of the Profession and Public to the SUPPORTS made by them, WM. WHITING and SONS beg to state that their extensive experience (over twenty years) warrants them in asserting that the IMPROVED SUPPORT which they now manufacture will be found to be the most effectual of any in use. At the same time, they are LIGHT, COMFORTABLE TO WEAR, AND COMPLETELY INVISIBLE THROUGH THE DRESS, as experienced by the many hundreds of persons of every age and sex who are now using them.

W. W. and Sons would also invite attention to their IMPROVED EXERCISING MACHINES, SPINAL COUCHES, and their various other contrivances required in Orthopædic practice.

Manufactory, 28 High street, Camden town.

N.B.—Makers (by authority) to the Spinal Hospital, Portland road, Regent's park, founded by the late Dr Verral.

Surgical Instruments.—

J. ARNOLD continues to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under his own superintendence.

J. ARNOLD, 35 and 36 West Smithfield, E.C.

Established 1819.

Chiosso's Gymnasium and

SCHOOL of ARMS, 231, EUSTON ROAD, Corner of Gower street North (near University College).

Mr ANTONIO CHIOSSO begs to draw the attention of Parents, Guardians, and all those who have the charge of Youth, to his system of Physical Education, which has proved, through experience, to be the most invaluable means of rectifying Physical Defects in the human organisation, such as Curvature of the Spine, Contraction of the Chest, general Debility of Body, &c., &c. Classes meet every hour of the day, attended personally by Mr Chiosso, from 9 A.M. till 10 P.M.

CLINICAL LECTURES.

ON DISEASES OF WOMEN.

DELIVERED AT ST THOMAS'S HOSPITAL,
BY CHARLES WALLER, M.D., Obstetric Physician to the Hospital.

(Continued from page 338.)

LECTURE IV.—GENERAL OBSERVATIONS ON DISEASES OF THE UTERUS, AND THE MODE OF EXPLORATION.

In a former lecture I directed your attention, gentlemen, to one of the various forms of uterine disease—namely, polypus of that organ. I was anxious to bring the subject before you at that time, inasmuch as there were cases in the ward which gave you the opportunity of *seeing* as well as hearing what plan should be pursued for their cure. Before we proceed any further, I think it well to make a few general remarks on diseases of the uterus and its appendages, and to point out to you our means of diagnosis. The uterus is subject to a great variety of diseases, some of a benign, others of a decidedly malignant character. It is the seat of various enlargements, differing widely in their nature. In some instances a great increase in the size of the uterus is produced by a merely congested state of its blood-vessels, giving rise to a train of symptoms which are sometimes alarming to the casual observer. Experience, however, has taught us that these cases generally end favourably. Enlargement of the womb is sometimes caused by abnormal deposit of fibrous matter, either throughout its substance, producing a uniform increase in the size of the organ without much deviation from its ordinary shape, or it may be more partial, forming masses of greater or smaller size, growing from within or from without, giving to the uterus an irregular, nodulated shape. When these proceed from the exterior, they may be distinctly felt through the abdominal parietes. Their number varies greatly. In some instances but little inconvenience is experienced, especially when the growth projects into the abdominal cavity and its size is inconsiderable; if large, it must necessarily interfere with the functions of the neighbouring parts. I have at this time recalled to my memory the case of a lady who died from obstruction in the bowels, in consequence of a large uterine tumour which prevented the passage of the fæces.

Again, you may have enlargement of the uterus as the result of conception: and where the female has an interest in deceiving the medical attendant, it is by no means easy to form a correct opinion during the early months; and if uterine tumour be complicated with pregnancy, the difficulty will be greatly increased. A very perplexing combination of this kind occurred to me a few years ago.

A lady married at the age of forty-six. The catamenial discharge, which had previously been quite regular, ceased two months after her marriage. The suppression continued for three months, when my opinion was requested; and although the general symptoms pointed to pregnancy as their cause, there were some considerations which made me give a doubtful opinion. In the first place, the age of this lady naturally suggested the probability that the period had arrived at which the cessation of the catamenia might, in the ordinary course of nature, be expected. The chief difficulty, however, arose from the following cause:—The uterus had manifestly increased in size; but it contained within its walls a diffused fibrous tumour of considerable magnitude, and its position was such that, on a vaginal examination, no portion of the sound uterus could be felt; the finger rested upon this large hard mass, so that the contents (if any) of the uterus could not be distinguished through it. In due time the movements of the fœtus dispelled all doubt. Until this had taken place, I did not commit myself by giving a decided opinion.

One circumstance, however, I would particularly call your attention to in these complicated cases; and it is this—that in pregnancy there is uniform and progressive increase of size: the uterus becomes larger from week to week, whilst, on the other hand, the growth of fibrous tumour is slow. There is often for months, or even in some cases for years, little perceptible increase.

The uterus is also the seat of ulcerations, differing in their nature, some not discoverable without the aid of the speculum, and, consequently, not understood without the use of this instrument. Of this kind I would especially mention that superficial ulceration so often met with in cases of obstinate leucorrhœa. This, if combined with much surrounding inflammation, is extremely difficult of cure; but it is not attended with danger. Again, in syphilitic ulceration of the cervix uteri, if the touch alone were employed, you would, in all probability, not be able to ascertain its precise nature; and, consequently, you could not administer the appropriate treatment.

Mode of Exploration.—The means whereby the existence and nature of diseases of the womb and its appendages may be detected are twofold—namely, by the external or the internal examination: or I should rather say, by the use of both, as, except in some cases of tumour, the external examination alone is seldom sufficient. True, there are many symptoms, both general and local, by which the seat of the disease is indicated with tolerable clearness; yet these same symptoms are present in so many different conditions of the generative organs, as to render them of little value in the diagnosis of the particular disease. Let us take for our illustration leucorrhœal discharge. This is ofttimes the result of debility of constitution, combined with a relaxed condition of the vaginal or uterine membrane; or it may be the result of an inflamnatory condition of the parts, common or specific. It is also invariably present in the more severe forms of uterine disease—such as carcinoma, &c. &c. It is sometimes the effect of sympathetic irritation, from ascarides in the rectum, or from calculus in the bladder. The same observations may also be applied to hæmorrhagic discharges: these are sometimes the result of an over-full state of the blood-vessels, and are Nature's simple remedies for the relief of plethora. At others, the opposite state of system exists. In the one, the hæmorrhage is of the active character; in the other it is passive. This is not all; for the more formidable and fatal diseases are always attended with large losses of blood, the existence of which can only be ascertained by careful examination.

External Examination.—You will bear in mind that the pelvic contents are enclosed posteriorly and laterally by a tolerably complete osseous case; whilst anteriorly they are covered by the abdominal muscles and integuments, with the exception of that shallow portion of bone, termed symphysis pubis, which is formed by the junction of the ossa innominata in front. In a female, therefore, who is naturally thin, or who has been attenuated by disease, the existence and size of a tumour may easily be ascertained by a manual examination through these integumental coverings. Sometimes its seat may also be determined—where, for example, the patient is suffering from ovarian dropsy of long standing, and the cyst has attained a large size. You will also be able to discover whether the tumour be dense and hard, or fluctuating; and whether it be comparatively free, or fixed by adhesion to the surrounding parts: whether it present one solid, large mass, definite in shape; or whether composed of a number of smaller substances, presenting an irregular, nodulated surface to the touch. Still, as a general rule, the exceptions to which are very few indeed, the information derived from an external examination is not sufficient, although it must by no means be neglected; for it not unfrequently happens that by this method alone we shall find that a *supposed* internal tumour has no existence whatever. Very many cases of this kind have come under my notice in which the tumour, so called, consisted of a large deposit of fat beneath the abdominal integuments. This I shall more particularly describe to you when I speak of the diagnosis of abdominal and pelvic tumours.

Internal Examination.—The internal examination consists either of a simple manual exploration, by *the touch*, as it is called, or, where necessary, by the use of the speculum, by means of which the diseased parts are brought into view, and thus the Practitioner is enabled to *see* the malady he is about to contend with. The former method is of little avail, unless you keep in remembrance the natural position, size, and shape of the contents of the pelvis, and the relation of each to the other. Let me, therefore, remind you that the uterus (the principal pelvic organ) is placed at the extremity of the vagina, having the bladder in front, the rectum behind, the convolutions of the intestines above, and the ovaries at its sides. Its position is somewhat oblique, the fundus being slightly inclined backwards, kept in its situation principally by the broad ligaments, which are composed of a double fold of peritoneum, proceeding from the sides of the organ to the corresponding lateral portions of the pelvis: the round ligaments, and that portion of peritoneum which is reflected from the anterior and inferior part of the bladder (sometimes called the anterior ligament), may also assist; some support is also obtained from the upper part of the vagina, which embraces the cervix uteri in an oblique direction from before backwards, at about half an inch from its anterior and lower extremity, and a few lines higher posteriorly. The uterus, thus placed and supported, is movable to a considerable extent: its situation, therefore, will be changed by any movement imparted to the abdominal viscera, such as straining at stool, or by a powerful muscular effort in attempting to lift heavy weights: and this especially happens if there be any enlargement of the uterus from any cause, whether from engorgement of the neck, or tumour, or if the ligaments be relaxed, as they always are to a certain extent for some time after delivery. From either of the above causes the womb may be forced low down in the pelvic cavity.

In examination by the touch, the size, position, and shape of the uterus, with the opening into its cavity (os uteri), may easily be ascertained; together with the existence of tumour, if such be present—the nature of such tumour, whether of extraneous growth, or morbid enlargement of natural parts.

In many cases however, the mere touch, unaided by the eye, is not sufficient; and then recourse must be had to the speculum—an instrument invented for the purpose of dilating the vagina, and bringing the os and cervix uteri within the sphere of vision. Abrasions, excoriations, and ulcerations not discoverable by the finger are thus brought into view, and the required applications easily applied to their surfaces, by means of which cases which had resisted previous treatment have been brought to a successful termination.

The use of the speculum uteri in England is of comparatively recent date. It was little known, or at any rate but little employed, before

the year 1836, when Dr Balbirnie published his work on 'Organic Diseases of the Womb.' He had just returned from France, where he had attended the practice of Messieurs Ricord, Lisfranc, and Emery. He returned to England, and determined to practise here what he had seen to be so serviceable in the hands of the Parisian Practitioners. In speaking of this new method of uterine exploration, he exclaims, with all the enthusiasm of a new convert, "We go forth the apostle of the speculum: with that instrument we stand or fall." Dr Balbirnie quotes passages from Galen, Aetius, and Paulus Ægineta, proving that they possessed a true speculum uteri, under the designation of "διοπτρα." The latter Author gives very particular directions concerning the mode of introducing it.

The instrument as then used was probably very imperfect in its construction, for it seems to have been abandoned for a time. At a later period, a great improvement was made by M. Recamier, and the speculum became a surgical instrument of acknowledged utility, and was very generally used in the Parisian Hospitals. Various alterations have been made in its shape and size: all these however, numerous though they be, may be described under two forms; the one a solid and simple tube, the other composed of different portions or blades, so arranged that on their first application they are in close contact, and indeed overlap each other, thus affording all the advantages of a simple tube as regards facility of introduction: by compressing the handles these blades may be separated from each other to a greater or less extent, as the case may require; and when so separated the dilatation is greatest at the uterine extremity, and thus the parts required to be seen are brought into view, not merely the os uteri, but the whole of that portion of the cervix which projects into the vagina, so that its condition, whether increased in size — its state of vascularity, whether inflamed or otherwise—may be distinctly seen, and in this way much valuable information may be derived which could not be obtained by the tubular instrument without subjecting your patient to much pain from its necessarily large size. I show you examples of the two forms of speculum now in use: here the tubular, of various sizes; and here, again, the branched speculum, some having two, some three, and some four branches. The latter, as recommended by M. Ricord, I prefer to either of the others. The speculum I now exhibit is used by many: it is, as you see, made of glass, coated with metallic foil, and then covered over with a solution of india-rubber: the interior is thus made a highly-reflecting surface, and the consequence is this: so much white light is thrown upon the parts exposed to the eye, that their real colour cannot be discovered, and although the utero-vaginal membrane may be vividly inflamed, presenting, under the ordinary light of a candle, a bright red appearance, yet, in consequence of the reflection of the rays from this mirror, the naturally red colour is destroyed, and the membrane appears comparatively pale, and hence the real state of the parts will not be satisfactorily ascertained. This, gentlemen, is not a fanciful or theoretical objection; I have tested the value of the two instruments, where I wish you to test every opinion and recommendation given you in the course of practical instruction delivered within the walls of this hospital—namely, at the bed-side of the patient. I have used both specula in the same case, introducing one immediately after the other: the result was, that the appearance presented to the eye was totally different; the one exhibiting the vaginal membrane in a state of active inflammation, marked by its blood-red colour; whilst with the other this indication of inflammatory action was not visble.

We shall continue the subject in our next lecture.

THE PARASITICAL DISEASES OF THE HEAD AND FACE.

By GEORGE ROSS, Esq., M.D., &c.,

Author of the 'Constitutional Relations of Diseases of the Skin.'

No. II.

SCALL HEAD,—PORRIGO FAVOSA.

Local Symptoms.—This disease is characterised by a number of bright yellow spots, small in size, scarcely raised above the skin, and cupped in the centre, from which a hair usually springs. In a short time, a crust is formed, retaining all the characters of the original eruption, and surrounded by a reddish base. This crust adheres firmly to the skin; but it may be picked off; and when removed, its under surface is found to be convex, and resting upon a depressed portion of the scalp, which is smooth and shining. It spreads from its outer margin, and attains the diameter of a split pea. When it coalesces with a neighbouring crust, the united crusts lose, in some degree, their umbilicated character and their uniform roundness of outline. Sometimes the entire scalp becomes thus covered with incrustation. If the disease be of old standing and obstinate, pustules may form, and subsequently ulcerations, attended with a foul sanious discharge. These ulcerations frequently destroy the scalp itself, and kill the roots of the hair. The accompanying discharge also scabs, and renders the discrimination of the true favus crust sometimes difficult. In bad pustular cases without ulceration, the discharge is only occasional, and soon dries.

From the earliest period of the disease, the hair is loosened and easily removed. As the disease advances, it withers, breaks, loses its proper colour, and falls out; and, at length, patches of baldness result.

In the early stages, scall head is not very troublesome to the patient; but in its course it is accompanied with heat and itching, and the crusts emit a peculiar faint and offensive odour, like that of mice or cats' urine. If the patient be neglected, lice swarm under the scabs and infest the head, and the little sufferer becomes a pitiable and loathsome object. The entire surface of the scalp is usually covered with a whitish scurf in all cases.

The crust of favus, so called from its resemblance to a honeycomb, is formed beneath the epidermis, which in an altered state constitutes, in fact, its upper surface; its middle portion is composed of a powdery mass, of a lighter colour than the upper surface; the under portion of the crust is much firmer in texture, and of a "honey-yellow" colour.

Constitutional Symptoms. — Scall head is sometimes a most obstinate complaint, owing to its being associated with a scrofulous constitution. It may not happen in the earliest period of the disorder that any other obvious sign of tuberculosis may exist than that presented by the disease itself; but if it continue for any length of time, the glands of the neck become inflamed. Though they enlarge considerably, they seldom suppurate. The child's flesh feels flabby; its skin is etiolated, harsh, and dusky; its limbs look shrunken, its abdomen swells, its general bodily development is stunted, and its mental faculties gradually suffer a serious and, perhaps, irremediable impairment. Idiocy is not an uncommon attendant of this disease in its severest form. It is highly probable that this unhappy sequence of constitutional evils may be prevented by an early arrest of the disease; for in mild attacks this impoverishment of the constitution is not apparent.

It is obvious that the constant irritation causes the submaxillary glands to swell: these, by long-continued pressure upon the blood-vessels of the neck, prevent a due supply of healthy blood to the brain, which is, therefore, arrested in its development; and the subsequent degeneracy of the constitution is easily explained by the deficiency of nervous power thus induced.

It must not, however, be forgotten that there is a scrofulous diathesis to begin with as a starting-point of the disease; and my observation in these diseases has led me to conclude that some portion of the fluid that exudes from the scalp is actually reabsorbed, and thus increases the vitiation of the blood. In a paper I read two years ago at a Meeting of the Medical Society of London, I laid down the proposition of the absorption of the lymph from the pock as an explanation of the mode in which the system becomes infected in vaccination: I believe it holds good also of small-pox, and of all diseases characterised by impure secretions. In short, these diseased secretions are not simply eliminative; they are reabsorbed into the system, in the same way that natural and healthy secretions are—and even the excretions also, under favourable circumstances. This is not the place to enlarge upon this generalisation; but I may say that it explains to the satisfaction of my mind much that it is obscure in the mode of action of specific diseases.

These observations show the momentous importance of a judicious treatment of scall head in its early stages. Every day of the continuance of the affection tends to aggravate the constitutional malady, until at length the bodily health may be so much deteriorated that the cure of the eruption becomes a matter of the most difficult attainment.

Pathology of the Disease.—Mr Wilson has laboured hard to prove that the cell-structure in favus is not a vegetable growth, but merely an aberration from the normal development of the epidermoid cells. In this opinion I think that he is wrong. Vegetable and animal cells resemble each other so closely in their microscopical characters, that it is impossible for the acutest observers to discriminate between them. Professor Quekett says, in his Lectures on Histology: "However striking the difference between the animal and a plant may seem at first sight in the higher groups, a more extended examination shows that animals and plants gradually approach each other as we descend in the scale until they meet in a common centre—the simple or individual cell. At this point all means of distinction between the vegetable and animal organism end, and no feature exists which, in the present state of science, can enable even the most distinguished microscopist to determine to which of the two kingdoms the individual cell belongs, since it possesses characters common to both."

We can only, therefore, distinguish vegetable from animal cells by their respective modes of development. Now, in the present case, the cellular growths of favus are almost identical in arrangement with ordinary fungi. This is assumed by all observers, and allowed by Mr Wilson. On the ground of microscopic appearances, therefore, as well as of analogy, it is reasonable to conclude in favour of the vegetable nature of these growths. As Dr Hughes Bennett aptly says, "If long, hollow filaments, with partitions at intervals, containing molecules within their cells, springing from an unorganized granular mass, and giving off towards their extremities round, oval bodies or sporules, arranged in bead-like rows, be not vegetables, what are they?"

Mr Wilson's principal ground of argument consists of an assumption to the effect that the primary granule of the epidermoid cell is

formed in the cyto-blastema that exudes from the cutis in this disease, and that its complete form in the favus is an aberration of growth; that, in fact, the favus cell replaces the true epidermoid cell. Is this assumption correct? May not the exudation be so altered in properties and so deficient in vitality as not to generate these plastic granules at all? Or might not, again, the presence of the fungus altogether exhaust, by feeding upon it, the plastic powers of the blastema? Or, again, it is not improbable that some of the small granules contained in the crust are really granules proper to the exudation, but arrested in growth at that point; it being impossible, as I have already shown, to distinguish between vegetable and animal cells. In more complete proof, however, that the fungus of favus is identical with other forms of mould, Remak, as Dr Bennett relates, placed some favus crusts on the surface of a cut apple, which he then placed, with the cut surface downwards, on some moist sand, and covered the whole with a glass bell. On the sixth day a rapid growth of *penicilium glaucum*, with other kinds of mould, was discovered; but the Achorion Schœnleinii had disappeared. It would seem that the favus cells had been developed into the *penicilium glaucum*.

It has also been surmised by other writers, that perhaps the animal cells in this disease are really converted into vegetable cells: but this proposition involves a metamorphic principle of such great moment and universal application, that I deem it inexpedient to indulge in its consideration in connection with this limited subject. It admits, however, the proposition that there are vegetable growths.

On the whole, then, I see no reason to differ from those physicians and microscopists who regard these cell-growths as true parasitic fungi, developed from spores which have an external origin.

The favus plant, or the Achorion Schœnleinii, consists of small cells, of irregular size, but rather longer than broad, sometimes solitary, at other times joined together at their ends, and occasionally branched. It is composed of *spores*, which are the reproductive organs; the *receptacle*, which contains the spores; and the *mycelium*, or the plant itself. The plant is in fullest development near the surface of the crust.

There is much difference of opinion as to the site of these parasitic growths; whether it be the surface of the cutis, or the hair follicles. Whilst considering this part of the subject, I shall treat of Ringworm and Scall Head together. In the case of *Ringworm*, Gruby, who first noticed the cryptogame, traced it into the hair follicle, where a great number of them surrounded the cylinder like a sheath. Burgess agrees with Gruby. Wilson also considers the hair and the epidermoid lining of the follicles to be the seat of the disease. Beale and Jenner are of a similar opinion. Dr Neligan, however, considers it rather a disease of the scalp than of the hair; but his views are peculiar in considering the disease to be simply a herpetic eruption (in which opinion he is followed by Cazenave, whose knowledge of the disease was, however, limited, it being a rare affection in France): and, further, he does not make any reference to the existence of a parasitic fungus.

With respect to *scall head*, Wilson regards it as a disease of the hair follicle, giving a similar description to that of Gruby. Cazenave thinks that the true seat of the favous pustules is at the extremity of the piliferous duct. He does not, however, believe in a vegetable growth. Bennett has also found the fungus in the follicles, and encircling the hair. It is unnecessary to cite further opinions. It is not clear that the disease always originates in the hair follicles, though these become the seat of the cryptogame very soon after the disease is established. Hairs may be removed from a portion of the affected scalp which do not manifest any disease. Alike in the case of ringworm and of scall head, the scalp and the hair follicle are both affected.

(To be continued.)

THE SPIRIT OF THE PERIODICALS.

Dr Goodfellow continues in the 'Medical Times and Gazette' his Lectures on *Bright's Disease*. We extract his description of the different forms of kidney disease:

"I am fully sensible of the difficulty I impose on myself in attempting to give, in little more than one Lecture, an intelligible account of the several forms of Bright's kidney, which have been described by writers, and to which I have made allusion in previous Lectures. You are aware that since I have occupied the Chair of Medicine in this College, jointly with Dr Stewart, I have been in the habit of describing the several forms of diseased kidney included in the general denomination of Bright's disease, as modifications, or a more or less extensive commingling of two leading typical forms, commonly and very aptly termed the large white kidney, and the small, hard, contracted kidney. I say modifications, or a mixture of these two, but not gradations; for I believe, from an experience of some years, and somewhat close observation, that Dr Bright and his followers (especially Dr Wilks, whose very able and pains-taking investigations of these pathological conditions of the kidney entitle him to rank among the highest authorities on this subject) are quite right in their opinion, that these two forms are essentially different, and never pass by any pathological process from the one to the other. In entertaining this opinion, however, I do not ignore the fact that the process which leads to the one form may be engrafted upon the other, or that, from special causes, constitutions, and states of body, the two processes may go on contemporaneously, and so form a mixed kidney, that is to say, a kidney having a more or less close resemblance to both these forms, either in the same or in different parts. Now the essential characters, speaking roughly, of these two forms of kidney are the following:—

"1. *The Large White Kidney.*—It is, as its name implies, larger than the normal kidney, varying in size from six to twelve ounces, or even more; its external, cortical, or secreting part is increased at the expense of the internal, medullary, or purely excreting parts, measuring generally, between the base of the pyramids and the investing capsule, from half-an-inch to an inch or more; it is of a whitish or yellowish-white colour, flaccid, and anæmic, partly from the obliteration of the vessels, partly from the more or less abundant serosity, and partly from the diminution in the amount of blood-corpuscles. There may, however, be, and there often are, a few enlarged and turgid veins, which in the interior are tortuous, and on the surface have an arborescent form; the medullary portion may present various degrees of engorgement, or may be as exsanguine as the cortical portion, but this, so far as my experience goes, is rare. The course of this disease is generally rapid; it is always accompanied by considerable general dropsy; and the urine is generally scanty, smoky, and contains large quantities of albumen, some blood-casts of tubes, epithelial and exudative casts, and some red blood-corpuscles, and, at the later stages of the disease, more or less fatty matter. The duration is seldom longer than from four, five, or six to eight or twelve months: it may, however, persist even longer in some rare cases.

"2. *The Small, Contracted Kidney.*—It is invariably smaller than the normal kidney, sometimes only half the natural size; it is hard, contracted, red, and granular; the external or cortical part is wasted, and therefore much diminished, without any corresponding increase of the tubular portion.

"This form is chronic in its nature, its duration occupying many years, and is very seldom found without evidence of a similar process in other organs, especially in the liver, and not infrequently in the spleen and heart; and it is more than probable that these have been affected contemporaneously with the kidney, from the influence of some cause affecting the body generally.

"The symptoms of this form are somewhat obscure; certainly not so evident as those characteristic of the other and more acute form. They are more of a secondary character, and more particularly referrible to remote organs, rather than to the kidney itself from the effects of the disease, and the retention of the urinary constituents, upon the blood, and upon the nutrition of the body. The general tissues of the body suffer degradation, and the subjects of the disease are cut off from some other disease, as apoplexy or other head affections, pneumonia, pleurisy, pericarditis, peritonitis, &c., to which they have become predisposed, owing to the general dyscrasia produced by the insidious and unsuspected progress of the kidney affection; they die from pyæmia, erysipelas, or other causes, after accidents or surgical operations, which are not in themselves mortal, and not usually followed by a fatal result. The urine in this form is, as a rule, as abundant as in health, sometimes even more abundant; it is of low specific gravity; it may or may not contain albumen: generally the only effect of applying heat, and adding nitric acid, is to render the urine slightly opaline, but to produce no sediment or actual precipitate; it scarcely ever contains any casts of tubes, either epithelial or exudative. There is very seldom any anasarca. If there be any, it is small in amount, and then generally only at the close of life. But in many cases, on looking attentively, you may, as I have stated in a preceding Lecture, detect a slight œdema beneath the conjunctivæ, and in the feet at night, and a general puffy condition of the eyelids and of the loose subcutaneous tissues. The more positive or evident symptoms and signs of this form are pallor, neuralgia, headaches resembling those characteristic of hemicrania, noises in the ears, motes before the eyes, and other symptoms referrible to the nervous system—dyspeptic and other symptoms indicative of gastric and intestinal irritation, and even inflammation: for even extensive ulceration of the stomach is occasionally found with this condition of kidney; but whether it be an effect of it, experience has not enabled me to decide, although it is not improbable.

"Now, as I have said before, and indicated in preceding Lectures, every kind of modification of these two forms may be met with, but never any true gradation from the one into the others—that is, from the large white, or most acute form, into the hard, contracted, and more chronic disease. There may be, from some peculiarities in the nature of the cause, the habits of life, and constitution of the individual, a state partaking of both characters, or the one process may attack a kidney previously the seat of the other process, and so in a manner become engrafted upon it, in which case the organ will of course present the characters of both. It may or may not be larger than normal; generally it is. It is much less pale than the large white; its vessels are much more numerous, and more or less gorged with blood; the Malpighian tufts are red and solid, and the organ presents a coarse granular appearance. The symptoms, as you might be prepared to expect, are much less acute than in the large white form, and more decided than in the purely chronic form. The urine is very seldom free from albumen; it may contain a very considerable quantity; the specific gravity is considerably under the average, but never so constantly low as in the small, contracted kidney; there is almost always more or less deposit of albuminofibrinous casts of tubes both large and small, and also casts of imperfect, broken-down granular epithelium, in which there generally are some minute fatty molecules, and a few isolated blood-corpuscles. There is commonly considerable anasarca, with great proneness to effusions in the serous cavities, and even inflammatory formations—as flakes of lymph, &c.

"Besides these two leading, typical forms, and the third or mixed form, there are two others mentioned by writers, namely, the Waxy, Lardaceous, or Amyloid kidney, and the Fatty kidney. These may be modifications of the first form (the large white), or they may be produced by an independent morbid process. They much more rarely accompany the hard, contracted type of kidney.

"You will perceive that the terms lardaceous, waxy, and amyloid are synonymous, and are used

originally by Rokitansky, from the supposed resemblance of the kidney when so affected to to indicate the same disease. The first was used bacon rind. The second was a name given to it by some English pathologists from a fancied resemblance to wax, and the third is the term given to it by Virchow, because of its offering reactions on the application of iodine and sulphuric acid, resembling, if not identical with, those of the same agents upon starch.

"This form of kidney must be rare, for I have not met with it in my practice at this Hospital. But now that we have the means of detecting this degeneration even when partial, and before it has become so general as to affect the whole cortical substance, so as to be apparent to the naked eye, we shall doubtless find it more frequently; for I have for some time had the impression that this change or metamorphosis must be frequent in scrofulous and phthisical patients, and have often been surprised at not discovering palpable evidence of it in the dead-house. Virchow says 'that a large proportion of the cases of Bright's disease, especially the chronic ones, are assignable to this change' (into the lardaceous, waxy, or amyloid condition), 'and must, therefore, be separated from many other similar forms as constituting a special, altogether a peculiar affection." From the interesting account of this condition given by Dr Harris, it appears that the kidneys are generally enlarged, and that the cut surface of the cortex is of a pale yellowish-white colour, here and there irregularly depressed, the depressions giving the surface an uneven lobular appearance. The capsules strip off readily, leaving the surface smooth, and not torn. The symptoms of this form of kidney are obscure. There is generally anasarca more or less considerable, a great proportion of albumen in the urine, and also some small pale waxy casts, and a few epithelial cells, and red blood-corpuscles. The specific gravity of the urine is generally under 1012. It being a constitutional disease, and the urine containing but a very small proportion of urea, the general symptoms are severe, especially the nervous symptoms.

"The next form is the fatty kidney. In most, indeed in all, of the other forms of these affections, the kidney may undergo the fatty metamorphosis, but especially is it prone to take place in the large white kidney, and in the mixed white and granular kidney. Virchow has found that the kidney whose epithelium has passed into a fatty degeneration nearly always shrivels up, and the result is a permament atrophy. But when the pure typical white kidney undergoes this metamorphosis there is but little diminution in size, and the exudative matter deposited in the tubules and intertubular substance seems to undergo still further degeneration into fatty and oily matter. This condition will generally be found in persons who have been addicted to intemperance—especially in the use of undiluted spirits, as brandy, gin, and whisky.

"The symptoms indicative of the fatty kidney will more or less be modified according to the conditions of the organ with which this metamorphosis is associated, and also with the greater or smaller amount of this degeneration in other organs of the body, especially in the heart and arteries. There is generally very considerable anasarca, although great fatty degeneration of the organ has been found where no anascarca was observed during life. The same may be said, also, with regard to albumen. When the white kidney is the seat of the metamorphosis, you will invariably find considerable anasarca, and more or less of albumen, and of fat or oily casts in the urine."

The Author then describes the order in which these forms of disease are induced, and makes some observations on the processes of transudation and exudation.

Dr Conolly continues in the same journal his *Recollections of the Varieties of Insanity*. Mr T. Pridgin Teale, Jun., contributes a series of cases of *Iridectomy*. We quote a few, with the Author's remarks:

"As the subject of iridectomy is now under discussion, I have selected the following from among the cases in which I have performed the operation, as confirmatory of the results obtained by other surgeons:—

"Chronic Glaucoma.

"Mary T., aged 50.

"*Right eye.*—Blind from chronic glaucoma.

"*Left eye.*—Failing one year; she can read large print; globe hard.

"January, 1859.—Iridectomy of left eye.

"October, 1860.—Vision, which had progressively failed for a year, has remained stationary since the operation. She can read No. 6 Jaëger with the aid of convex glasses. Globe less hard than before the operation, though not quite of natural tension.

"In this case the disease, which had progressed in the right eye to complete blindness, was arrested in the left at the stage at which the operation was performed.

"Sub-acute Glaucoma.

"Mrs S., aged fifty-four, for ten months has suffered from intense unremitting pain in the brow and left side of the head.

"*Left eye.*—Perfectly dark many months; cornea hazy; aqueous humour turbid; conjunctiva dusky red colour; globe hard.

"*Right eye.*—Globe hard; cornea and aqueous humour clear; lens opalescent; states that she has occasionally perceived the light of a candle during the last two or three months, but that generally she has no perception of light.

"December, 1859.—Iridectomy of both eyes. The day following the operation, the neuralgia was less than it had been for many months.

"October, 1860.—During the three weeks following the operation, the pain gradually abated, and has never returned. Globes of natural tension. She has regained a small amount of sight with the right eye, being able, early in the morning, to see the window-frames, and to distinguish fingers. The relief of pain and arrest of the glaucomatous process were perfect. The recovery of the small amount of sight was quite unlooked for at such an advanced period of the disease."

"Iritis with closed Pupil.

"Joseph B., aged twenty-nine. For a year has suffered from repeated attacks of syphilitic iritis, which during the last six months have been attended with constant severe pain. He has been for some time perfectly blind. In the right eye there is total synechia posterior, the iris bulging forwards, and the cornea being ulcerated. The left eye was destroyed by a blow many years ago.

"September 4, 1858.—As no treatment had of late mitigated his sufferings, iridectomy was performed, without, however, any expectation of recovery of sight.

"12th.—He is free from pain. Ulcer of cornea healing.

"October 2.—The patient having slept in a draught, the eye again become inflamed and painful. Iridectomy was therefore repeated.

"January, 1859.—Has been perfectly free from pain for many weeks. The ulcer of the cornea is healed, and the globe is in a quiescent state.

"In this case, although there was no hope of sight, the object of the operation was attained, namely, relief of pain, and arrest of constant irritation of the globe; results which ordinary means of treatment, continued for several months, had failed to obtain.

"Iritis with 'Exclusion' of the Pupil.

"Sarah F., aged forty-nine. Iritis of left eye nine months. Constant and often intense pain six months, during which she has been under medical treatment (apparently mercurial, as her gums were made tender) without any relief. Total synechia posterior. She can hardly count fingers in a strong light. Right eye blind since infancy.

"May 14, 1859.—Iridectomy of left eye.

"17th.—Slight increase of iritis, with diminution of pain.

"June 3.—Eye free from pain and redness. A few weeks later she could read large letters equal to 19 Jaëger, and could walk by herself through the streets.

"October, 1860.—She has had no return of pain nor inflammation since the operation."

"Interstitial Corneitis.

"Maria C., aged twenty-eight, unmarried, suffered from inflammation of the eyes for the first time three months ago, after being harassed for several months by attendance on an invalid. There is no reason to suspect primary syphilis. Her teeth are dwarfed, transversely grooved, and wide apart, such as Hutchinson describes as the result of hereditary syphilis. Before she was born, her mother had had seven miscarriages and dead children in succession.

"*Right eye* inflamed three months; cornea mottled and universally opaque, so that the iris could not be seen; globe very soft; vision reduced to bare perception of light.

"*Left eye.*—Cornea mottled with red and white interstitial patches, with one or two clearer portions at the margin through which the iris can be distinguished. Can see the light of a candle, but cannot count fingers; globe soft.

"July 25.—Iridectomy of both eyes, with the double object of at once arresting the inflammatory processes which had already advanced to such a damaging extent, and also with a view to providing an artificial pupil opposite to the remnant of transparent cornea in the better eye.

"26th.—Pain and intolerance of light much relieved. Has slept better than she has done for several weeks.

"August 6.—Slow but steady improvement since the operation.

"10th.—Alterative treatment commenced.

"September 1.—Alteratives discontinued. The improvement in the condition of the eyes seemed to be rather more rapid under their influence.

"October 30.—*Right eye.*—Globe has recovered its natural tension, and is free from irritation. Mottled opacities throughout the entire cornea. Can count fingers at four inches distance.

"*Left eye.*—Tension almost natural. Slight tenderness and redness round the cornea. Counts fingers at seven inches.

"From the foregoing cases, and others in which I have performed iridectomy, I am firmly convinced that we possess in this operation a most powerful agent in arresting many disorganising processes in the eyeball which were little, if at all, under the control of any method of treatment previously in use. In many of the cases a greater or less amount of vision has been restored. In others, where recovery of sight was impossible on account of permanent change of structure in the retina or cornea, dependent on the length of time during which the disease had remained unchecked, there has still been obtained incalculable benefit by relief of pain, and arrest of disorganising processes. Of these latter cases I believe there is hardly one in which sight would not have been preserved or recovered, if the operation could have been performed at an early period of the disease."

A *Case of Ovariotomy* is reported in the same journal by Mr Spencer Wells. We will reproduce it next week.

The 'Lancet' opens with a continuation of Dr Pavy's Lettsomian Lectures on *Diabetes*. We extract the following paragraphs:

"Such are the sources of sugar that were known previous to Bernard's time. Now, after an attentive examination of the circumstances connected with Diabetes, Bernard was led to think that there might be something besides amylaceous matter—something unknown to chemists and physiologists, which might give rise to the production of sugar in the body. This he particularly inferred from the fact that the quantity of sugar escaping from a diabetic patient, under a mixed diet, is much greater than can be accounted for by the starch and sugar ingested; and that, although saccharine and amylaceous materials may be completely abstained from, still sugar does not cease to appear in the urine. Here was his motive for undertaking an experimental investigation, out of which have sprung such unanticipated results. In his first experiments, animals were kept upon a diet of a strongly saccharine character, with the view of ascertaining how far the sugar could be followed in the circulatory system after its absorption into the branches of the portal vein. His results led him to the conclusion that it might be detected as far as between the liver and the right side of the heart. To show that the sugar encountered at this point was what was derived from the food, a counter-experiment—an experiment where starch and sugar were excluded from the diet—was made, with the expectation of obtaining a negative result. Instead of this, however, to Bernard's great astonishment, sugar was found as before; and thus was laid the foundation of the theory which has given to the liver

a gluco-genic function. It was in the year 1848 that the discovery of this function was announced.

"Bernard's celebrated experiment, which was regarded as establishing the existence of a sugar-forming function in the animal system, was this:—A dog was kept for some time on a purely animal diet, and was, therefore, prevented from receiving any sugar from an external source. Its life being suddenly destroyed, the abdomen was immediately opened, and a ligature placed on the portal vein. The blood flowing from the chylopoietic viscera towards the liver was obstructed, and distended the vein below the ligature. An incision into the distended vessel allowed the blood to escape, and this, on being collected and tested, gave no indication of the presence of sugar. Blood was now procured from the hepatic veins on the other side of the liver, and was found to be highly impregnated with saccharine matter. The liver tissue itself was examined, and gave a strong reaction, whilst all the other solid organs of the body and the contents of the stomach and intestine gave no reaction with the sugar tests.

"Nothing, certainly, seems more conclusive than such an experiment as this. There is no sugar in the blood going to the liver, and there is an abundance in that escaping from it, as there is also in the tissue of the organ itself. Such evidence really appears in unmistakeable langnage to indicate that sugar is formed by the liver, and carried away from it by the hepatic blood. And, from the extent to which the sugar is found, it might be reasonably inferred that its production is connected with some very important purpose in the animal economy. Now, the experiment establishes beyond all question that sugar can be produced in the animal system without being derived directly from the food; but the great point of interest in physiology, and likewise as regards the pathology of diabetes, is whether this production is really taking place during life, in accordance with the inference that has been drawn from Bernard's results obtained after death. Does, in fact, the examination, as it has been hitherto conducted, afford us an indication of the physiological state? or can it be only taken for what it is really worth—namely, as the representation of a post-mortem condition? This I shall specially touch upon when I have proceeded a little further, and brought the history of the subject up to the present period.

"It was at first considered that the sugar found in the system of the animal feeder was formed from an albuminous material. Bernard's next step—and an important one it has proved—was to discover and isolate the substance which is the source of animal glucose. In September, 1855, he communicated to the Academy of Sciences of Paris his discovery that the formation of sugar in the liver might be shown to be capable of taking place after death. On passing a stream of water through the vessels of the liver after removal, the whole of whatever sugar impregnated its tissue was washed out, so that it then gave no reaction with the copper or fermentation tests. Upon placing it aside, however, and examining it again some time afterwards, a strong indication of the presence of sugar was to be obtained. All question of a special vital process was by this experiment removed, and the production of sugar resolved itself into a simple chemical action. The source of the sugar was not as yet disclosed; but it was evident that in the liver it must be, and that it must consist of something not so easily taken up by water, otherwise it would have escaped from the organ with the sugar. In 1857 the isolation of the sugar-forming material was announced, and as sugar-formation was supposed to constitute its physiological destination, it was called by Bernard the Gluco-genic Matter of the liver. The gluco-genic theory was considered to remain unaltered by this discovery, except in so far as it was rendered more complete by the detection of a recognisable source for the animal glucose.

"My researches have led me to look upon the term gluco-genic as objectionable, if applied to this newly-discovered substance upon physiological grounds. It is true that, after death, under certain unnatural conditions, it is a sugar-forming substance; but under natural circumstances it does not seem intended for the production of sugar. On account of its chemical resemblance to a product of the vegetable kingdom, it has also been called the Amyloid Substance. To this term, however, an objection might be raised on the score of confusing this substance with a body of a different nature met with in the system that has long since received the same name. In speaking of it myself, I have called it Hepatine, simply from its connection with the liver. When our knowledge of its physiological relations is more perfect, it can then be named upon scientific principles; but until then its provisional name should certainly be one which is not exposed to the chance of leading to error by implying a purpose I have good reason to believe it is not naturally intended for.

"The situation of hepatine in the liver is in the hepatic cells—at least, such is to be inferred from what is seen by the use of the microscope, with the employment of chemicals. As it is not present after death from disease, but is always present under healthy circumstances, its production may be supposed to result from the exercise of the normal functional activity of the liver.

"In its chemical properties hepatine is allied to starch, but even more closely so to dextrine. When pure, it is a neutral, colourless, tasteless, and inodorous body, presenting only an amorphous granular appearance under examination with the microscope. It is largely soluble, although not with rapidity, in water; and its aqueous solution presents an opaquely lactescent character. It is curious that in the form of a highly concentrated solution it is transparent, the lactescence appearing only on dilution. It is insoluble in alcohol and glacial acetic acid, by which agents it may be thrown down from its aqueous solution. It is unaffected at a boiling heat by caustic potash. It is devoid of nitrogen, and is composed of C_{12} H_{12} O_{12}. With iodine its behaviour is like dextrine, producing a deep wine-red coloration. Its most important property is its susceptibility of transformation into sugar. It does not itself react with the cupro-potassic or fermentation tests; but, after boiling for a short time with a mineral acid, or contact with many animal products, as saliva, blood, liver tissue, &c., at a moderately elevated temperature, the characteristic indications of glucose are discernible. For studying its relations, it is easily procured by plunging a piece of liver removed from a recently-killed animal into boiling water; then pounding in a mortar, and boiling afresh with a fairish quantity of water. The strained or filtered liquid is to be poured into five or six times its bulk of spirit to precipitate the hepatine, which, after being collected on a filter, is to be dried. To obtain it pure, it must be boiled in a solution of potash. After reprecipitation with spirit, it is to be thoroughly washed with that agent to effect the removal of foreign matter. But traces of the alkali cling to it with great tenacity, and these can only be got rid of by neutralizing with an acid, such as the acetic. The acetate formed is carried away by the spirit in washing."

The same journal contains a continuation of Mr Henry Thompson's Annual Oration, and a controversial article by Mr Hulke on the *Surgical Treatment of Glaucoma*, in which the Author seeks to overthrow Mr Hancock's arguments against iridectomy. Mr Baker Brown continues his reports of cases of *Vesico-Vaginal Fistula*. We extract them:

"Case 8.—*Vesico-Vaginal Fistula; obliterated urethra of eight years' duration; one operation; cure.*—Mrs B——, aged forty-two. This lady was sent to me by Mr Ludlow, of Hinckley, Leicestershire; but that gentleman did not attend her in her confinement.

"*History.*—Eight years ago she was taken in labour with her first child, and after twenty-four hours of severe pains she became insensible. She believes that instruments were applied, but is unconscious of their nature; by their aid she was delivered of a still-born female child. She had fits for some time after the labour, and when she became conscious she found that her urine came away involuntarily, and it has continued to do so ever since. She has never menstruated since the accident.

"Aug. 11th, 1860.—On examination, I found a fistulous opening which would admit three fingers, situated about two inches up the vagina. The urethra was entirely occluded. There was a slight corrugation at the point where the meatus should have been. The vagina was large and roomy.

"13th.—Chloroform having been administered by Mr Wratislaw, I proceeded to operate in the presence of Messrs George Brown, Philip Harper, Spencer, and my son, Mr I. Baker Brown. I first freely pared the edges of the fistula, which were very hard and cartilaginous, and passed through them five silver sutures. Having done this, I introduced a long sharp-pointed knife into the centre of the corrugated part which pointed out the situation of the meatus, and gently pushed it into the bladder, keeping as nearly as possible in the track of the urethra. Through the opening thus made, which was nearly two inches deep, a metallic catheter with bag attached was passed. The sutures were then closed, one being simply twisted, but the other four were secured by my bar clamps. In the evening the catheter became closed up with coagula, and it was found necessary to withdraw and cleanse it.

"From this time she went on very well, having no escape.

"On the 20th the bar clamps were removed, and the whole opening was found perfectly healed. The catheter was retained in the bladder for a few days, after which, as the new urethra was found covered with mucous lining, it was withdrawn, and she was ordered to have her urine drawn off every four hours. In a month from the operation, she could pass a certain quantity of her urine herself; but as the bladder had not entirely recovered its powers of contractility, she could not quite empty it. She was, therefore, directed to pass the catheter about three times a day. None of the urine escaped involuntarily.

"*Remarks.*—Nothing could be more satisfactory than the success which attended the treatment of this very unusual condition, considering the length of time which had elapsed since the accident, and the total occlusion of the urethra. I have since heard from her. She menstruates regularly, and never loses any urine. She is still obliged to pass the catheter occasionally; but I doubt not that when the bladder has recovered its contractile power she will gradually be able to empty it without the use of the instrument.

"Case 9.—*Vesico-Vaginal Fistula, with complete Ruptured Perinæum; three operations for the fistula; cure.*—This and the two following cases are taken from reports of the London Surgical Home:—E. B——, aged forty-one, married, living at Leicester; has had thirteen children; admitted July 20th, 1860.

"*History.*—On the 1st of April, parturition commenced; was in labour fifty-two hours, when craniotomy was performed. She was very ill afterwards, losing the use of her limbs. The urine escaped per vaginam immediately after the labour, and she has never passed any since by the natural passage. Diarrhœa also came on after labour, and ever since then the motions have passed away entirely without control. Early in June she went to the Leicester Infirmary, under the care of Mr Paget, who, in consultation with his colleagues,—Messrs Macaulay and Benfield,—recommended her to place herself under the care of Mr Baker Brown.

"On examination, the posterior part of the vagina was found contracted by bands of cicatrization, immediately behind which could be seen a small portion of the os uteri. Directly anterior to these adhesions was a long fistulous opening, running up into the left side of the vagina and bladder, in extent altogether about two inches. The whole of the perinæum was gone, and the anterior half of the sphincter muscle also.

"Aug. 2nd.—Mr Brown operated for the fistulous opening, the patient being under the influence of chloroform, and placed in the lithotomy position. Seven bar clamps were used, and put horizontally along the wound. There having been no escape of urine, on the 10th the clamps were removed, and the union seemed perfect; but, on the following day, Mr Brown found that about half of the opening had again separated. She was, therefore, placed under tonic treatment, with a view of improving her general health.

"16th.—Mr Brown operated a second time, the patient being placed on her hands and knees, and not under the effects of chloroform. He used a button and five shots, and brought the edges together transversely.

"25th.—The button was removed, and all was found healed, except a small portion where one wire had torn through.

"Sept. 13.—Having regained her health, Mr Brown operated again, the patient being on her hands and knees. Bozeman's button was used.

"22nd.—The button having been removed, it was found that the most perfect union had taken place.

"*Remarks.*—The reason, in the first instance, of a partial failure in the union arose from two causes: first, from the cicatrised band, which pulled upon the edges; and, secondly, from the low condition of the general health of the patient. It would have been better to have divided those adhesions, and to have waited two or three weeks before operating. In a similar case, such would be my practice. I may just mention, that the usual operation for ruptured perinæum has since been performed with perfect success, and the patient is now entirely relieved from her miserable condition.

"CASE 10.—*Vesico-Vaginal Fistula, very large size; four operations; cure.*—S. H——, aged twenty-eight, married, living at Chichester; admitted into the London Surgical Home, April 5th, 1860.

"*History.*—She has had one child, eight weeks ago, in labour thirty hours, when craniotomy was performed; suffered from retention of urine for the first four days, when the catheter was employed. From that time no urine could be retained. This history was obtained from Mr Buckle, who was called to see her after this condition was ascertained.

"On examination, Mr Brown found strong bands of adhesion almost closing up the vagina, and with an opening about the size of a five-shilling piece, which not only embraced the whole floor of the bladder from the termination of the urethra to the os uteri, but extended also to the left side of the vagina, destroying much of the tissues thereof. Mr Brown freely divided all the bands of cicatrization, and afterwards dressed them with oiled lint, and then for many days used the usual sponge tents.

"March 22nd.—Mr Brown did not consider it advisable to attempt to close the whole opening; he, therefore, operated on a portion of it with three bar clamps.

"29th.—Removed the clamps, and the part operated on was found quite healed.

"April 5th.—Several strong bands of cicatrization, still dragging upon the edges of the fistula, especially on the left side, were again divided and dressed as before.

"May 31st.—The fistula being now the size of half-a-crown, Mr Brown brought the edges together with seven bar clamps.

"June 7th.—Bar clamps removed; only a small portion had soundly healed, evidently because the patient was weak and out of health. She was, therefore, put under tonics and out-door exercise.

"July 26th.—Mr Brown operated, using six bar clamps.

"Aug. 4th.—Clamps were removed. A large portion was found healed; but in consequence of the very bad state of health of the patient, it seemed impossible to close the whole. She was, therefore, sent to Brighton for a month.

"Sept. 13th.—She returned much better in health, but some strong bands still constricting the vagina on the left side. Mr Brown freely divided them.

"Oct. 18th.—Mr Brown again operated, using Bozeman's button and seven shots.

"27th.—Button removed. Complete union had taken place.

"*Remarks.*—This was one of those cases offering great difficulties, not only on account of the very large fistulous opening, but also because of the general bad health of the patient from the time of her admission, materially aggravated by a great fretfulness of disposition. It was one of those cases which no young surgeon, however clever, could have succeeded in curing by one operation

"CASE 11.—*Vesico-Vaginal Fistula, with a large Recto-Vaginal Fistula; one operation; cure.*—J. M——, aged twenty-one, first child; admitted into the London Surgical Home on the 30th of July, 1860.

"*History.*—Was taken in labour on the 24th of April, and delivered on the 25th by craniotomy, having been in labour thirty-five hours. Ever since that time the urine has escaped per vaginam. Was sent up from the Leicester Infirmary by Mr. Paget.

"On examination, a fistula was found situated immediately behind the symphysis pubis, transversely, destroying half the urethra; the whole so tightly bound down by cicatrized bands, that it was almost impossible to pass a catheter from the meatus into the bladder.

"On further examination, it was found that all the recto-vaginal septum, extending two inches up, and including the whole of the base of the perinæum, had sloughed away, only a very superficial perinæum, composed merely of skin, remaining. This, therefore, was cut through, and the parts dressed with oiled lint. From this time, the whole vagina put on a most unhealthy, sloughy appearance, and for many weeks seemed to baffle every treatment, until Oct. 18th, when she regained her health sufficiently to admit of the division of a band which constricted the vagina, which quickly healed; and on Oct. 25th, Mr Brown operated, the patient being in the lithotomy position, under chloroform, Bozeman's button and six silver wires being used. At the same time, Mr Brown closed the recto-vaginal fistula, up to the anus, using a button and three wires.

"Nov. 3rd.—Buttons taken off. The vesico-vaginal fistula was found quite healed, but the rectum was not healed, the edges looking unhealthy.

"*Remarks.*—This case is one of great practical interest, from the fact of the patient being in such a bad state of health as to delay the first operation for three months. The propriety of the delay is proved by the rapidity of the union at the first operation.

"If these eleven cases be added to the twenty-nine which I have already published, it will be seen that they amount to the number of forty. Of these, thirty-eight were cured as far as the fistula was concerned, although one subsequently died of pyæmia."

Dr HASSALL contributes a paper to the same journal on the danger of *Green Paint in Artificial Leaves and Flowers;* a danger arising from the use of Scheele's green, or arsenite of copper, as a colouring material. We extract the following:

"The use of emerald green for the manufacture of artificial leaves and flowers has been for the most part resorted to only within the last two or three years, and I am informed that there are from two to three hundred leaf-makers, all using this poisonous substance. The condition of these people, mostly young women and girls, but including some men and boys, is wretched in the extreme. They all labour, and many in a severe form, under symptoms of arsenical poisoning. The poison is diffused throughout the atmosphere they breathe, and is of course inhaled; further, it acts as a local irritant and escharotic on the hands and other parts of the body to which it becomes mechanically applied. The symptoms may be arranged into the constitutional and local: the former consist of general derangement of the health, debility, nervousness, headache, thirst, sickness, loss of appetite, and diarrhœa; the latter, in soreness of the throat and gums, œdema about the eyes, soreness of and running from the nose, and in ugly-looking sores on the hands, face, neck, and other parts of the body to which the poison finds access.

"Now, for all these evil effects, no necessity whatever exists. In the first place, it is more than probable that a suitable substitute for the arsenical pigment might be found; and in the second, even if its use could not be dispensed with, it is certain that the more injurious and distressing consequences might be avoided by the adoption of certain simple and obvious precautions.

"Hitherto reference has been made only to the effects of the employment of the pigment on those engaged in the manufacture of the leaves and flowers. Is is highly probable, however, that the wearers of these ornaments do not altogether escape from the serious consequences to which their poorer sisters are subject.

"*Case* 1.—Francis H——, aged forty-five, was admitted an out-patient of the Royal Free Hospital, in February last; is a dyer of muslin sheets used for making the leaves and other parts of artificial flowers; has been engaged at this occupation off and on for about two years; used formerly to dust the colour—arsenite of copper, or emerald green—on the muslin. This occasioned it to fly about the room, and to fall on the clothes: began almost immediately to feel ill; suffered constant nausea, loss of appetite, thirst, and headache; had diarrhœa occasionally, soreness of the throat, and tenderness of the gums; is much more nervous than formerly. The eruption appeared four or five days after commencing to use the pigment. It began in the form of greenish pimples over the hands and face; these bursting, left holes, having eroded edges. Has also eruptions on the scrotum and groins. The skin of the palms of the hands is of a yellowish-green colour, being stained with the green dye. Left off using the emerald green at Christmas, 1858, for about four months; then used picric dye, which did not affect him, and, in two or three months, the eruptions entirely disappeared. Began to use the emerald green again about six weeks before Christmas, 1859, and soon experienced nearly the same effects as before, with this difference, that the eruption was not so bad, owing to the manner in which the colouring matter is now applied, not by dusting as formerly, but by dyeing the muslin and rubbing in the colour.

"CASE 2.—Richard G——, aged twenty-seven, also admitted an out-patient of the Royal Free Hospital, in February last; is an artificial leaf-maker—that is, he cuts the leaves out of the dyed sheets of muslin; has been engaged in the trade about twelve months; was in good health until he began to use the emerald green about two or three months since; began to feel the effects of the poison in the course of two or three days afterwards. The symptoms were as follows: Much thirst; tongue white; highly nervous; sleep disturbed and unrefreshing; weakness; loss of appetite; bowels very much relaxed for the last eight or ten days, acting some six times daily; sense of weight on the chest and difficulty of breathing; the eyes swollen in the morning; the nose sore inside and discharging freely; gums tender. About fourteen days after using the colour, sores broke out in various parts of the body; on the hands, forehead, behind the ears, at the roots of the nails, and on the scrotum, the sores presenting a dark and very unhealthy appearance. The hands, especially the palms, and the roots of the nails, were stained, as in the previous case, of a greenish-yellow colour.

"There were eight young women and two boys working in the same room with the men whose cases have just been described, and they were all affected much in the same way. They all had sores; the girls, at the back of the neck, on the sides of the nose, and on the hands: their eyes were also affected, and there was running from the nose. To such an extent was their health affected, that they were compelled from time to time to give up their work and return home.

"P.S.—Arsenite of copper is employed for a great variety of purposes besides as a dye for colouring paper-hangings. In a letter inserted in the 'Lancet' some months since, I pointed out that it was constantly used in the colouring of articles of furniture and dress. I also showed that another green pigment, probably scarcely less injurious than the arsenical preparation, was still more constantly employed to colour carpets, table-covers, curtains, clothes, dresses, and numerous other articles. This pigment is known as false Brunswick green, of which three shades are prepared, and it consists of Prussian blue or indigo with CHROMATE OF LEAD."

The same journal contains a report, by Dr J. B. METCALFE, of a *Case of Poisoning by Arsenical Paper-hangings.* We extract the case:

"Clarence W. King, son of W. T. King, Esq., of Beresford Lodge, Highbury, aged three years and a half, first manifested symptoms of being unwell on the morning of Thursday, Nov. 1st. He refused his breakfast, complained of chilliness, and was sick; at ten a.m. he was seized with convulsions, for which he was put into a warm bath, and the attack soon passed off. On my arrival at eleven a.m. he was in a semi-comatose state, his countenance placid, surface of body warm; the bowels had acted several times, the stools passing off involuntarily, watery, bilious, and very offensive; pulse quick; tongue white; there was no abdominal tenderness on pressure. On visiting him

again in the evening, I learned that slight convulsive twitchings of the facial muscles had been observed; that he had been more feverish, but was again less so; he had not been sick; the bowels were less freely relieved.

"Thus far there were no symptoms of so grave a character as to lead to the supposition that they were attributable to any extraordinary cause; worms (to which the child was subject), or any other irritant, might have produced them. It was on the following day, at seven a.m., when having been sent for on account of another child having been seized with convulsions accompanied by violent shrieks and severe dysenteric discharge from the bowels, that I noticed the great change which had taken place in the little fellow; he was almost in a state of asphyxia, the surface cold, pulse feeble, countenance livid. The application of warmth, administration of ammonia, and frequent supplies of warm milk, after the lapse of a little time produced somewhat of reaction; but in the afternoon he was again seized with a severe tetanic convulsion, and from that time alternations of repose and convulsion (amounting to perfect opisthotonos) continued until the little sufferer sank at twelve o'clock, thirty-eight hours after the commencement of the attack.

"It is worthy of note that although all these symptoms were due to arsenical poisoning, as will appear in the sequel, there was no violent sickness; only once at the commencement of the attack was the child sick, and on one occasion on the second day when beef-tea was given instead of milk.

"A post-mortem examination was made on the following day, with reference to which it may be briefly remarked that the appearances were indicative of a healthy state of system; the child was fat and well nourished. For the appearances presented in the stomach and those parts which were forwarded to Dr Letheby, the reader is referred to the report which is appended."

Dr Letheby's examination proved that there were traces both of arsenic and copper in the liver. He remarks:

"The results of these investigations leave no doubt in my mind as to the cause of the child's death. The poisonous pigment existing in so large a quantity on the paper, together with the circumstance that the slightest friction would remove it, accounts fully for the origin of the poison; and the presence of it in the dead body answers the question as to the cause of death.

"It may not be out of place to remark that the quantity of the poison on the paper is sufficient, under circumstances like the present, to be a source of serious danger: for a piece of the paper six inches square contains enough arsenic to destroy two adult persons; and, from the many cases of a like character which have been referred to me, I cannot hesitate to believe that the use of such papers is extremely hazardous. Within the last fortnight, I have had occasion to examine two specimens of green papers which were suspected to be the cause of illness, and in each of them arsenic was present to a large extent; in one case it amounted to nearly ten grains on a surface six inches square; and it almost invariably happens that the poisonous pigment is but loosely attached to the paper, and is easily brushed off by slight friction. When our artificers and manufacturers will learn caution in respect of the use of such poisonous pigments I know not, for already the danger of it has been sufficiently discussed. Nor is there the excuse that, in order to meet the demand for bright and permanent colours, there is any necessity for the employment of mineral pigments. The French, who are our competitors in this matter, have long since abandoned the use of such pigments, and are yet able to outstrip us in the brilliancy of tint. It is high time that our manufacturers should imitate their example."

We quote from the 'Lancet' of the 24th ult. the following *General and Clinical Remarks on Scurvy*, by Dr Stephen H. Ward:

"The face of an individual suffering from advanced scurvy speaks distinctly of damaged as well as deficient blood. It is of a sallow, dingy, earthy hue, and looks also at times as if it were dirty; the conjunctivæ are clear and transparent, the eye usually bright, with dilated pupil, and the lips are bloodless. The countenance is generally passive and devoid of expression, though in some severe cases it expresses a sense of dread. Sometimes projection of one or both cheeks indicates the enlarged condition of the gums beneath. A peculiar fœtid emanation, something like that of putrefaction, but distinctive, is the next, if not the first and most striking, characteristic of the worst forms of scurvy. It comes out with the breath, and does not result from, though it may be aggravated by, a sloughy state of the gums. Scorbutic patients are generally found lying on their backs, with heads rather depressed, the position in which the weakened heart can best do its work. Frequently the bed-clothes are seen to be elevated by the raised contracted knees. On looking into the mouth, the gums are found, in a large proportion of cases, to be more or less involved, from a slightly projecting, spongy state, affecting the free margins, to an extensively hypertrophied mass, completely projecting over and between the teeth, extremely tender to the touch, and inclined to bleed. The colour of the gums, which varies from a deep red to a livid blue or black, abruptly terminates with them, and forms a striking contrast to the pale, anæmic appearance of the lips, tongue, and inside of the cheeks. At times there is ulceration and even sloughing of the gums, and consequent loosening of the teeth. I have found the tongue to present usually a clean and very smooth surface.

"On removing the bed-clothes, and examining the surface of a scorbutic patient, we find evidences of the damaged condition of blood in the exudation of its constituents—the blood-discs, the fibrin, and, more rarely, the serum. The extravasation of the coloured corpuscles occurs either in the form of small, hæmorrhagic, purpuric spots, or larger bruise-like stains. The hæmorrhagic spots vary in size from that of a mere point to that of a small pea, and in colour from a vivid claret, in the more sthenic, to a faint reddish-brown in the severer and more advanced cases. The large bruise-like stains, like the small petechial spots, are usually to be found on the lower extremities, and vary in size from a crown-piece, or less, to a stain involving the whole length of one of the legs from the upper part of the thigh downwards. It seems probable to me, from the fact that they affect, by preference, the inner surface of the limb, that they are produced by slight blows or by pressure, such as that caused by the weight of one leg resting on the other. They generally appear first, and are most marked, around the cicatrices of old ulcers or wounds.

"Not less distinctive of scurvy than the affection of gums and subcutaneous hæmorrhages, are the effusions of fibrin which take place in different parts of the body. Like the hæmorrhages, however, they usually select the lower extremities. The fibrin is either poured out beneath the skin, or between the tendons and bones which enter into the formation of the knee and ankle joints, and fixes them as in a splint. Effused around the knee, and into the popliteal space, it produces the characteristic contraction of this joint, which is often the earliest and sole evidence of the scorbutic taint. Effused beneath the skin, and forming a sheath around the muscles, it makes the fleshy portion of the leg or thigh indurated, and imparts to it a resistance like that of board. Effused upon the surface of the tibia, or the subcutaneous surfaces of other bones, beneath the periosteum, it gives rise to node-like swellings, which are often extremely tender, and simulate those of syphilis, save in the fact that there is no exacerbation of pain at night. The skin is firmly adherent to the effused fibrin, and cannot be pinched up: it is also generally of a brownish hue. There is usually much pain and tenderness connected with these effusions.

"The analysis of 100 cases of scurvy, recorded by me or by the resident medical officers, in order to determine the relative frequency of the more prominent symptoms, gives the following results:—In 74 out of the 100, the gums presented the different degrees of affection already noticed. In 34 cases there were the small hæmorrhagic spots: these were generally limited to the legs, sometimes to one; they at times extended to the thighs, and in several cases were scattered more or less over the body. In 36 instances, the larger ecchymoses were present. They varied in colour as do bruises in their different stages, and in sight as the smaller hæmorrhagic spots. In 58 cases there was more or less effusion of fibrin; the knees were the most constant seat of this effusion—then the hams, the calves of the legs, the ankles, the dorsa of the feet, the back of the thighs. Occasionally there were syphilitic-like nodes on the tibia, and, in one case, on the clavicle. In one instance there was much effusion about the biceps, in another about the elbow, preventing flexion of this joint; and in five cases, the back of the hand was swollen up into a hard, resisting, conical tumour. In three cases there was effusion of serum only in the legs, coupled with other scorbutic appearances.

"Further evidences than those already afforded of the damaged condition of the blood were given in the occurrence in several cases of passive hæmorrhages. These came from the nose, the mouth, or the bowels; never from the lungs, stomach, or bladder.

"The tendency to fatal syncope is one of the most striking features of scurvy, and is not limited to the more serious cases. Scorbutic patients, not particularly reduced in strength or emaciated, will, on any sudden over-exertion, especially on suddenly assuming the erect posture, sometimes fall down in a swoon, from which they do not recover. This fact is one of the most important to be borne in mind in the treatment of this disease. One of three fatal cases, which have occurred during my official connection with the 'Dreadnought,' was that of a man in the prime of life, and who appeared to be in very fair condition as regards flesh and power. He had been chatting in a loud and cheerful tone of voice to those near him, on the evening after his arrival, when suddenly, while the nurse's back was turned, on getting out of bed to go to the night-stool, he fell down in a state of syncope, and before the medical officer could get to him, was dead.

"What is the constitution of scorbutic blood? The general anæmia, the pale colour of the muscles and viscera, the free effusions of fibrin, tell us, what chemical analysis confirms, that it is deficient in red corpuscles, and superabounds in fibrin. The former have been found, in one instance, to be reduced to 48 parts in 1000, and the latter to be increased to three times its normal quantity. A careful microscopical examination of several specimens has been made by Mr Cooke, the resident medical officer, and also by myself, and the abnormal appearances were a general diminution of quantity of red corpuscles, a shrivelled or ellipsoidal appearance of some of them, an irregularity in the size, and, in one or two instances, a not very marked increase in the number of white corpuscles; and, in one case, some irregular-shaped granules were seen floating about in the liquor sanguinis.

"I have not space for many remarks on the general symptoms of scurvy. The state of tongue has already been noticed; the appetite has been usually found to be good; the alvine evacuations have generally been healthy, though in some cases diarrhœa has existed. The urine has been examined in regard to specific gravity, alkalinity or acidity, freedom from albumen, &c., but has not been found to present any material deviation from the urine of health.

"In the severe cases there is almost always sleeplessness at night, but not any disturbance of the intellectual functions. The pulse also, in bad cases, is very rapid, as high as 130, or 140 even; and there is heat of skin, and some febrile excitement, with free perspirations at night—a constitutional condition approaching that of hectic. Where these symptoms are present, there is always, as far as my experience goes, fibrinous effusion. I have not noticed, even in the milder cases, the dry, harsh skin which has been described as characteristic. The amount of emaciation is not always great, even in extreme cases."

CHLOROFORM PAREGORIC OF Dr HENRY HARTSHORNE.

Take of chloroform, tincture of opium, tincture of camphor, aromatic spt. of ammonia, of each f ʒiss; oil of cinnamon, gtt. iij.; brandy, f ʒij. Dose, f ʒss, or less, in spasmodic affections of the stomach, cholera, &c. Several practitioners have used this preparation with favourable results in severe cases. — 'Chemist and Druggist,' and 'British American Journal.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Untamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2*l.*	2s.	0d.
A Page or Three Columns	5*l.*	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 5, 1860.

THE REVOLUTIONS OF SCIENCE.

The revolutions of science are more influential, though, in their beginnings, less remarkable, than those of society. The gestation of a thought proceeds in the silent calm of the closet, and its birth is often unannounced by plaudits or testified by many witnesses. Nevertheless, there is the thought—now a fact, an active, fruitful existence, to grow in a future day to full maturity and strength. There have been great thoughts that have revolutionised the world of action as well as of science—and necessarily so, because the multiform varieties of action in the world are all inspired by one governing principle, modified, it may be, by an antagonising element, which, though subjected, can still turn its sting against its conqueror. Such a thought may govern a nation's life through the entire period of its existence, or it may be overcome by the uprising of a new element, and a nation may live many lives in the course of its career.

As in the theological, so in the natural world, there are two principles which in different societies, and at different times, obtain an ascendency; but neither of them is at any time wholly obliterated. Faith and Reason, Necessity and Free-will, the divine right of Authority and the right of Free Inquiry, are so many phrases representing the same primordial principles as exhibited in the different vocations of men and subjects of thought. We have adverted to the influence of these great masterful thoughts, and the revolutions they breed, in order to bring the subject of our article forcibly before the mind, and to attest the general truth of our proposed argument. This argument has, however, a more limited sphere, and concerns the state and progress of the Science of Medicine alone.

Medicine has been eminently liable to revolutions of this nature. The obscurity and complexity of the phenomena with which it deals, naturally dispose the minds of its followers to rely upon the conclusions of its more distinguished cultivators, and to indulge joyfully in the enthusiasm of faith; whilst, on the other hand, the circumstance that the science is capable of indefinite improvement, and, again, that this improvement must flow from a patient and accurate observation of facts, incite a large number of active and thoughtful men to examine the foundations of every opinion, and to upset the idols of unreasoning credulity.

The simpler the elements of thought, the more permanent and influential are the principles that are established. It happens, however, that in the Science of Medicine the facts are so numerous, so subtle, so comprehensive, so widely related in the regions of natural science, and so difficult of comparison, that the construction of definite laws becomes one of the most laborious and elusive undertakings in which the mind can be engaged. All natural science is subordinate to the science of human life, and, consequently, of disease. Medicine must wait for the advances of her handmaid sciences, before she can herself make any satisfactory progress. She can no more march alone on her career of victory, than can a grand army without its Commissariat. She must be fed by their labours, and pitch her camp where they have marked out the ground and collected the supplies.

Hence the principles, so called, of Medical Science have been, in greater part, merely approximative to fixed truth; and not being absolutely demonstrable, are open to the attack of every bold and plausible speculator. For this reason, the career of Medicine has been a series of revolutions. No other science has been so unsettled, so abundant in theories, so self-contradictory, so prolific of impostors and charlatans.

The present age is peculiarly a transitional one. Iconoclasm is in the ascendant, and no man or school can expect long to retain popularity. The very search after truth which results in the breakage of idols, necessitates the setting up some new object of belief; for Nature cannot endure a vacuum, and the mind of man must rest upon a principle of some sort, or it cannot think; and without thought existence would be void.

Matters have therefore come to this issue, that change is incessant. The science is in full ebullition, and surely we may hope that some cardinal truth will ere long be evolved from the seething mass. It is curious to notice how short-lived are the theories of Physic that are promulgated in these days. Only a few years ago, all fever was said to be caused by local inflammation; and venesection, with calomel and antimony, were the prescribed remedies. During even the culmination of this dogma, there were protestors against it; and we remember well that Dr James Arthur Wilson lingered in the cold shade of disfavour at St. George's Hospital, because he incessantly inculcated the importance of the blood, deprecated useless bleedings, and recommended the administration of salines in lieu of the vigorous practice then almost invariably in vogue. A few years rolled on, and the Profession changed its principles; and in order to make the retreat from a false position decent, a new theory of the change of type of disease was invented. By the majority of Physicians, this theory is considered reasonable; but, in condemnation of its soundness, it unfortunately happens that when there was no alleged change at all, Dr Wilson and a few others raised their manful protest against the practice. Rheumatism was then treated by bleedings *coup sur coup*; the anti-phlebotomists admimistered alkalies and salines; never for a moment dreaming that their particular patients exhibited a different type of disease from that of the patients of other Physicians lying in the same wards: that was a discovery left for a later age.

Now, then, we have a change of type of disease; and in further extension of this dogma, a broader and more radical doctrine has arisen,—that of the non-inflammatory character of inflammatory diseases. In short, there is no such thing as inflammation. As a consequence of this hypothesis, brandy and port-wine are ordered to be administered where venesection *ad deliquium*, and calomel and opium *ter a die*, were formerly the panaceas. So prevalent had become the fashion to stimulate in acute diseases, that we really believe that many Surgeons who were unwilling to abandon their old dogmas, were nevertheless afraid to bleed a patient, lest they should be regarded as old-world Practitioners, or as heinously ignorant of the more advanced principles of Medical Science.

The MEDICAL CIRCULAR has, indeed, given the deathblow to this dogma, as a bit of fetishism; though we should be sorry to imply that advantage had not been derived from a reconsideration of former opinions as to the treatment of febrile inflammatory diseases.

Such is a general view of the rapid transitions which Medical Science is undergoing. If space allowed, we could dilate at great length and with a variety of illustrations upon this topic; but we must forbear. The conclusions we derive from this mode of considering our subject is this: that extremes of doctrine, necessarily leading to extremes of practice, are not consistent with a modest inquisition into the order of nature, and betray an unwise impatience to establish principles which the facts at our command cannot at present justify. Whilst experimental and theoretical Physicians are indulging in these antagonistic hypotheses, let the practical men on whom the preservation of the health and lives of the community depends observe a prudent caution, keeping their suspicions keenly alive, lest they be unwarily fascinated by the attractions of a startling paradox, or the glitter of a great name.

F. C. ALLBUTT, of Caius College, Cambridge, has received the Degree of M.D. of Cambridge University.

SUMMARY OF THE WEEK.

THE RIGHTS OF EMPIRICS.

We last week commented on the decision of the Court of Exchequer with reference to the right of a registered Practitioner to designate himself by the title of "Doctor:" this week we are called upon to comment upon the dictum of a London Magistrate, who has decided, before hearing evidence, that the fact of practice, and together therewith the assumption of the title of Doctor, cannot be construed into the charge that the person so acting *implies* that he is a registered Practitioner. The penalty consequent upon irregular practice depends upon the evidence, that a person alleged to be guilty of it, implies that he is registered under the Act. Now, if the assumption of a registered title, associated with the fact of practice, do not constitute a proof of such an offence, we should like to know the use of the Medical Act? If Mr Selfe's dictum be correct, was there ever a more flagrant deception than this Act has become,—was there ever a greater farce than the proceedings of the Legislature that enacted that measure? Of what earthly use is this Act, if it cannot prevent an ignorant and impudent impostor from calling himself "Doctor," and practising Medicine as if he were a duly-qualified and registered person? This measure cannot be suffered to remain in its present imperfect and incongruous state, and must be reformed. When it was first published, we insisted that it could not possibly work satisfactorily; but our hoodwinked contemporaries deemed us hasty, and affected moderation. They counselled us to give it a trial, as no doubt it might be converted into a useful measure: what do they say about it now? What extravagant laudations can they now pronounce upon our Magna Charta? If Mr Selfe's opinion be a fair inference from the Clauses of the Act, then the Profession have been defrauded of Thirty Thousand Pounds by a most disingenuous trick either of the Legislature or the Colleges.

We advise our brethren to give their attention to this subject, with a view to rectify the wrong, and in the mean time to discard all those unwise and injurious antagonisms between *registered* Practitioners which have lately brought much dissension and no honour to our Profession. The public do not understand our separation of classes and titular distinctions, and smile only at the personal pride of individuals who, though holding the same social and professional rank, affect higher honours. Our numerous Universities and Colleges have fostered these rivalries, and all of us are, from various motives, more or less the slaves of their ordinances and the dupes of their temptations. Though individually, then, we may consent for a time to the bribes thus offered, do not let us, in the name of all that is enlightened and generous, indulge in petty persecutions, and seek to arm ourselves against our neighbour with the poisoned darts of this Medical Act. Though the Colleges divide us, and by such division aim at their own enrichment, do not let us forget the honour of Medical Science, or the dignity and peace of the Profession.

MEDICAL CHARGES.

In a trial reported in another part of our Journal, our readers will see a somewhat singular decision with respect to the right of General Practitioners to charge for journeys in country districts. We have always believed this charge for journeys in addition to medicines to be a universal custom, and are very much surprised to find the right overruled by the Judge of the Chesham County Court. We do not know how the rural Practitioner can be adequately remunerated if this claim be disallowed; for it cannot be expected, in these Homœopathic days, either that the public will swallow unnecessary doses, or allow us to charge extravagant prices for them. Under the Medical Act, a Practitioner is authorised to charge for attendance and medicine; but it is in the power of a Judge to decide upon the equity of individual charges. If this decision should be followed up by others of a similar kind, it will behove General Practitioners to charge for attendance alone, when they can apportion their claim according to the justice of the case. It would be a great advantage if a Convention of Delegates could meet in London to determine this question of Professional charges.

ARSENICAL PAPER-HANGINGS.

The fatal consequences resulting from the colouring of paper-hangings and other decorative articles with the green arsenite of copper have been of late so frequently demonstrated, that we feel it necessary to call upon our readers to exert their best efforts to prevent the use of all articles of furniture coloured with this poisonous substance. The evidence of Dr Hassall and Dr Letheby proves beyond all doubt that many cases of obscure disease, and death itself, are directly traceable to this cause; which is now nearly as common an agent of mischief as lead was found to be a few years ago. Perhaps the general use of gas as an illuminator and warmer has also given an increased intensity to this source of poisoning. If our brethren bear in mind the facts recorded with reference to disease from these causes, they may often be able to explain and cure maladies that now baffle their skill and ingenuity.

THE DRAINS OF BRIGHTON.

Mr Acton has brought down upon himself an avalanche of criticism because he declared that his children were made ill by the foul stinks arising from the bad drainage of a house at Brighton. The Bumbledom of Brighton pretended to be astonished at the accusation, and grew red in the face and shook its fist at the rash calumniator. These indignant officials should remember, however, that this is not the first time that Brighton has been charged with bad drainage; and as the mortality of the town is unduly high, we advise them to imitate the example of other large towns, and appoint a Medical Officer of Health, who will soon point out to them the reforms of which they stand in need, and bring the mortality down to a reasonable standard. This will be a far more sensible course than that of abusing the complainant.

THE CITY ANALYST.

Some weeks since, the Commissioners of Sewers of the City of London appointed Dr Letheby their Analyst, under the powers of the New Act of Parliament for the detection of adulterations of food, and instructed him to report to them as to the best mode of carrying out his duties. That gentleman has recently brought up his Report, in which he has pointed out that there are two classes of adulterations to be provided against: one, that which is pernicious to health; and the other, that which is merely substitutive, and a fraud upon the pocket of the purchaser. There are instances of adulteration in which both evils exist. The Doctor has recommended that the fee should be commuted to a fixed sum of five shillings; and in order that the poor, who are more especially the victims of adulteration, shall not be disabled from enjoying the benefits of the Act by the amount of the fee, he proposes that, where sufficient justification for the analysis may appear beforehand to exist, it should be conducted for them without cost. In all cases where a purchaser intends to submit an article for the investigation of the Analyst, he must inform the dealer of his intention at the time of making the purchase, in order that he may have an opportunity to accompany the purchaser and prevent the substitution of another article. The City Inspectors of Markets will also, in all probability, be empowered to assist Dr Letheby in his operations. We have no doubt that this Act will exercise a beneficial influence in this Metropolis, where there is scarcely an article of consumption sold that is not adulterated. There will, of course, be much difficulty in drawing the line between those articles which are conventional adulterations and innocuous, and those which are injurious to health. Hops at one time was considered a pernicious adulteration of beer, and excited a commotion throughout the country amounting to sedition; but opinion has much altered since that time. Logwood in wine is a substitute, and likewise chicory in coffee: these will require to be treated by the Analyst and the Magistrates in a different manner from cocculus indicus in beer, and chromate of lead in London confectionery. There will be many difficulties in the way, but we trust confidently to the combined good sense and energy of Dr Letheby, the Commissioners, and the Magistrates.

REVIEWS.

The Medical Vocabulary; containing a Concise Explanation of the Terms used in Medicine and its accessory Sciences. By Robert Fowler, M.D.

This is just such a little book as has been for some time in constant request. The rapid progress of the Science of Medicine and the interchange of literature with foreign countries have led to the introduction of numberless terms, the meaning of which the practitioner often finds a difficulty in comprehending. Dictionaries of scientific terms have, indeed, been already published; but they are generally either bulky and expensive volumes, or so brief and jejune as to be unsatisfactory to the student and practitioner. This work is not obnoxious to either objection; it is copious enough to give all the more important phrases, and yet so moderate in size and price as to come within the means of every practitioner. Dr Fowler has exhibited much industry and learning in making this compilation, and we can heartily recommend the work.

The Modern Treatment of Syphilitic Diseases, &c. By Langston Parker, F.R.C.S. 4th Edition.

It is so short a time since we reviewed the third edition of this work, that a long notice of this one would be a work of supererogation.

Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart. By John Hatch Power, M.D. With Illustrations by B. Wills Richardson, F.R.C.S.I.

This is a new Students' Manual, and is excellently got up, equally in its text, its printing, and its illustrations. The latter, indeed, are admirably distinct; indeed, those of the heart are the best we have seen on the same scale. The book deserves, and no doubt will obtain, a large circulation.

Infant Feeding and its Influence on Life; or, the Causes and Prevention of Infant Mortality. By C. H. F. Routh, M.D.

Dr Routh has attained considerable reputation in connection with the subject of his present work. In this volume he discusses the wide question of Infant Feeding in all its relations, and all accessory sources of information have been laid under contribution to furnish materials for the consideration of the subject. The mortality among infants is usually ascribed to want of breast-milk. We believe that this phrase has been adopted at the instance of the Registrar-General, rather as a convenient way of making a return to that functionary's office than from any scientific confidence in its accuracy. Upon this point Dr Routh remarks:

"It is to the deprivation of this kind of food that the mortality is usually assigned. Now, I believe this is only one of several causes—a powerful one, no doubt, but still it must be obvious from what has preceded that its injurious effects are much exaggerated. This becomes manifest if we look to the actual number of deaths attributable to want of breast-milk, as occurring in a general population, and irrespective of foundling institutions altogether. I have selected the Registrar-General's tables for London. In the quarterly returns, however, under this head, we are referred to cold, atrophy, and privation, as, no doubt, under these heads many cases are included which, properly speaking, should be returned under that of death from want of breast-milk. Perhaps we should include some others, as, for instance, diarrhœa; albeit I make no doubt, when diarrhœa may have been present in most of these cases as a symptom, death has been referred to the cause, want of breast-milk. This is, however, only a supposition; and hence, in the impossibility to measure the amount due to diarrhœa, I am obliged to neglect it. I have, however, to make amends, included all cases of *premature birth and debility* under one year old, which is a large number, but which must needs comprise many who are not thriving under the poor breast-milk given, or the food substituted. Taking the six years, 1849 to 1854 inclusive, it follows that out of 473,865 births in six years, 15,241, or 3·2 per cent., died from want of breast-milk in its widest sense; or, out of 73,227 deaths from all causes, occurring to children under one year old, 20·8 per cent. might be referred to deprivation of this kind of diet.

"My own experience completely bears out these conclusions. I am connected with two institutions which, each in its way, have satisfied me that the congregation of foundlings or children whom it is wished to bring up by hand in towns is almost invariably fatal; so that their distribution, even in circumstances of poverty, is almost always less injurious, and often their salvation.

"An attempt was made in connection with one of these (an infant nursery, where children are received during the day, in the absence of their working parents) to take in boarders; that is to say, the infants of mothers who were engaged as wet nurses. A large nursery,—well aired, scrupulously clean, temperature uniform, 70° usually,—was selected, in which an experienced nurse, directing four or five young women in the arrangement of the children, was placed. The most approved system of diet was enforced, and yet none of these children throve. The mortality was certainly four out of five, if not more. The diseases that prevailed were—diarrhœa, which resisted all treatment; aphthæ or diphtherite, with or without diarrhœa. Lastly, atrophy prevailed largely; it often succeeded the cases of diphtheritis which recovered. Sometimes, however, it was the only symptom present. These children ate enormously, but got thinner and thinner, till at last they died, with all the symptoms of inanition. Usually a removal from the institution led to a recovery; except, however, in cases of atrophy. This disease, once induced, generally persisted, and proved fatal.

"The other institution was a penitentiary for females of a better class, but who, having fallen *once*, were taken in to be confined and reclaimed. Many of these went out as wet nurses. Some of the infants came to the nursery before spoken of; others were brought up by the hand, by *friends* of the patients. Among the latter I could not trace one case of death. Although this statement should be taken with reservation, as after some months the children were lost sight of, still there is no doubt that, although these infants were brought up in circumstances of poverty, and that those who cared for them were often in penury and want, yet they throve better and proved longer lived than our nursery infants. I have no doubt that the causes enumerated by M. Hervieux—the hospital atmosphere, the insufficiency of exercise in the open air—contributed greatly to these results. I might perhaps add another,—the inaptitude of the assistants to the head nurse, and their inexperience of children. I am sure I have seen this in private practice. I have seen a child under the care of a nurse, and that nurse exact, too, in her duties, but not a mother, not having had much experience in the handling of children: that child has pined away, and become weak and thin. An experienced mother has now taken the child in hand; and albeit the same food has been given, and apparently, in as far as regarded external circumstances, the child has been placed exactly as before, it has now thriven well, and recovered health and strength speedily. I cannot measure the extent of this influence by figures, but of its existence and powerful operation I have no doubt.

"To recapitulate, therefore, I have shown—

"1. That for the ages one year and under five, the mortality, even under ordinary circumstances, is in towns nearly double what it is in country; but this difference in the mortality according to residence is nearly seven times as great for foundlings: therefore, foundlings should never be maintained in towns.

"2. That in Ireland, while it is doubtless very high in the first month, for those under one year it is only 30 per cent. in towns, and 22 per cent. in country; the worst mortality with foundlings being 50 per cent.

"3. That travelling in fair seasons is not dangerous to foundlings.

"4. That the mortality is greatest in spring, and least in autumn, with children in public institutions.

"5. That the chief cause in the mortality of foundlings is want of exercise, and the abuse of the recumbent position.

"6. That want of breast-milk will only account for a mortality of 3·4 per cent. additional.

"7. That a depraved hospital atmosphere and certain endemic contagious disorders are the chief causes of the mortality in foundling hospitals.

"From which results we are justified in concluding—(*a*) That if foundling hospitals are to be maintained at all, they should always be built in the country. (*b*) That large open single wards should be converted into small well-ventilated rooms, capable of containing from three to four cots, with one nurse at least to each small ward so constructed. (*c*) That where it can be done, and wet nurses can be supplied, preference, if possible, should be given to the children's mothers. (*d*) That means should be taken to insure the proper exercise of the infants."

We cannot, of course, in the brief notice our pages enable us to give, reproduce all the views promulgated by Dr Routh. We shall, therefore, content ourselves with adding to the foregoing quotation another description of the Author's views on substitutes for the mother's milk.

"Having now dwelt upon that class of cases where the mother is either able, or can be made able to suckle her own child, we pass on to the second inquiry referred to, viz.—If she be not able to wet-nurse the child at all, certain principles ought to be observed in feeding it, whether the artificial food given be animal milks or something more distinctly artificial, leaving the employment of a wet nurse as a *pis aller*.

"In those cases where we are compelled to bring up a child by hand, there is the greatest need of care and judgment. Prior to eight months the difficulty is considerably enhanced. At that period teeth are generally present, the anatomical conformation of the alimentary canal is well-nigh completed, and the child is able to digest even vegetable materials. But in the earlier periods, and particularly in the first three months of existence, the danger of death under artificial feeding is very great: most of the tables above given prove this. This is especially true for illegitimate children. In a table drawn out by Mr Acton in his paper before referred to, the chance of death at this period amongst illegitimate children, such children being generally brought up by hand, is about one-third of all the deaths in the year: thus out of 326 children, 31 died under 1 week, 45 above one week and under 1 month, 110 under 3 months, 74 under 6 months, 27 under 9 months, 39 under 1 year.

"Now I believe that no treatment can be safely recommended in these cases which can bear any comparison with that which experience has proved to be most successful in other countries: I allude to the direct suckling of the child from the breast of some other animal, as for instance the goat, to which I have already referred. Besides, it is the most natural. This itself is no small advantage. But it also does away with the necessity of an experienced nurse to prepare the child's food *secundum artis* [*sic*], so that it shall not disagree. Lastly, no improper practices of the animal are likely to endanger the safety of the child, which, after suckling a short time, it will come to love and protect as its own offspring.

"Undoubtedly, therefore, the plan has experience to recommend it. But more than this; I have already shown that by properly feeding these animals we may obtain from them, as well as from cows, a milk which shall so closely resemble human milk as scarcely to be distinguishable from it even by chemical examination. The particular disadvantage which attaches to the employment of milk as it is usually obtained from cows, even when free from adulteration, is thus obtained. Very fresh milk undoubtedly agrees best with children. Now it has occurred to me more than once that the explanation may be possibly given, namely, that the milk when warm, precisely as it is with blood, loses by evaporation some vital volatile principle, and is thus rendered more difficult of digestion. In confirmation of this view it may be stated, that the existence of such volatile principles as I have before stated has been proved incontrovertibly by the experiments of Parmentier and Deyeux, although

unfortunately their chemical composition has not been made out. With the intention of making this out, they distilled frequently several specimens of milk. Speaking of the distilled product, they remark: 'It would be a mistake to condemn the distilled water of milk as simply water. Its smell, taste, and especially the ready manner in which it is changed by exposure, prove evidently that it holds in solution one or many substances. But what are these substances? This is indeed a difficult problem to solve. All that is possible at present to say is, that these substances are easily decomposed, since we find their remains in the water which contained them; they are those remains which affect the transparency of this fluid, and give it that viscosity and putrid odour which it acquires after a time.' Messrs Parmentier and Deyeux believe this product to be analogous to those obtained by the distillation of muscle, urine, blood, lymph, and albumen, which also as readily decompose. The volatile principles are occasionally affected by the aliment previously taken; particularly by some, though not by all those of an aromatic character: but they are, nevertheless, always present, and obtainable from milk. Ferris proved that ammonia constituted no part of these principles, nor was it evolved during any period of its decomposition.

"So far, however, it may be conceded, that there are some volatile principles which escape from milk during exposure to the air. We have an analogous example in the case of the blood. Where blood is first drawn it is perfectly fluid, and could be safely injected into the veins of another animal of the same species. If, however, it is allowed to remain for a few minutes aside, it coagulates, separating into clot and serum. Dr B. W. Richardson has shown that this change depends upon the escape of ammonia, which holds the fibrin in solution. Now it is a remarkable fact, that new milk has a much stronger odour *sui generis* when first drawn than after it has been kept for a time and is cool. Moreover, we are all aware (more particularly in reference to cow's milk, although the same truth applies in a lesser degree to other kinds of milk) that exposure to air causes it to become acid, from lactic acid fermentation; and this, as before seen, is one of the causes of the diarrhœa and other abdominal discomforts so commonly observed among children. On this supposition two popular customs may be explained. First, that boiled milk does not agree so well with children as milk which has not undergone this process, because the volatile principle, whatever it be, has been expelled by the boiling. Secondly, and no doubt, also, this is the reason why, when ass's milk is ordered, the animal is brought to the door and usually milked immediately before the milk is taken. As in the case of the blood, which when coagulated may be said to have lost its vitality, so it may be with the milk. It can, therefore, be no matter of wonder, that as milk is usually obtained in towns, even when it is perfectly unadulterated, yet, by reason of the necessary exposure to which it must have been submitted, it so commonly disagrees with children; while in the country, where it is usually given very soon after it has been drawn, it agrees so well.

"There is another reason also why milk as usually obtained in towns should be unwholesome. It is a matter of common observation, that there is much difficulty in bringing milk by the railways into London, the very agitation of it causing it to be decomposed, and tending to the production of butter and buttermilk. To obviate this inconvenience, all sorts of methods (and some of these are very ingenious) to prevent agitation have been adopted. Still it must be obvious, that even the transport of cold milk in a cart some two or three miles only must be attended with this alteration of the intimate chemical union of its elements, and particularly so, as I before stated, when the milk has been previously watered, which circumstance favours the operation of the cream. The objection is not a solid one which would deny that milk can be so deteriorated because it is nevertheless occasionally found to be *nutritious* to a child. The ordinary black pudding, and even meat, is nutritious; yet in both these cases change, by which all volatile products have been expelled, has taken place. But adults have powers which infants may not possess of *assimilating* these substances. The same is true of milk. Some children may also have a stronger digestion than others. But as a rule,—and precisely as they have very little power of generating heat, while adults have a good deal,—so to children these volatile principles may be essential to the requirements of their organism, while to adults and to some stronger children they may be superfluous. Whatever be the cause, the fact is incontrovertible—the newer the milk is, the better it is for the child; and it points most distinctly to the absolute necessity of allowing the milk to remain as short a time as possible exposed to the air before it is given to the child; and therefore is evidence of the immense advantage which would accrue by allowing all infants to take the milk directly from the nipple of the animal. Acting under the knowledge of these difficulties, whenever a child is being brought up by hand, and it is practicable, I always recommend that the cow, like the ass, should be brought to the door, and then and there milked, and the milk in its fresh state at once given to the child. It is remarkable how well some children will thrive under this mode of procedure, when other means have failed."

We need scarcely add that Dr Routh is not friendly to the employment of the various substitutes for an animal diet. This work should be perused by every practitioner, as, apart from some of the peculiar views maintained by Dr Routh, it is replete with valuable information.

Register of Obstetric Cases. London: John Smith & Co., Medical Stationers, 52 Long Acre.

Mr Smith has provided a skeleton Table for filling up with the details of his Midwifery Cases by the private or public practitioner. It cannot fail to be useful.

The Levant Quarterly Review of Literature and Science. Edited by R. F. Foote, M.D. Constantinople.

We are glad to see our old contributor Dr Foote engaged in promoting British Literature in the Turkish Capital. This, which is the second number, contains an able article, by the Editor, on Quarantine in the Levant: the other articles chiefly belong to general science and literature. This is an encouraging sign of mental activity and the progress of English literature in the East, and does much credit to Dr Foote.

GENERAL CORRESPONDENCE.

POLICE LAW.

To the Editor of the Medical Circular.

SIR,—A few days ago I applied by solicitor to Mr Selfe, the presiding magistrate at the Thames Police Court, for a summons, under the new Medical Act, against a notorious quack in the neighbourhood, who styles himself Doctor—publicly professing to give "Medical and Surgical Advice in all cases;" and, moreover, we were prepared with no less than three witnesses for whom he had "prescribed as a medical man, and taken money in each case" for so doing.

Mr Selfe then, to our utter astonishment, made the following monstrous and illogical remarks:—"That none of these things 'implied' that he was 'registered under the Act;' and that if any man did not wish or induce the public to imply that he was registered under the Act, he was then at perfect liberty to assume any name or title he thought proper, whether that of Doctor or Surgeon."

Seeing that my solicitor made very little attempt to argue the case and upset this dogma and rubbishing opinion, I was about to venture to do so myself, when I was interrupted by the magistrate, and politely informed that "I had already heard his opinion; but that if, after hearing that, I still felt disposed to summon, he would grant me one; but in the event of a non-conviction he should certainly saddle me with all expenses, which I could see would be only fair."

After this shortsighted and onesided prejudgment of the case, I naturally came to the conclusion, with Mr Young, my solicitor, that before such a magistrate, with his mind already fully made up, any attempt for the suppression of quackery, either in the interests of the public health or in those of the Profession, would be only like throwing money away, and therefore declined.

It was not only a most unlikely case, but simply an absurdity to suppose any man (in his senses) would be foolish enough to "make a noose for his own neck," by publicly asserting himself to be qualified and registered, when he was not; because by so doing he would not only be criminating himself, but putting the public on their guard against himself, and so, in proportion, "shutting out custom."

Let us, however, Mr Editor, be thankful that if such be the state of things in our Police Courts, we have still the County Courts and the Apothecaries Act of 1815 to fight this Hydra-headed and Argus-eyed monster, Illegal Practice, with!

You are at liberty to make what use you please of the blessed uncertainty of our "Medical Laws."

I am, Sir, &c.,

M. COLEMAN, L.R.C.P. Ed., M.R.C.S. Eng.

265 Whitechapel road, Nov. 28.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CHLOROSIS.

We are indebted to Mr Henry Hutchings' notes for the following cases.

Elizabeth Woodford, æt. twenty-one, servant, admitted into Mary Ward, Guy's Hospital, Jan. 25th, 1860, under the care of Dr Gull. Has been residing at 39 Old 'Change. She is a well-made, rather good-looking young woman, without any evident signs of strumous disease. She now presents an extremely anæmic and pallid appearance; has always enjoyed good health, until five months since, when she began to suffer from weakness and palpitation of the heart; (has never had rheumatic fever;) catamenia regular, but scanty; urine variable in colour, but not albumineus; bowels constipated; appetite bad; tongue pale and flabby; no cough or expectoration; pain in back part of head, occasionally acute; pulse very feeble; has suffered from leucorrhœa, but is at present free from such discharge. No dulness on percussion; but there is a chlorotic mitral murmur laterally.

26th.—Pil. aloes cum myrrhâ, gra. v., om. n. s. ℞ Tr. ferri sesquichlorid., ℥ x.; tr. calumb., ʒss.; ex aq. menthæ, ʒj.—bis die. Middle diet.

Feb. 2nd. — Better. Capt. pil. ij. om. n. Middle diet. Pergat. mistura.

10th.—Better. Perst. mistur. Bowels still conatipated. Pil. aloes cum myrrhâ, grs. xv., om. n. s. (Aspect of countenance much improved.)

21st.—Much improved. Pergat. medic.

24th.—Omitt. mist. et pil., et habeat decoct. aloes co., ʒij.; sp. amm. co., ʒss.; mist. ferri comp. ad ʒj.—ter in die. semend.

28th.—Better. Pergat. Chops daily.

March 6th.—Improving. Looking much better.

16th.—Better. Perst.

21st.—Quite well. Discharged cured.

PARAPLEGIA.

Martha Wakeley, æt. forty-six, married, residing at Boon yard, Bishopsgate street, admitted into Mary Ward, Guy's Hospital, Jan. 25th, 1860, under the care of Dr Gull, suffering from paraplegia of six months' duration. She states that she has been married for twenty-three years, but has never borne any children. She was always regular with her monthly periods, and passed the change six years since, at which period she did not suffer much. She has always enjoyed good health, until six months since, when a loss of sensation began at the extremity of each toe, which has gradually extended upwards. Loss of sensation entire below the knee-joint, and very imperfect above. Now complains of great debility, and of similar feelings commencing at tips of fingers, with some little numbness in the hands. Has never received any blow, or other injury. Bowels constipated; no incontinence of urine; has been under the treatment of a surgeon for some time without gaining any benefit.

Jan. 26th.—℞ Pil. coloc. co., gr. v., om. n. s. ℞ Tr. valer. volat., ʒj.; ex aq. camph., ʒj.—ter die sum.

Feb. 2nd.—Lin. belladon. spin. applicand.

10th.—Much the same. Perst. mist. et lin. Pil. rhæi comp., gr. v., pro re natâ.

15th.—Omitt. med. Tr. cinch., ʒj.; ex decoct. cinch., ʒj.—ter die.

21st.—Much the same. Pergat.

28th.—The same. Omitt. lin. belladon. Ung. antim. pet. tart., ℥ss., pro applicatione.

March 6th.—No better. Pergat.

March 16th.—The same. Pergat.

20th.—In the same condition.

April 28th.—Has continued in the same state since the last date, and was to-day discharged relieved.

CHOREA.

Mary Ann Sharman, æt. twelve, admitted into Mary Ward, Guy's Hospital, Jan. 23rd, 1860, under the care of Dr Gull, suffering from chorea of two weeks' duration. Her mother states that, a fortnight since, she was placed in a dark room and frightened—the symptoms of chorea coming on immediately after. Has never had rheumatic fever. She is a light-haired, delicate-looking little girl. Pupils widely dilated; heart's rhythm inconstant; systolic murmur when the heart's action is quickened by choraic movements; pulse 112. To be strictly watched, and kept at rest. Brandy, ℥ij.; bread, milk, and arrowroot, *ad libitum*.

26th.—Much the same. Pergat.

February 2nd.—Slight improvement. Pergat. ℞ Pulv. rhæi salin., ℥ss., hor. n. s.

10th.—Better. Heart's action more regular. Pergat. remedia.

18th.—Much improved. Pergat., et habeat vini Xerici quatuor uncias quotidie.

21st.—Pergat.

28th.—Improving. Pergat.

March 6th.—Better. Pergat.

16th.—Convalascent. Pergat. remedia.

17th.—Her friends wish to take her home. Discharged cured.

CHLOROSIS.

Marianne Clarke, æt. twenty, admitted under Dr Barlow, October 26, into Lydia Ward. Up to the last nine months she lived at Budeland, Shropshire, considered a healthy place. Since she has been in service at Leytonstone, which is a damp place, surrounded by large woods. Her mother is not a very strong woman. She is subject to various pains and ulcers on the legs. Her two elder sisters have been similarly affected to herself, but are now well. This patient had generally good health and some colour in her cheeks until eighteen years old. She then began to menstruate. She had not been well for some time time previously to her first menstrual period. The discharge was moderate in quantity, and without pain. Since, she has been regular only for three or four months at a time. No vicarious hæmorrhage. The discharge has been scanty, and continues upon her three or four days: no pain with it. Has had leucorrhœa occasionally, but not lately. Has lost her colour gradually since the first menstrual period. She has pains in the chest and across the back; also globus hystericus, giddiness, noises in the head, shortness of breathing, coldness of extremities; palpitation after exertion, and also on lying down or going to bed. She has also always been subject to bilious headache, and to vomiting. In the beginning of the year she consulted a medical man for these ailments, and also for a severe cough. She has no cough now. She got better under, as is supposed, the administration of mist. ferri co. in about two months, and became regular in her periods of menstruation. On admission into hospital, had not menstruated for two months. She appears a pale, chlorotic girl; dark hair and eyes, with an unconcerned, phlegmatic look and manner. No appearance of defective nutrition. The mammæ are full and well developed. She has a high forehead; lips look anæmic; tongue pale, clean, and moist—she complains of its being parched and dry in the morning. There is a loud blow audible in the arteries of the neck, but no distinct *bruit de diable*. The chest is normally resonant, and respiratory murmur natural. Systolic *bruit*, rather rough—audible, especially at the junction of the third costal cartilage with the sternum, extending upwards and externally for a short distance. Pulse 72, compressible (hæmorrhagic). Appetite good—urine natural—bowels regular—no nausea or sickness.

Oct. 26th.—℞ Mist. ferri co. ter die, ante cibum.

Nov. 14th.—Her cheeks gradually acquired colour, and she became stronger; but no appearance of menstruation. Bowels confined. ℞ Pil. aloes cum myrrhâ, grs. xv., om. noct. h. somn.

Presented, relieved.

We are indebted for the above to the notes of Mr Hilton Fagg.

CHOREA.

Emma Magan, æt. twenty, a servant-of-all-work, married six months, residing in the City road, was admitted on February 1st, under the care of Dr Barlow, into Lydia Ward. Her health has always been delicate. She has been subject to winter coughs, &c. Has worked hard, and been much exposed to cold and wet. Her father was subject to rheumatism; grandfather phthisical; her mother suffered during first pregnancy from chorea. One of her sisters died from cardiac disease and dropsy. Six years ago she was in this hospital for an attack of chorea, which lasted four months. She has also suffered from headache and occasional pains in the limbs. No history given of any rheumatic attack. About two months ago she had slight choraic attacks, affecting the right side only. These returned again a fortnight after; they passed off. A month before admission to hospital, the present attack commenced by symptoms of involuntary movements, affecting the right leg. They soon after disappeared on the right side, to become fixed on the left side of the body. Articulation became impeded, but this symptom left within a week of admission. She has not menstruated the last six weeks, but was always regular before. She appeared, on admission, an anæmic, unhealthy-looking girl. Pulse 90, regular, slightly sharp or jerking; chest unusually resonant on percussion; respiratory sounds healthy on auscultation; a slight systolic *bruit* is audible, most distinct in the space between the third and fourth costal cartilages, appearing a roughened prolongation of the first sound. This is also slightly audible on the course of the aorta, not to be heard in the axilla. The second sound is clear. Tongue clean; bowels regular. She has morning sickness, and complains of headache (as marked mammary signs of early pregnancy). The muscular movements are of a clonic character, affecting only the left side and the muscles of the face; the movements are neither violent nor very frequent, and cease altogether during sleep.

Feb. 1st.—℞ Zinci sulph., gr. j.; res. galban. co., gr. v. ter die. Middle diet.

3rd.—Involuntary movements continue, but are less frequent on the left side.

7th.—She was very sick this morning, otherwise improving.

10th.—Much the same. Augeat dos. ferri sulph. ad gr. ij.

15th.—She has vomited the last three mornings; feels much stronger; movements steadier.

17th.—Improving. No mammary secretion; urine, on standing for a few days, shows an opaque, yellowish-white pellicle formed on its surface, with a strong lacteal or cherry odour, presenting under the microscope the appearance of minute granular globular matter from a day after formation. The pellicle broke up and subsided in irregular masses (*kiestien*).

18th.—Is now able to use the left hand, and was presented much relieved.

We are indebted to the notes of Mr John Henry Galton, Clinical Clerk, for the above case.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 27, 1860.

Mr SKEY, President, in the Chair.

A paper, by Dr HANDFIELD JONES, was read on a case of

PROPTOSIS WITH BRONCHOCELE.

The patient, C. B., a female, aged forty, had been on two occasions under Dr H. Jones's care, suffering with excessive prostration induced by overwork. She had also proptosis, vomiting, cough, palpitation, and enlargement of the thyroid. The symptoms were usually aggravated at night. On the first occasion the throbbing and distension of the gland were so distressing, that the question of ligaturing the arteries was entertained. Iodine, internally and externally, had no effect in diminishing the goître, and leeches gave very temporary relief. The debility was so great during both illnesses, that she was in considerable danger. Sedatives, succeeded by tonics, restored her on the first occasion, and the application of ice to the neck induced considerable diminution of the goître. In the second attack, which occurred about a year after the first, the very free administration of opium, and afterwards of strychnine, restored her, and that rather rapidly. Country air was also most markedly beneficial. The proptosis disappeared or greatly lessened as her general state improved. The view taken by Dr Jones was that the fundamental malady was debility, especially of the nervous system, which, by affecting various vaso-motor nerves, gave rise to the several symptoms. Thus, effusion behind the globe of the eye would cause proptosis; hyperæmia, and increased cell-action of the thyroid vesicles, would produce goître; paresis of the vagi would give rise to palpitation and vomiting. The benefit derived from tonic remedies strongly corroborated this view.

Dr C. J. B. WILLIAMS said that the case brought forward by the Author was one of a curious and interesting nature. He had seen a considerable number of such, and had felt especial interest in the investigation of their peculiar symptoms. The enlargement of the thyroid gland, although usually present, was not always so. The symptom which he had noticed as being constantly present was an enlargement and throbbing of the arterial system of the head and neck. It had been noticed by a writer in one of the Dublin journals, about fifteen years ago, that the arteries in these cases not only appeared larger, but were in reality very greatly dilated. This observation he (Dr Williams) could fully confirm. He believed that the tumefaction of the thyroid body was due to dilated blood-vessels, chiefly arterial, and that it did not depend, as in other forms of bronchocele, upon the increase of solid structures. The proptosis, he thought, might also be explained by the distended conditions of the arteries behind the globe; and he believed that those of the brain itself would be found in a similar state. To this distension of the cerebral vessels was no doubt due the feelings of distension, throbbing, &c., in the head, which constitute so marked a feature. At first sight, it might be thought that with such an excess of arterial action, a depleting system was the one indicated; but, as we now well knew, dilatation of the arteries does not really indicate excess of action, but simply diminished tonicity of their coats. He could most fully confirm the opinions expressed by the writer of the paper, as to the advantages to be gained by tonics. He had found iron by far the best of these remedies, and was accustomed to give it in its more astringent form, and in combination with free acids. He mentioned several cases, in some detail, in which at first he had felt hesitation in prescribing tonics, but all of which had derived the greatest benefit from their use. He adverted to the fact, that as far as his observations went, this peculiar combination of symptoms occurred only in females. He had never had the opportunity of making an examination after death, and expressed a hope that any who might in future have such, would not neglect to carefully ascertain the actual condition of the arterial system.

Mr SOLLY mentioned a case which he believed was unusual, in which the disease affected only one eye. In reply to a question from Dr Quain, Mr Solly stated that there was no bronchocele.

Dr MERYON gave the details of a remarkable case in which the symptoms had been well-marked and severe, and the subject of which was a man. In this instance the patient, a gentleman, aged forty, had suffered so extremely from prostration with head symptoms that he had often not been expected to live. He had been seen in consultation by Sir Benjamin Brodie, Dr Chambers, and several others. It had been noticed in his case, that when the thyroid diminished the proptosis became more marked, and the use of iodides, and of the iodide of iron, had appeared to be injurious rather than beneficial. He had ultimately been cured by a change of air, and was now in good health, his bronchocele being now of considerable size.

Mr HOLTHOUSE adverted particularly to the explanation of the cause of proptosis. He could not agree in thinking that it had anything to do with relaxation of the muscles of the eye, a theory which had been proposed. In cases in which the third nerve was paralysed, and the muscles therefore relaxed, proptosis, he said, did not occur. He thought that there must in many cases be more or less of serous effusion behind the

globes. In one or two cases on record, organic disease of the heart had been found after death.

Dr Dickson confirmed Dr Williams' observations as to the usefulness of iron in these affections. He adverted to the recurrence of proptosis in cases of extreme anæmia in connection with mania, and stated that he had observed many cases in which it was a prominent symptom, and had preceded the development of more serious ones. He referred to Dr Gooch's observation on the false hydrocephalus of children, and related an interesting instance, which had occurred under his own care, in which the change of treatment from a somewhat lowering one to one of an opposite character had rapidly removed head symptoms which had at first been alarming. The patient was a young lady, who had been much overworked at her studies.

The Author of the paper, in his reply, related the particulars of a case, in which a girl, who had proptosis and goître, was liable to palpitation, occurring in paroxysms, in one of which she died. At the autopsy her lungs were found in a state of red hepatisation, which condition he considered to have arisen from paresis of the pulmonary plexuses.

A paper, by Dr A. Wynn Williams, was read, on

THE TREATMENT OF SCROFULOUS DISEASES OF BONE AND OTHER TISSUES,

of which the following is an abstract. The Author, after a few preliminary remarks, stated that scrofula is very prevalent in the county of Carnarvon and the whole of North Wales, caused in a great measure by the intermarriages of relatives in thinly-populated villages, and by the bleak and mountainous districts in which the inhabitants reside, and to the want of proper nourishment, especially animal food; that scrofula of the external parts of the body is more common in the light-haired inhabitants than in the dark, probably due to their skin perspiring more readily, and being more easily affected by sudden atmospheric changes; but that this remark did not apply to scrofulous disease of the internal organs, considering phthisis to bescrofula of the lnug: he was inclined to think that the dark were more liable to disease of these organs than the light. The Author stated that he had of late years applied a weak solution of iodine in all scrofulous diseases, not only of the external parts, as the skin, &c., but also of the internal, as bone, &c. The solution varied in strength, from a drachm to four of tiucture of iodine, in eight ounces of water. When applied stronger it is apt to inflame and even blister the skin. A piece of lint well saturated with the solution is laid on the diseased part, and covered over with oiled silk, &c., to prevent outward evaporation of the iodine. The lint of a dark purple colour, when placed over an ulcer, presently becomes white, owing to the evaporation and absorption of the iodine, the part in contact with the wound first losing its colour. The same occurs when there is no wound, but takes place more gradually and equally from all parts. That iodine when applied in this manner is absorbed, there can be no doubt; for if a stronger solution is applied, it irritates and inflames the skin, stopping up its pores, so that the iodine can no longer be absorbed, as is evidenced by the lint when removed not being altered in colour. He also stated that when there was much pain or tenderness, he used strong iodine paint as a counter-irritant. When the existence of pus had been ascertained, whether in a joint or elsewhere, he made a free incision, so as to give ready exit to it. After the evacuation of the pus, the iodine lotion was applied immediately to the diseased part, as, independent of its therapeutic action, its antiseptic properties were of great advantage. He had found the following lotion, when applied to unhealthy, gelatinous-looking granulations, very efficacious in setting up healthy action. ℞ Potassii Bromidi, Potassæ Chloratis, āā ℥ij.; aquæ, ℥viij. The Author dwelt particularly on the necessity of keeping the parts at rest, remarking that in phthisis the work of the lungs should be diminished as much as practicable, and that any agent which increased their action must be injurious; that we should endeavour, by suitable remedies, to excite increased action those organs which act vicariously to the lungs. He considered that presenting more oxygen to the lungs than is contained in the ordinary state of the atmosphere was likely to be injurious rather than beneficial; but he considered it might be advantageously presented to the blood through the skin and mucous membrane of the alimentary canal: that the beneficial effect of rest was well marked in strumous affections of the cervical glands, as these affections get well much more rapidly when kept as motionless as possible, by means of air or other light cushions. For the purpose of rendering motionless a diseased joint, he recommended leather or gutta-percha splints, preferring the former. As regarded internal remedies, the Author prescribed a nutritious diet, consisting, amongst other things, of at least one meal per diem of well-fed animal food, and porter or wine, with cod-liver oil, or a little rum beat up with an egg and milk, or with cream; the administration of either citrate of iron and quinine or syrup of iodide of iron with calumba, stating that when practising in Wales he was in the habit of ordering a grain or two of iodide of potassium to be taken in a tumblerful or more of the Water of King Arthur's Well,—a powerful chalybeate, containing carbonate of iron held in solution by excess of carbonic acid. When there was any tendency to diarrhœa, aromatic confection, with tincture of opium and decoction of bark; if excessive, the compound kino powder.

The paper then proceeded to narrate the particulars of seven cases in which the good effects of the plan of treatment recommended had been well marked. These cases comprised instances of scrofulous affections of various kinds—some in which the bones of the spine or those of the larger joints had been affected.

The Author remarked that iodine had been considered by many a disinfectant. The Academy of Medicine of Paris have, however, lately decided that it is not a disinfectant; but that the smell is made to cease by the iodine setting up healthy action in the diseased parts, so that the discharge itself ceases to be offensive. They do not, however, state how this healthy action is produced. The Author's own impression is, that iodine, bromine, and perhaps chlorine, and their salts, act directly—probably chemically—on certain abnormal deposits, and it is thus iodine acts on strumous deposits, rendering them more soluble, and so enabling them, when there is no external wound, to be removed by the absorbents; when there is an external opening, enabling them to be discharged with the pus like any other foreign body. The obnoxious matter being thus got rid of, Nature is allowed to carry on and complete the process of repair. The Author stated that he believed that if the above modes of treatment were fully and fairly carried out, particularly in the commencement of scrofulous diseases, we should hear less of excisions of joints than we do at the present time. He did not mean to say that they would entirely supersede the use of the knife; but he trusted he had shown by the results of the cases detailed that he had not without reason come to the conclusion that the number of cases in which it would be necessary to have recourse to it would be very much diminished.

Dr Webster stated that he had been interested in learning that Dr Wynn Williams had observed that scrofula was more frequent in the fair-complexioned, since he, Dr Webster, had arrived at the same conclusion. He believed, however, that the liability to scrofula had a very close connection with the dietetic habits of the community. Scrofula was not rare in persons of dark complexion, if they were confined to vegetable aliment. In a recent visit to Spain he had been much struck with the fact that although the dark temperament very largely predominated, yet the various forms of scrofula were very common. He attributed it to the fact that the Spaniards, as a race, lived almost exclusively on vegetable food. He believed that the principal point in the treatment of scrofula was attention to diet; and he wished to ask the Author of the paper whether, in the cases in which he believed that the iodine lotion had exhibited such remarkable efficacy, he had not also employed dietetic and tonic methods of treatment at the same time.

Dr Wynn Williams replied that in most of the cases the patients had been put on good diet and had taken cod-liver oil.

Mr Henry Thompson adverted to the vagueness of the term Scrofula, as generally applied. He believed that it was applied very often to designate diseases which were simply those of cachexia and debility. He had for many years been in the habit of applying the iodine solution in exactly the same manner as recommended by the Author of the paper, whose statements as to its efficacy he could fully confirm. He considered that spongio piline was the best material on which to apply the solution. He considered the solution to be decidedly preferable to ointments.

A paper, by Mr Buck, of Crewe, was next read, being the narration of a

CASE OF MALFORMATION OF THE BLADDER AND GENITAL ORGANS.

The subject of the case had died at the age of seventy-three, from acute bronchitis; and as rumours had been afloat as to malformation of his genital organs, Mr Buck seized the opportunity for making an examination. The post-mortem was, however, conducted very hurriedly, and under great disadvantages. The individual, during life, had at home dressed as a woman, but when away from home had assumed male attire, and even acquired some celebrity as a prize-fighter. The corpse much more resembled that of a man than a woman, the hair being short and strong, and there being several days' growth of beard. The mammæ were quite undeveloped, and there was a considerable growth of hair on the chest. On the pubic region was an opening which communicated with what existed of bladder; the ureters opening on the exposed surface. There was no penis, but three folds of skin occupied its place, lying one over another. In what resembled the labia, on each side were lodged the testes, in a partially developed state, with vasa deferentia passing up to the cellular tissue in the pubic region.

The Author apologised to the Society for the imperfection of the dissection.

OUR NOTE BOOK.

SWALLOWING INDIGESTIBLE SUBSTANCES.

Dr Read exhibited at the Boston Society for Medical Improvement a quantity of stones, varying in size from that of a pea to that of a cherry, which had passed through the intestinal canal of a boy seven years old. Having seen one of the performers at a circus swallow or pretend to swallow stones, he resolved to follow his example, and in the course of one afternoon he swallowed *sixty-four*, the united weight of which was a little more than nine ounces, and which filled an eight-ounce bottle.

On the next day the stones could be felt through the walls of the abdomen, and upon percussion could be heard to rattle but produce no inconvenience; castor-oil was administered, and they were readily expelled.

At the same meeting, the proceedings of which are reported in the 'Boston Medical and Surgical Journal,' Dr Tyler said that it was a common thing for patients at the McLean Insane Asylum to swallow small objects, such as pieces of glass, coal, stone, thimbles, &c. Recently a woman swallowed a crochet needle, which was voided without inconvenience. Among some of the patients was a curious propensity to swallow toads, and there is now in the Asylum a man who has swallowed half-a-dozen live toads without injury.

Dr Adams stated that in a case of obstruction of the bowels, which followed the eating of a large quantity of cherries and swallowing the stones, the nurse collected and counted *one thousand and seventy-seven* cherry-stones which were evacuated.

Dr Agnew, of this city, has in his private collection a preparation of the stomach and intestines of an insane patient in which are accumulated an extraordinary variety of foreign materials, among which we recollect having seen long strips of bandage, suspenders, portions of clothing, buttons, &c.—'Medical and Surgical Reporter.'

HOT AIR AND CARBONIC ACID BATHS.

A recent article in the 'Journal of Practical Medicine and Surgery' (Art. 5,883), in which the therapeutic properties of carbonic acid gas are referred to, suggests an explanation, which had not before occurred to me, of an empirical method of treatment I have long been in the habit of applying in rheumatism. It is a very simple kind of hot-air bath, which I have often found highly beneficial, and is administered as follows:

The patient undresses entirely, and lies down on a couch; he is then covered with a sheet and blanket supported by hoops at a distance of about eighteen inches from the body. An earthenware vessel, containing a lighted candle five inches in length, is then placed between the legs, the edge of the sheet being raised in one point to admit a quantity of air sufficient to supply materials for combustion. Copious perspiration generally ensues in less than half an hour, and when the taper ceases to burn, the patient is removed to another bed, where diaphoresis continues, and sound sleep follows. Rheumatic pains are frequently cured by two such baths.

Now the carbonic acid evolved during the combustion of the taper appears to me to claim a most important share in the results of the medication, hot air and steam alone being incapable of producing such powerful effects.—Dr Faivre D'Esnans, Physician of the Hospital of Baume-les-Dames (Doubs).

ON THE DISEASES OF PRINTERS.

Dr Van Holsbeek having enumerated the diseases resulting from overwork, from intemperance, want of cleanliness, vicious habits, protracted watching, &c., proceeds to speak of the morbid affections more especially belonging to the printer's art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumours are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumours sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lip are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. Dyspepsia is frequent, as is diarrhœa; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryngitis and bronchitis are the principal; pleuritis is rare; pleuro-pneumonia is frequent and severe. These diseases are favoured by the curved position which the printers are obliged to maintain during their work, particularly when they correct on the forms, and still more by the nightwork, by gaslight, by the dust and emanations in places often confined and badly ventilated. Nearly 25 per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hæmorrhoids are rare; varices and varicose ulcers are of frequent occurrence; the compositora who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the Author successfully employs the electric current. Saturnine colic and paralysis are rarer than formerly, an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it; lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index-finger of the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habit the printers have of washing themselves with alkaline water or bad soap. Amblyopia and myopia, so very prevalent among typographists, terminate the sketch drawn by the author of the diseases of this interesting class of artisans, with whom we are in daily contact, and whose intelligence and diligence we have constant reason to admire.—'L'Experimentale,' December, 1859, and 'British American Journal.'

ACUPRESSURE AND THE INTRA-UTERINE PESSARY.

Dr Bonnafont presented to the Academy several instruments used by Professor Simpson, of Edinburgh: 1, for the purpose of checking arterial hæmorrhage by acupressure; 2, to rectify uterine deviation.

From information received by M. Bonnafont during a recent visit to Edinburgh, it would appear that Mr Simpson has modified his original mode of applying acupressure, and now does not include in the parts pressed upon by the needle the entire thickness of the flap. The needle applied to the bleeding surface of the flap, in a direction opposite to that indicated in the original process, now comprises but a portion of the soft parts, and does not perforate the skin. It is withdrawn after forty-eight hours with the metallic wire attached.

With regard to Mr Simpson's intra-uterine pessary, M. Bonnafont stated that Mr Simpson has now reduced the rod to a length of fifteen or eighteen lines, and limits its use to cases of retroversion. From Mr Simpson himself, and other Edinburgh practitioners, M. Bonnafont was led to understand that this mode of treatment has invariably yielded most satisfactory results, without giving rise to any of the perils which it has been considered capable of inducing.

A practical point upon which Professor Simpson laid much stress in his conversations with M. Bonnafont on the subject, consists in the necessity of never removing the instrument after it has once been introduced; he has remarked that the organs suffer from frequent removal and reinsertion, a practice which also allows of the return of the womb to its improper situation during the intervals.

M. Bonnafont also remarks that Mr Simpson's precept, with regard to the mode of securing the instrument in its place, appears important. Mr Simpson uses no belt, but merely bends the hypogastric plate in such a manner as to accommodate it to the size and shape of the patient: thus the instrument adapts itself to the movements of the womb, and of the abdominal parietes; whereas a belt, securing the apparatus with too much solidity in one position, occasions, if not great pain, at least considerable discomfort to the wearer.

M. Dépaul could not agree with M. Bonnafont in considering Mr Simpson's instrument as either useful or innocuous. He persisted in thinking, grounding his opinion on the cases of Mr Simpson himself, and of others, that this method exposes the patients to very great peril, and rectifies the direction of the womb on the condition only of inducing peri-uterine phlogosis, by which the uterus becomes ultimately fixed in its new position.

With regard to acupressure, M. Velpeau remarked that numerous procedures had been proposed for the obliteration of arteries without ligature, and that all these methods had in succession been abandoned. The eminent Professor is inclined to think that acupressure will share the same fate; he tried it on two occasions, but in both serious inflammation set in, and compelled him to withdraw the needles. M. Foucher has also given the plan a trial at Hopital Necker, but he has not published the results of his cases, whence M. Velpeau infers they must have been unsatisfactory.

At the following meeting, M. Foucher, who had been stated by M. Velpeau to have applied Mr Simpson's procedure, forwarded a letter in which we remarked the following passage:

"Acupressure is an efficient hemostatic method, which will be found very useful under certain circumstances, such as ossification or induration and friability of the arterial walls. This system does not appear to offer greater protection from inflammation and suppuration than ligature; neither does it seem calculated to promote these unfavourable consequences, provided the needles are withdrawn after 24, 36, or 48 hours at the furthest, a period amply sufficient to secure the patient from a return of hæmorrhage. The application of this method presents, however, sometimes much difficulty, and as its advantages are not obvious, the usually adopted hemostatic procedures should not be discontinued."—'Journal of Practical Medicine and Surgery.'

FOOD FOR BABES, OR ARTIFICIAL HUMAN MILK,

AND THE MANNER OF PREPARING IT AND ADMINISTERING IT TO YOUNG CHILDREN.

This is the title of an admirable little duodecimo from the pen of Dr Cumming, of Williamstown, Mass.

He proposes a plan for supplying Artificial Human Milk to infants unable to procure from the maternal breasts nutriment of the proper quality and quantity. He has adopted this plan in his own household for a number of years with the most gratifying success. He claims that it produces a wonderful immunity from colic, pain in teething, and various disorders of the stomach and bowels; that it contributes materially to uniform growth, prosperity, vigour, and health, if it does not secure it; and that in many cases it will relieve almost instantly the distressing symptoms of wasting diarrhœa, &c. He states that in composition it closely resembles the natural secretion of healthy and vigorous mothers, and contains all the ingredients necessary for the proper growth and development of the child. This artificial human milk is to be obtained in two ways:

1st. By taking the upper third of cows' milk that has stood for four or five hours; this containing 50 per cent. more butter than the ordinary milk of the cow.

The second, and in warm weather the better way, is to take the milk from the latter half of that given by the cow, (containing 'strippings,') taking care that the cow be milked dry. In both instances, the milk is to be diluted with 1½ parts of soft water, and properly sweetened with loaf sugar. The animal from which the milk is to be taken must be from four to ten years of age, and free from disease of any kind, it being unimportant that she should give a large quantity of milk. Her calf should not be less than two weeks old; and when it becomes four or five months old, the cow is to be given up and another selected. The best feed for the cow is hay and salt and water, which will improve the quality of milk, though the quantity may be less than when other articles of food are employed.

Various dilutions are, of course, required for various ages.

Thus, for the first two weeks after the child's birth it is to be furnished with an artificial colostrum, which requires the use of the upper eighth instead of the upper third of the milk which has stood for four or five hours; or, the employment of the last tenth of the milk furnished by the cow.

A schedule is given, arranged to suit the wants of vigorous children of various ages.

Attention is to be paid to the physical condition of the child, as well as its age, in preparing the required dilution.

The milk should be prepared twice a day in warm weather, unless kept on ice.

The milk is to be administered by means of a bottle, with the neck occupied by an artificial nipple composed of a goose-quill rolled up in a strip of muslin; all of which are to be kept scrupulously clean.

The milk should be given at regular intervals, the child taking at each as much as it wants; and the child should be trained to pass six or eight hours at night without being fed.

The temperature of the milk when given should be about 100°; it should be taken slowly, and the flow from the bottle controlled by a proper arrangement of the quill and muslin.

Dr Cumming thinks this mode of feeding should be continued until the children obtain their full set of teeth, or to nearly the age of two years—or at least rely exclusively on it until sixteen teeth are fairly developed, when other food may be gradually commenced with.—'Medical and Surgical Reporter, and British American Journal.'

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, Nov. 21.

(*Sittings in Banco, before* Lord Chief Justice Cockburn, *and* Justices Wightman, Hill, *and* Blackburn.)

STEELE (APPELLANT) *v.* HAMILTON (RESPONDENT).

This was a case stated by the stipendiary magistrate of Liverpool for the opinion of this Court, and it raised the question whether the facts set forth in the case were sufficient in law to warrant the conviction of the respondent, whom the magistrate had declined to convict, of an offence against the 40th section of the new Medical Act.

It appeared that the appellant, Arthur Brown Steele, hon. secretary to the Liverpool Medical Registration Society, had caused the respondent, John Hamilton, to be summoned before the magistrate upon an information which charged that he, on the 21st of February, 1860, wilfully and falsely pretended to be a surgeon, general practitioner, or apothecary, and used the name of surgeon, general practitioner, or apothecary, or some name, title, addition, or description, implying that he was registered under the Medical Act, or that he was recognised by law as a surgeon, practitioner in medicine, or apothecary, whereby he had become liable to a penalty of 20*l*. When the respondent appeared before the magistrate, it was proved that he had signed the following certificate:—

"MEDICAL CERTIFICATE.

"I hereby certify that I attended William Hayes, late of 110 Mill street, that died the 21st day of February; cause of death, enteritis; and that I have no reason to attribute his death to poison, violence, or criminal neglect.

"JOHN HAMILTON.
"Profession, Botanic Surgeon.
"Residence, 94 Mill street.

"Day of February 22nd, 1860."

It was also proved that over the door of the house where the respondent carried on his business was painted, in large, legible letters, "J. Hamilton, Surgeon;" and in very small characters underneath, "Boston, U. S.:" and upon a glass panel of the door itself was painted, "J. Hamilton, Anti-Registered Surgeon," The words "anti-registered" were considerably smaller than the words "J. Hamilton, Surgeon," and so as to be illegible, except upon close inspection. The magistrate dismissed the information, but, being required by the appellant to state a case, he submitted the following question to this Court,—namely, "Whether the evidence was sufficient in law to warrant a conviction under the 40th section of the Medical Act. If the Court are of opinion that the evidence was sufficient in law, then the magistrate prays the Court to make such order or conviction as the Court shall think fit."

Mr L. Temple, who appeared for the appellant, feared the case must be governed by the decision in the Court of Common Pleas, "Pedgrift *v.* Chevallier" (29 L. J., M. C., 225), unless it could be shown that the respondent was not in practice before the 1st of August, 1815. Nothing was stated on that subject in the case; but as the respondent, he believed, was only about forty years of age, he applied that the case might be sent back to be amended.

Mr Cook Evans (with whom was Mr Seymour), for the respondent, said the case had already been before the magistrates, both of whom had refused to convict, and he hoped the case would not be sent back. He should contend that the case was concluded by the decision in the Common Pleas, where it had been held that for a person merely to call himself a surgeon, without being duly registered, was no offence against the 40th section.

Mr Temple contended that the respondent had falsely pretended to be a surgeon by signing a medical certificate for burial. The 37th section of the Medical Act enacted that no certificate required by any Act of Parliment should be valid unless the person signing the same be registered under the Act.

Mr Evans said that the 37th section referred to cases where the certificate of a surgeon was required—for instance, in the case of an insane person whom it might be proposed to send to a lunatic asylum. But the certificate as to the cause of death might be given by any person who was present at the death.

Mr Justice Hill referred to the 25th section of the Registration Act (6th and 7th William IV., cap. 86), and said that it was so.

Mr Justice Blackburn thought that part of the case was disposed of.

Mr Temple proceeded to call attention to the case, in which it was found that the words "anti-registered" were written in very small letters, so as to be illegible except upon close inspection.

Mr Justice Wightman referred to the 40th section, and suggested that, to bring the case within it, it must be shown that the party falsely pretended to be a surgeon, &c., "implying that he is registered under the Act, or that he is recognised by law as a physician or surgeon," &c.

Lord Chief Justice Cockburn said there was nothing in the Act to prevent a person from merely practising as a surgeon without being registered. His Lordship thought that the decision of the magistrates should be affirmed, but, at the same time, he thought that a person who wrote "anti-registered" in very small letters was not entitled to costs.

The other Judges were of the same opinion.

Judgment affirmed, without costs.

DUMFRIES CIRCUIT COURT.

David Gibb, medical student, Glasgow, was charged, on Sept. 28th, before Lord Cowan, with the crimes of "falsehood and forgery, in so far as, on or about Tuesday, the 3rd July, 1860, at or near Rosehall, in the parish of Dumfries, the said David Gibb, being desirous of obtaining the appointment of assistant-surgeon to the Dumfries, Roxburg, and, Selkirkshire Militia, did wickedly and feloniously, at aforementioned place, write and fabricate, or cause to be written or fabricated, a simulated document purporting to be a diploma of competence from the Faculty of Physicians of Glasgow, and did utter and use such document, he well knowing it to be a forgery." The panel pleaded guilty of uttering and using such document.

Mr A. T. Boyle, prisoner's counsel, in extenuation, said that the panel, as student in the Andersonian University of Glasgow, bore the most irreproachable character. Mr Boyle produced certificates to that effect from Professors Bell, Moreton, and Penny, of the Andersonian University, Glasgow, and from Dr Watson, of the Royal Infirmary there. Dr Boyle said it had not been out of any sordid motives that his client had uttered this document. Mr Gibb had made every reparation in his power by repaying the small sums he had received as salary while performing the duties of assistant-surgeon.

Lord Cowan said that it was one of the most painful cases he had ever met. It was within his recollection when forgery was visited with the highest penalties of the Court. Luckily this case was not one such as the forgery of bank bills, but one which had been of little benefit to the panel. But, even looking at the present offence in its mildest form, he could not, sitting there to award impartial justice, visit it with a less penalty than twelve months' imprisonment, in order to show all that in this country no good could be attained by evil. He hoped that when the prisoner was restored to society this would prove a lesson to him.

WILLIAMS *v.* REV. C. LLOYD, OF CHALFONT ST GILES.—In this action, which was tried at the Chesham County Court on Monday, November 19, before J. Whigham, Esq., Judge, Mr Day appeared for plaintiff, and Mr Codd for defendant.—The plaintiff is a surgeon, and at the time the amount sued for was alleged to be contracted, practised at Chalfont St Giles, from whence he has removed. The amount sought to be recovered was 11*l.* 4s. for professional attendance on the Rev. C. Lloyd's family, and a kitchen-maid in his service, whom plaintiff had attended at the request of the defendant. It appeared that the point in dispute was whether the plaintiff was entitled to a charge for visits, for which 2s. 6d. each had been charged, though within half a mile distant from his own house, in addition to the charge for medicine, and a further charge on each account for professional attendance. The rev. gentleman was of opinion that he was not, and he had accordingly struck out the charge for the visits, and had paid into court, altogether, the sum of 8*l.* 10s. 6d., which he believed was as much as he was entitled to.—The plaintiff was examined, and at Mr Codd's request, after considerable discussion, produced his diploma, and also a copy of the Medical Register, to show that he was duly qualified to act in the capacity of a surgeon and apothecary: he, however, had omitted to bring his certificate.—Plaintiff stated that he attended defendant and the persons mentioned in the bill at his request; the charges were reasonable, and the same that he had charged for years.—Mr Codd, after cross-questioning the plaintiff, addressed his Honour on behalf of defendant. He said he did not wish to deprive plaintiff of a fair compensation for his services, but he considered he was not entitled to the three charges, viz., visits 2s. 6d. each, then a charge for medicine, and then afterwards professional attendance. Mr Codd contended that, in point of law, he (plaintiff) was not entitled to charge for visits and professional attendance, and he was of opinion that the amount paid into court was ample remuneration for his services.—A. B. Brickwell Esq., Surgeon, of Amersham, was then examined on behalf of defendant. He said—I have been in the habit of attending people at Chalfont St Giles; I charge for journeys; I have never seen a bill before in which visits, medicine, and medical attendance were charged; I do not charge for journeys in the town; the general rule is not to charge for journeys, but for professional attendance and medicine; the charges for medicine are about the usual charge.—The Rev. C. Lloyd, the defendant, then said—On the 12th January in the present year, the plaintiff commenced visiting my children; they were suffering from slight colds; there was nothing serious; considering that Mr Brickwell only charged 2s. 6d. for a journey from Amersham, which is 3½ miles, I thought plaintiff charged too much; I wished to pay the 20s. charged for professional attendance, but not for the amount charged for visits; Mr Williams offered to diminish the bill; I considered the sum paid into court quite sufficient. The defendant explained that in addition to attendance upon his own family, plaintiff attended several other persons, his parishioners, at his request; but thinking the charges exorbitant, he had deducted some of them.—Mr Day then addressed his Honour in behalf of his client. He deprecated the mode which had been adopted by defendant, which he described as a 'paring down flint' sort of proceeding. The first person sent for was the medical man, and they were the worst paid of any profession. Mr Brickwell had said that the charges were moderate, and for his part he thought medical men's charges should be regulated by what they had to do. He would certainly rather hear them talk than swallow their doses (laughter).—His Honour observed that the medical profession ought to be regarded with the kindest consideration by the entire community, as they performed their duties often at great inconvenience, and with the greatest possible care and attention. He did not know any profession that came up to it, except the clergy. He did not think in the present case either party could be blamed for niggardliness. His Honour decided that but two charges could be made, and gave a verdict for 1*l.* 7s. 6d., in addition to the amount paid into court, and costs.

Births, Marriages, and Deaths.

BIRTHS.

FOWLER.—November 24, at Bishopsgate street Without, the wife of Robert Fowler, M.D. Edin., of a son.

HORTON.—November 25, the wife of Charles Horton, M.D., of Bromsgrove, Worcestershire, of a daughter.

LAKIN.—November 8, at Kineton, the wife of Dr Lakin, of a son.

PEARCE.—November 20, at Bethnal-green road, the wife of Samuel Pearce, Esq., Medical Officer of Health, prematurely, of a son.

RANDALL.—November 26, at Portman street, Portman square, the wife of John Randall, M.D., of a daughter.

REED.—November 22, at Hazelwood-by-Thirsk, Banffshire, the wife of Daniel Reed, M.D., of a son.

SHONE.—November 22, at Harbury, Warwickshire, the wife of W. J. Shone, Esq., M.R.C.S., of a son.

MARRIAGES.

OGILVIE—PILCHER.—November 15, at All Saints Church, Blackheath, Charles Fred. Ogilvie, M.D., Bombay Army, youngest surviving son of the late John Ogilvie, Esq., M.R.C.S. Royal Navy, to Anne Emily Pilcher, third daughter of James Pilcher, Esq., of Bow, Middlesex.

TAYLER—BRISTOW.—November 21, at St George's, Hanover square, William Henry Tayler, Esq., M.R.C.S., son of Vice-Admiral Joseph Needham Tayler, C.B., of Brixton, to Mary Ann, widow of the late John Charles Bristow, Esq., of Esmere hill, Ullswater, Westmorcland.

DEATHS.

BREMNER.—November 23, at Huntley, N.B., Jas. Bremner, M.D. Univ. King's Coll. Aberd., L.R.C.S. Edin., Assistant-Surgeon 47th Regt. of Bengal Native Infantry, aged 25.

CLUTTON.—November 16, Thomas Clutton, Fellow of New College, Oxford, M.D., aged 56.

COLES.—November 20, at Weston-super-Mare, Somersetshire, James Coles, Fell. and M.R.C.S. Eng., L.S.A. Lond., late Sen. Surg. Hosp. Dep., Great Portland road, aged 57.

EAGER.—November 24, at Kilronan Glebe, Co. Roscommon, Matthew Wyatt Eager, M.R.C.S. Lond., late of Athenry, Co. Galway.

GRAHAM.—November 17, John George Graham, of Stockport, Cheshire, M.R.C.S. Eng., aged 29.

HALAHAN.—November 3, at Guernsey, Dr Halahan, Inspector-General of Hospitals, late Royal Artillery, aged 70.

MARTIN.—August 20, at Tangkoo, China, of dysentery, Charles Henry Martin, of H.M. Medical Staff, only son of C. N. Martin, of Harley House, King's road, Chelsea.

THOMSON.—November 25, at Exeter, William Thomson, M.D. Glasgow, L.R.C.S. Edin., aged 61.

YOUNG.—November 18, at Gressford cottage, near Wrexham, the infant son of Lake Young, Esq., M.R.C.S., aged 3 months.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations, were admitted Fellows of the College, at a meeting of the Court of Examiners, on the 29th ult.:—George William Fleetwood Bury, Whetstone, Middlesex—diploma of membership dated Dec. 12, 1856; Wm. Clapton, St Thomas's Hospital—March 20, 1857; Thomas B. Crosby, Finsbury place—May 21, 1852; William Lewis Dudley, M.D. St Andrew's, Bogota, New Granada, Hart street, Bloomsbury—Dec. 29, 1846; Walter Battershell Gill, M.D. Lond., Cambridge place, Regent's park—April 9, 1847; Eustace Smith, M.D. Lond., Leamington—Nov. 5, 1858; Thomas James Woodhouse, Wells street, Hackney—March 20, 1857. It may not, perhaps, be generally known that, by a recent regulation of the Council of the College, Graduates in Medicine of the Universities of London, Oxford, and Cambridge, are admitted to the Fellowship after having passed the professional examination in Surgery only.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, the 22nd ult.:—William Hayle, Slaithwaite, Yorkshire; Robert Iliffe, Coventry; James Savage, Burlington quay, Yorkshire; James Steele, Lancaster; John William, Dyffryn, Merionethshire. And on the 1st November, Frederick William Ricketts, Liverpool. The following gentlemen also on the same day passed their first examination:—Henry May, Birmingham; Richard Canning Tanner, Painswick, Gloucestershire.

OXFORD.—The Examiners appointed by the electors under Dr Radcliffe's will (Dr Acland, Dr Rolleston, and Professor Brodie) give notice, that they propose to begin an examination for a Travelling Fellowship on December 4, in the Medical Department of the University Museum. Those may be admitted as candidates who have taken a first class in the Natural Science School of Oxford, and who intend to qualify themselves to practise Medicine as Medical Graduates of the University. The successful candidate will receive 200*l.* a-year for three years, half that time being occupied in Medical study out of Great Britain.

THE ROYAL MEDICAL AND CHIRUGICAL SOCIETY.—The following gentlemen will be balloted for, as Fellows of this Society, on Tuesday evening, December 11, 1860. The ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely:—Messrs. Richard Cross, Robert Cameron Galton, Herbert Chalmers Miles, and William Ogle.

WOOLWICH DISPENSARY.—The New Military Dispensary in course of erection at Woolwich, intended also to provide for the temporary reception of severe Hospital cases, pending their removal to the Infirmary about to be built on Kidbrooke Common, is now partially roofed in. The position is considered to be one of the most

ligible in and about the garrison, both for its elevation and its near proximity to the barrack, review, and practising grounds, in which accidents may occur requiring surgical aid. In order to procure pure air and ventilation, an additional space of ground beyond the building is ordered to be cleared. The residence of Rear-Admiral Duntze is about to be demolished for that purpose.

Appointments.—Mr Charles F. Keele, M.R.C.S., late of St Thomas's Hospital, has been elected House-Surgeon and Secretary to the Royal Portsmouth, Portsea, and Gosport Hospital. John J. Nason, M.B. Lond., has been appointed a Surgeon to the Stratford-on-Avon Infirmary.

Manchester Royal School of Medicine.—The award of scholarships and prizes for the session 1859-60 took place at the Royal Institution on Thursday afternoon, the 22nd ult., as follows:—*Prizes for Third-Year's Students.*—Scholarship, value 20*l.*: Mr John Cockcroft, Middleham, Yorkshire. First Prize, value 5*l.* 5*s.*: Mr Daniel John Leech, Stretford. Second Prize, value, 3*l.* 3*s.*: Mr W. H. Barlow, Manchester. *Prizes for Second-Year's Students.*—Scholarship, value 15*l.*: Mr Herbert Grove Lee, Thame, Oxfordshire. First prize, value 5*l.* 5*s.*: Mr James Yates, Oldham. Second prize, value 3*l.* 3*s.*: Mr F. R. Fairbank, Moss Side. Third prize, value 2*l.* 2*s.*: Mr James Allen, Pott Shrigley. Fourth prize, value 1*l.* 1*s.*: Mr E. H. Roe, Eccles. Certificate of merit: Mr J. W. Morris, Rochdale. *Prizes for First Year's Students.*—Scholarship, value 10*l.*: Mr J. W. Renshaw, Ashton-upon-Mersey. First prize, value 5*l.* 5*s.*: Mr E. Dawson, Manchester. Second prize, value 3*l.* 3*s.*: Mr S. Messenger Bradley, Manchester. Third prize, value 2*l.* 2*s.*: Mr F. W. Booth, Ashmond, Lees. Fourth prize, value 1*l.* 1*s.*: Mr Hugh Moss, Congleton. *Certificates of Merit.*—Mr J. D. Mann, Kendal; Mr John L. Rushton, Rainow, near Macclesfield; Mr Robert Platt, Cheetham hill; and Mr Morris.—*Certificates of Honour.*—Messrs Alfred Heap, S. A. Patrick, F. J. Roberts, Joshua Handley, Thomas H. Dickinson, Robert Platt, F. W. Booth, E. Kershaw, J. Whittham, D. Elias, W. J. Renshaw, H. Moss, R. W. Coles, E. Dawson, T. Wilson, W. Clarke, E. H. Roe, H. Cartmel, D. Meany, H. G. Lee, W. H. Hughes, A. F. S. Clarke, J. Yates, J. Hollingworth, B. C. Smart, J. W. Morris, F. R. Fairbank, J. Anderson, J. Welsh, J. L. Rushton, E. T. Newbold, G. Hunstone, W. Bird, J. Watson, J. D. Mann, J. Allen, J. Bott, N. M'Guire, J. Gregory, J. Gwither, P. Byrnes, W. H. Flint, S. Bradley, and G. Newton.

Testimonial to a Physician.—On the 23rd ult., a very handsome and valuable time-piece was presented to Dr Philip H. Williams, of Worcester, with a purse containing 125 sovereigns, as an acknowledgment, by the subscribers to the Dispensary in that city, of his services rendered to the Institution during the period of twelve years.

The Longevity of Paupers.—There are at present in the Ratcliff and Wapping Workhouses of the Stepney Union 69 inmates whose collective ages amount to 5538 years, giving an average of 80 years for each inmate, and 292 persons in the above-named Workhouses of the Stepney Union whose average ages are 70 years.

The Longevity of Quakers.—The following ages of some deceased members of the Society of Friends during the present year are taken from the obituary of the 'Friend,' a monthly journal, published by that body. They are as follows:—84, 84, 85, 85, 85, 86, 86, 87, 87, 88, 88, 89, 89, 89, 91, 91, 91, 91, 91, 91, 92, 92, 93, 93,—making a total of 2128 years, with an average for each life of rather more than 88½ years. Fifty lives in the same period give 4258 years, with an average of 85 per life. These facts entitle one class of men to a favourable comparison with the Peerage as regards longevity.

Dr Tommasi, a Neapolitan, the most distinguished physiologist in Italy, has departed from Naples to resume his duties as Professor of the University of Pavia. The Doctor, it seems, is unable to practise successfully on the body political of Southern Italy.

'La Espana Medica' informs us that Dr Alvarez, of Cadiz, has successfully treated a case of diabetes with large doses of sugar, alkalis, and gelatine. He completely cured his sick man in thirty-six days.

The Humane Society's Medal has been given to Mr William F. Harton, Medical Student, for saving Matilda Broadhead, who attempted suicide by jumping into the river Shannon, Banagher, King's County, on the 29th of August last.

French Medical Students, Session 1860-61.—The inscriptions for 1860-61 amount to 1196—viz., 1,132 for the Doctorate, and 64 for the lower grade of *Officier de Santé*. In 1859-60 the inscriptions amounted to 988.

M. Lukomski, who in 1858 reported the results he had arrived at in the treatment of syphilis by means of the inoculation of vaccine virus, announces that numerous further experiments made of this treatment in the clinique of the Faculty of Medicine at Moscow have fully confirmed his own observations. MM. Serres and Andral are to report thereon to the Academy of Sciences of France.

Singular Longevity of the British Peerage.—It is not a little remarkable that the members of the Peerage who have died since the year commenced, twenty-four in number, have exactly completed, on the average, the full measure of the allotted span of human life, the "three-score years and ten." They are as follows:—Viscount Arbuthnott, 82; Lord Londesborough, 54; Viscount Southwell, 83; Viscount Gormanston, 84; Lord Oranmore, 72; Bishop of Rochester, 84; Earl of Longford, 42; Baroness Stratheden, 63; Lord Fitzgerald, 60; Viscount Guillamore, 27; Baroness Wentworth, 67; Earl of Stratford, 82; Lord Heytesbury, 80; Archbishop of York, 71; Lord Sandys, 68; Lord Elphinstone, 53; Bishop of Worcester, 77; Earl of Lauderdale, 76; Earl of Cawdor, 70; Lord Ffrench, 74; Earl of Leven and Melville, 75; Duke of Richmond, 69; Earl Manvers, 82; Earl of Dundonald, 85. Total of united ages, 1680 years, which being divided by 24, gives exactly 70 years to each.

Death from Chloroform.—The 'Gazette des Hôpitaux,' referring to the case of death from chloroform related in the 'Cincinnati Observer,'—in which, by means of artificial respiration, the contractions of the heart were kept up for an hour and a quarter, and occasional spontaneous respiratory movements were obtained,—adds that another case of death has also lately occurred at Paris, the patient being a young man, aged 24, who was submitted to chloroform by M. Fano, in order to undergo an operation for in-growing nail. No particulars of this case have as yet been made known, beyond the fact that for some time after the cessation of the pulsations of the heart, the patient made, at several intervals, spontaneous inspirations and expirations.

Linnæus and Buffon were born in the same year, one in May, the other in September, 1707; but this identity of dates, the force of their genius, the grandeur of the services rendered by them to natural history, are the only real points of resemblance between them. Linnæus was born in a little village in Sweden, a country still warlike and barbarous; Buffon in the bosom of a noble and rich family, in the France of Louis XIV. Linnæus was compelled to become apprentice to an artisan, and sustained a long and painful struggle against adversity. If Buffon, needed a strong resolution, it was to resist the seductions of the soft and easy life which was opened to him by his rank and fortune. Both had received from Nature intellectual tendencies even more diverse than the circumstances in which they were placed. Linnæus, as patient and sagacious in the search after facts as he was ingenious in co-ordinating them; prudent rather than bold in his deductions; working long on minute details, and lost in them, as it were, to elevate himself at last with a more certain flight to the elevated regions of science; quick in forming hypotheses, but yet not deceiving himself by them; assigning with remarkable correctness to each idea its rank and value, as to each being its place; endowed with a perseverance which was never discouraged by obstacles nor fatigued by time; loving truth for itself, and finding that his shortest and simplest expression was also the most beautiful; always seeking that elegance proper to scientific writings, which results more from the concatenation of ideas than from a choice of words; lastly, without ever failing to be exact and concise, varying his style from the grave precision of a formula to that high poetry of which Genesis offers us the sublimest specimen. Buffon, sagacious and as ingenious as Linnæus, but in another order of ideas; disdaining technical details, neglecting the multiplying around him of observed facts, but seizing the most hidden consequences of those which he passed, and thus boldly elevating, on a fragile basis, a durable edifice, of which he alone and posterity could conceive the gigantic plan; refusing to imprison his fertile imagination in the narrow circle of methods, and yet, by a happy contradiction, creating one day a classification which Linnæus himself might envy; sometimes losing himself in unknown space, where he wandered without a guide, but yet rendering even his errors fruitful; impassioned with all that was beautiful, all that was grand; and if he completed nothing, daring to commence with all; to contemplate Nature in her entirety, and calling to his aid, to paint her worthily, the treasures of an eloquence that has never been surpassed. Linnæus was one of those rare types of perfection of the human intellect where synthesis and analysis meet in a just equilibrium, and enrich each other. Buffon was one of those men, powerful by their synthetic powers, who pass, with a bold step, the limits of their epoch, occupy themselves in new routes, and advance towards future ages, gaining all by their genius, as a conqueror by his sword.—G. St Hilaire.

Imperial Invalids.—The young Empress of Austria, who is suffering under pulmonary phthisis, had, as is well known, intended to winter in Madeira, and Queen Victoria had placed at the disposal of the Empress a vessel to convey herself and her suite of fifty persons to that island. It is feared, however, that this intention may be frustrated, a sudden attack of hæmorrhage from the lung having just occurred, which must be regarded as a serious evidence of the progress of the disease. The Empress of the French, who is sojourning in these islands, is also understood to have a medical object in her visit.

A Child Killed with Syrup of Poppies.—We have again to record the death of a child due to the incautious and deplorable use of this narcotic. The mother of Jane Davis, aged three months, had given her a dose of this preparation of opium to produce sleep, and the overdose administered caused death. The jury returned a verdict, "That the diseased died from the effects of the syrup of poppies, administered by the mother to procure sleep, and through misadventure." A verdict of manslaughter, with appropriate punishment, in one or two of these cases, might have the salutary effect of checking the pernicious practice of narcotizing children, which is so fertile a cause of excessive infantile mortality.

A Gallant Surgeon.—We record with high satisfaction the official report of the noble act of Mr Joseph Jee, of the 78th Regiment, whose self-devotion and heroic services during the mutiny in India have won for him the Victoria Cross and the decoration of the Order of the Bath. The former honour he received lately at the hands of the Queen, and his services are thus announced in the 'Gazette':—"Surgeon Joseph Jee, C.B.—For most conspicuous gallantry and important services, on the entry of the late Major-General Havelock's relieving force into Lucknow, on the 25th September, 1857, in having during action (when the 78th Highlanders, then in possession of the Char Bagh, captured two 9-pounders at the point of the bayonet), by great exertion and devoted exposure, attended to the large number of men wounded in the charge, whom he succeeded in getting removed on cots and the backs of their comrades, until he had collected the doolly bearers who had fled. Subsequently, on the same day, in endeavouring to reach the Residency with the wounded men, Surgeon Jee became besieged by an overwhelming force in the Mote Mehal, where he remained during the whole night and following morning, voluntarily and repeatedly exposing himself to a heavy fire in proceeding to dress the wounded men who fell while serving a 24-pounder in a most exposed situation. He eventually succeeded in taking many of the wounded, through a cross fire of ordnance and musketry, safely into the Residency, by the river-bank, although repeatedly warned not to make the perilous attempt."

A Medical Mayor.—We omitted from our list of Medical Mayors, last week, the name of Mr Cam, the Mayor of Hereford. This gentleman is one of the Surgeons of the Hereford General Infirmary, and is much respected by his professional brethren.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 5.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Geological Society of London.—8 p.m.

Obstetrical Society of London.—Dr Kidd, "On the Value of Anæsthetic Aid in Midwifery." Also papers by Dr Barnes, Mr Hardey, Dr Herbert Barker, Dr Gibb, &c. 8 p.m.

Society for the Encouragement of Arts, Manufactures, and Commerce.—Mr H. G. Collins, "On Electro-Block Printing, especially as applied to Enlarging or Reducing from any Printed Surface or Original Drawing." 8 p.m.

Thursday, December 6.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

KING'S COLLEGE MEDICAL SOCIETY.—Mr Earle, "On Apnœa Neonatorum."
HARVEIAN SOCIETY.—Mr Harry Lobb, "On Paralytic Aphonia." 8 p.m.

Friday, December 7.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 8.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—Clinical Lecture on "Epilepsy and Paralysis," by Dr Brown-Séquard, 3½ p.m.

Monday, December 10.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.
ROYAL INSTITUTION.—2 p.m.
EPIDEMIOLOGICAL SOCIETY.—8 p.m.
MEDICAL SOCIETY OF LONDON.—8½ p.m.

Tuesday, December 11.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

MEDICUS (King's Lynn).—1st. Yes.—2nd. Yes.
Dr H. PHILLIPS.—The circumstance does not affect the liability.
STUDENS.—Nekrobiosis is a phrase used by Virchow to denote that degeneration of the tissues that ends in their death.
SIGMA writes us a long letter on the title "Doctor," of which he justifies the use by Licentiates of a College of Physicians, on the ground of custom. He maintains that a Licentiate, being authorised to teach Medicine, is a *bond-fide* Doctor, and that, on the other hand, a pure University Doctor need not be a Physician. He suggests that the Universities and Colleges "should reciprocate rights and titles, and thus abolish the absurd distinctions which now make our Profession ridiculous in the eyes of lawyers and men of the world." On this point, we may observe that we have been all our life contending for a more simple and uniform status for the Profession, and have not yet despaired of seeing our hopes realised.
H. S.—It has not yet been received.
CHIRURGUS (Liverpool).—The case is one of great interest, but is not given in sufficient detail. We shall be happy to comply with your request.
AN IRISH SUBSCRIBER.—We have already noticed the case of the late Dr Wall. He was most shamefully used, and his memory deserves to be held in respect by his professional brethren. We hope that a subscription will be raised, sufficiently large to provide comfortably for his bereaved family.
ERINENSIS.—1st. Certainly.—2nd. We adverted to the dispute at the time of its occurrence; but we intend to resume the subject in connection with the general question of the operation of the Medical Act.
A LICENTIATE.—1st. There can be no doubt now that you are free to use the title.—2nd. The examination at St Andrew's embraces all the subjects connected with the study of Medicine: it is chiefly written, but the fact of a candidate having passed the examination at the Edinburgh College of Physicians would probably have some weight with the Professors. It would be prudent, however, for a candidate to study the subjects for a few weeks before presenting himself for examination.
AN OLD SUBSCRIBER.—The Coroner was wrong; but the blot is not a blot until it is hit.
Mr BURTON is thanked.
Mr J. SMITH.—Received, and shall be noticed.
Dr GRAILY HEWITT.—Received.
Mr COLEMAN.—Received.

(The following note has been forwarded to us: it behoves the Dr Jordan for whom Mr Churchill recently published certain works on 'Diseases of the Skin,' to deny the connection implied in this note:)

To the Editor of the Medical Circular.

SIR,—Jordan, the Skin Doctor, is son to a man who advertised a book entitled the 'Silent Friend,' from 19 Berners street, Oxford street. This book has lately reappeared in the name of Dr Jordan, 29 George street, Hanover square.

Dr Buchan's Pills and Ointment, so much puffed at the present time, belong to the same people, who send their advertisements of nostrums, and 'Essay on Skin Diseases,' both from the head-quarters, at 22 Newman street. I am, Sir, &c.,

INVESTIGATOR.

R. W.'s communication on the Oxford Appointment shall appear next week.
Mr WILSON.—Note received, and shall be attended to.
CHIRURGUS (Cheltenham).—Unfortunately, there is no redress.
M.D.—1st. Yes.—2nd. Yes.

National Assurance and

INVESTMENT ASSOCIATION,
5 PALL MALL EAST LONDON.

Empowered by Special Act of Parliament, 17 Vic., cap. 43.

ESTABLISHED A.D. 1844.

Assurances may be effected from £50 to £10,000 on a Single Life.
Credit for half the amount of the first five Annual Premiums.
Medical Men remunerated for their Reports.
Liberty to travel, and foreign residence greatly extended.
No charge for Stamp Duty on Policies.

NON-PARTICIPATING ASSURANCES.

Assurances may be effected on the NON-PARTICIPATING PRINCIPLE, at very low rates of Premium, payable in a variety of ways, to suit the circumstances and convenience of different classes of Assurers.

ANNUITIES.

Immediate Annuities granted on very favourable terms. The Tables for Reversionary and Deferred Annuities are particularly deserving of attention, whether regarded as a means of providing for a particular individual, or as a resource against the casualties of age and the uncertainties of health and fortune.

Extract from the Half-Credit Rates of Premium for an Assurance of £100.

WITHOUT PROFITS.

Age.	Half Premium first Seven Years.	Whole Premium after Seven Years.
25	£1 0 10	£2 1 8
30	1 2 6	2 5 0
35	1 5 2	2 10 4
40	1 9 5	2 18 10

PETER MORRISON, Managing Director.

Prospectuses sent free on application.

Medical Agency,

34 TERRACE, TOWER HILL, LONDON, E.C.
Conducted by F. G. MOORE, M.R.C.S. Eng.

The PURCHASE and SALE of Practices, Businesses, and Partnerships negotiated. ASSISTANTS, PUPILS, and APPRENTICES provided. VALUATION of Stock, Fixtures, &c.; and all business matters connected with the Medical Profession transacted on moderate terms.

MOORE'S PORTABLE SURGERY, now in use in many parts of the world, is strongly recommended by the Medical Journals and the Profession. Price, with bottles and dispensing requisites, £16 10s.—Pure Drugs and Chemicals at wholesale prices.

SURGEONS APPOINTED TO SHIPS to all parts of the world.

SURGICAL INSTRUMENTS required by H.M. Emigration Commissioners always ready.

Hours, Ten to Five.

Medical Pupil.—A Surgeon,

having a large Club and Private Practice in a Market Town, will shortly have a vacancy for a Pupil, who will have the privilege of studying the Treatment pursued by the Staff of a County Hospital, as well as that by the Advertiser. References exchanged.—Address, "L. D.," care of Mr HARRIS, 21 King William street, Charing cross, London.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.
Established upwards of a century.

A first-class full SURGEON'S ARMY CASE for Sale.

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

PULVERMACHER'S PATENT

GALVANIC RHEUMATIC CHAIN BANDS.

Unequalled as are the effects of the Chain-Bands in all kinds of Rheumatic Pains, Gout, Neuralgia, Indigestion, Epilepsy, and Female Complaints, still more extraordinary is the relief they afford in Sciatica, Lumbago, Head, Ear, and Tooth-ache, Bronchitis, Urinary Disorders, and all those Maladies attendant on Debility and Loss of Nervous Functional Force, &c. Persons interested in this Invention can convince themselves of the efficiency and certainty of the curative power of the Chain-Bands, by perusing the Book,

PULVERMACHER'S MEDICO-GALVANIC IMPROVED SYSTEM,

containing extracts from the learned Works of Physicians, Physiologists, and Philosophers, marked with the pages from whence they are taken; numerous private Testimonials of a most interesting character, with Reports of wonderful Cures from the Hospitals of England, France, Germany, and America.

The Invention is adopted by the Académie de Médecine, Paris; the Royal College of Physicians, London; and by the Imperial Faculty of Vienna. It is also distinguished by the support of Sir C. Locock, Bart., Physician to her Majesty the Queen; Professor Oppolzer, Physician to the Emperor of Austria; by Dr Rayer, Physician to Napoleon III; and others of celebrity; and was rewarded at the Great Exhibition of all Nations in 1851.

Chain-Bands, 5s., 10s. 6d., 15s., 18s., according to power,

Messrs PULVERMACHER and Co., 73 Oxford street.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM,

32 SOHO SQUARE, LONDON, W.
October 22nd, 1860.

Notice.—The Copy of the

MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Section of the Act, will contain those Names only which appear on the General Register as existing on the 1st day of January, 1861.

∴ It is particularly requested that claims for the Registration of first or additional Qualifications, and Notices of Alteration of Residence, may be sent to this Office as soon as possible.

Fumigations of Sulphur,

Chlorine, Mercury, and simple Hot-Air and Vapour Baths, continue to be administered at No. 40 Great Marlborough street, under the guidance of Dr GREEN, commenced in 1822, and recommended for the majority of long-standing complaints.

Nervous and Mental

DISORDERS.—Wyke House, Sion hill, Isleworth, Middlesex, W.—A Private Establishment for the Cure and Residence of Ladies and Gentlemen mentally afflicted.—Proprietor, E. S. WILLETT, M.D.

Thorley's Food for Cattle.

RETAIL DEPOT, 77 NEWGATE STREET, CITY. OFFICES and STEAM MILLS, CALEDONIAN ROAD, KING'S CROSS.

N.B.—A Pamphlet post free. This Condiment has now become a great fact throughout the world.

Thorley's Illustrated

FARMERS' ALMANACK, 77 NEWGATE STREET, CITY. This Sixpenny-worth contains more valuable information to the Farmer than any other almanack at even double the price, and ought to be on every Agriculturist's Book Shelf throughout the Kingdom.

Thorley's Agricultural

OLEANER. — This Weekly is published every Saturday, and contains everything new and beneficial to the Agriculturist. Price 2d., Stamped 3d.—77 Newgate street, City.

Medical.—Wanted, a Young

Man, of good moral character, to assist a general Practitioner.—Address, Mr Ewart, Surgeon, Middleton, Barnard Castle.

Save Half your Coals, Cure

your Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155 Cheapside, E.C.—Illustrated Prospectus free.

Medical Fixture and Glass

WAREHOUSE. — W. HAY, 25 Little Queen street, Lincoln's inn fields, begs to inform the Profession that he Fits-up every description of Medical Shops and Surgeries, and has in Stock a large assortment of New and Second-hand Drawers, Counters, Desks, Dispensing Screens, Bottles, Jars, and every requisite for the above.—A large assortment of Medical Lamps.

Jones's Flesh Soap, for the

TOILET or NURSERY, One Shilling the Packet. Most beneficial for producing a CLEAR, SOFT, and HEALTHY SKIN. To be had of

STEPHEN JONES (late W. Jones and Sons),
Old Established Candle, Soap, and Italian Warehouse,
Near the Turnpike, Islington.
Established 1794.

Nervous and Mental

DISORDERS.—Shillingthorpe Hall, near Stamford, for many years the residence of the late Dr WILLIS.—Dr GARDINER HILL, late of Wyke House, Isleworth, and formerly of Lincoln, has fitted up the above mansion, with its extensive pleasure-grounds, for the residence and cure of Ladies and Gentlemen mentally afflicted.—Terms, One Guinea and a Half per Week, and upwards, according to accommodation.

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 10 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished) of a Weekly Periodical.

Marshall & Son, Importers

of FOREIGN WINES and SPIRITS.

	PER DOZEN.		
Sherry, Pale or Gold, good quality	24s.	30s.	36s.
Claret, Superior Vin de Bordeaux Impérial..	24s.	30s.	36s.
Burgundy, sound wine, very full body ..	24s.	30s.	36s.
Sparkling Rhône, superior to Champagne ..	48s.		

Price Lists on application, 20 Strand, London, W.C.

Caution.—Lazenby's

HARVEY'S SAUCE, manufactured from the late Elizabeth Lazenby's original receipt, bears the names and signature of her Grandson, Charles Lazenby, on the front and back labels and wrappers, and not any third label on the necks of the bottles. Sold by respectable Sauce Dealers throughout the Kingdom; and Wholesale at the Manufactory, 160 Upper Thames street, E.C.

Microscopic Glass. — Thin

Glass for Mounting Objects, in squares or circles. Slides 3 to. by one in., and Cells of every kind, supplied Wholesale and Retail, by

CLAUDET and HOUGHTON,
89 High Holborn, London.

Great Saving in the Purchase

of NEW MEDICAL GLASS BOTTLES and PHIALS, of the best Manufacture, at the NORTH LONDON GLASS BOTTLE WORKS. ISAACS and SON, Proprietors, London Warehouses, 24 and 25 Francis street, Tottenham-court road, W.C., and 155 Tooley street, London bridge, S.E.

	Per gross		
6 and 8 oz., any shape, plain, or graduated, clear, blue, tinted	8s.	0d.	
3 and 4 oz., ditto, . ditto ..	7	6	
½ oz. Moulded Phials	4	6	
1 oz. ditto .. of a very superior	5	6	
1½ oz. ditto .. quality	6	0	
oz. ditto ..	7	0	

No remittance required until the goods are received.

No charge for package. The above are supplied in any quantity, ready for immediate use, delivered free within 7 miles. Prompt attention to country orders. Samples free. P. O. orders to be made payable to Isaacs and Son, at Tottenham-court road. Cheques crossed Unity Bank, Western Branch. All orders to be addressed to our London Warehouses, as above. Established upwards of 70 years.

Orders sent to either Establishment will meet with prompt attention.

Great Reduction in the Prices

of new MEDICAL GLASS BOTTLES and PHIALS at the Islington Glass Bottle Works, Islington place, Park road. London Warehouses, 19 Bread-st. hill, Up. Thames st., City, E.C., and 2 Upper Copenhagen st., Barnsbury road, Islington. E. and H. HARRIS and Co., Proprietors.

	Per gross.		
6 and 8 oz., any shape, plain or graduated, clear blue tinted	8s.	0d.	
3 and 4 oz., ditto, ditto, ditto	7	6	
½ oz. White Moulded Phials	4	6	
1 oz. ditto ditto .. Of a very sup-	5	6	
1½ oz. ditto ditto .. rior quality	6	0	
2 oz. ditto ditto ..	7	0	

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either establishments will meet with prompt attention.

FUNERALS.

Go to the Furnishers and pay one Profit only.

CROFTON,
ECONOMIC FUNERAL FURNISHER and FUNERAL CARRIAGE PROPRIETOR,
79 Judd street, Brunswick square, and 25 Edward terrace, Caledonian road, Islington.
Established 1821.

A Grown Person's Pair-horse Carriage Funeral, from £2 15s.

With Hearse and Pair and Coach and Pair, £4 15s.

Dr Fitch's Patent Chest-

EXPANDING BRACES, for both Sexes; patronised by the Volunteer Rifles. They prevent stooping habits, round shoulders, strengthening the lungs. Price from 5s. 6d. Also his Abdominal Supporter for Corpulency Pregnancy, Umbilical Hernia, etc., giving instant relief. Prospectuses forwarded by a stamp.—66 Berners street, Oxford Street, W.

Labels Cut by Machinery.—

Adhesive, for marking goods, 1s. per 1,000; dispensing or chymical, 1s. 8d., kept in stock; with name and address, 2s.; mixture, pill, &c, equally moderate. An assortment of labels for all trades. Contracts with large consumers. J. CROSS and SON, Engravers, Steam Machine Printers, Lithographers, and Stationers, 18 Holborn hill, E.C. Established 1813.

Monuments, Tombs, Head

STONES, &c., ERECTED in town or country, and at any of the Cemeteries, at moderate charges, by S. H. GARDINER, Monumental Mason, New Kent road, S.E.—A Sheet of Designs, with Price List, forwarded on application.

Established 25 years.

For Family

ARMS—Send Name and County to the ROYAL HERALDIC STUDIO and LIBRARY; in a few days you will receive a Correct Copy of your Armorial Bearings. Plain Sketch, 3s.; in Heraldic Colours, with Written Description, 6s.; Large Size, 12s. Family Pedigrees, with original grant of Arms, to whom and when granted, the origin of the name, all traced from authentic records, fee Two Guineas. An Index containing the Names of nearly all Persons entitled to use Arms, as extracted from the British Museum, Tower of London, Heralds' College, &c. &c. The Manual of Heraldry, 400 Engravings, 3s. 6d., post free.—By T. CULLETON, Genealogist, Lecturer on Heraldry at the Mechanics' Institute, 25 Cranbourn street, corner of St Martin's lane, London, W.C. The Heraldic Colours for Servants' Liveries, 5s.

Arms, Crests, &c., Engraved

in the Best Style. Crest on Seals or Rings, 7s. On Steel Die, 6s. Initials, 1s. 6d. per Letter. Book Plate, Engraved with Arms, 10s.; or Crest, 5s. Postage and Registered Letter, 1s. extra. T. CULLETON, Heraldic Engraver, by Appointment to the Queen, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Solid Gold Ring (18 Caret,

Hall Marked), Engraved with Crest, 42s.; Large Size, for Arms, 75s. On receipt of P.-O. order the sizes will be sent to select from. T. CULLETON, Seal Engraver, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Stamp your own Paper—

with Arms, Crests, Initials, or Name and Address, by means of CULLETON'S PATENT EMBOSSING PRESS, 15s.; Best Make, 21s. Any person can use them. T. CULLETON, Die Sinker to the Board of Trade, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Family Arms, &c.

Emblazoned for Painting on Carriages or Needlework, 6s.; Best Style, 12s., Gothic and Modern Monograms Designed, 5s. Arms Quartered, Impaled, and Painted on Vellum, according to the Laws of Heraldry. By T. CULLETON, Seal Engraver and Die Sinker, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

Wedding Cards—For Lady

and GENTLEMAN — 50 each. 50 Embossed Envelopes, with Maiden Name, Printed Inside, 13s. Visiting Cards—A Copper Plate Engraved in any Style, with Name and 50 Cards, Printed for 2s., post free.—N.B. All Orders executed by return of post, for Stamps or Cash.—T. CULLETON, Seal Engraver and Die Sinker, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

The Pen Superseded.—Mark

your Linen. The best and only method of Marking Linen, Silk, Stockings, Coarse Towels, or Books, so as to prevent the Ink washing out, is with CULLETON'S PATENT ELECTRO-SILVER PLATES. By means of this novel invention a thousand pieces of Linen can be Marked in a few hours. Initials, 1s. each; Name, 2s. 6d.; Set of Moveable Numbers, 2s. 6d.; Crest Plate, 5s., with the necessary Directions for Use. Post free.—Certificate from the eminent Dr Sheridan Muspratt, F.R.S., Professor of Chemistry, &c.

All Orders to be sent to the Patentee and Sole Maker, T. CULLETON, 25 Cranbourn street, corner of St Martin's lane, London, W.C.

66 QUEEN STREET,
LONDON, 23rd August, 1860.

Messrs R. WORTHERSPOON and Co.,
46 Dunlop street, Glasgow.

DEAR SIRS,

I have, as requested to-day, visited the Royal Laundry, with reference to the Advertisement of the Nottingham Firm, who state that their Starch has been used for many years in the Royal Laundry, and have been assured by Mr Thompson, the Superintendent, that none but yourselves have any right to state that they supply Starch to her Majesty's Laundry, as no other Starch is there used, nor has been used for some years, but the Glenfield Patent Starch.

I have been further assured that your Starch continues to give complete satisfaction, and that though trial has been made of samples of various Starches, none of these have been found nearly equal in quality to the Glenfield.

I am, dear Sirs,

Your obedient Servant,

WM. BLACK.

Medical Practitioners Sup-

plied with ASSISTANTS, gratis, by MAIR and SONS, 34 Bedford street, Strand, who also DISPOSE of PRACTICES on moderate terms.

S. W. Silver and Co.'s

OUTFITTING WAREHOUSES, 66 and 67 Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and Civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, etc.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, etc., suited to all climates. Manufactory, Silvertown, (opposite H.M. Dockyards), Woolwich.

Bennett's Watches, 65 & 64

CHEAPSIDE, in gold and silver, in great variety, of every construction and price, from 3 to 60 Guineas. Every Watch skilfully examined, and its correct performance is guaranteed. Free and safe by post.

Money Orders to JOHN BENNETT, Watch Manufactory 65 and 64 Cheapside.

Fresh Air. — "McKinnell's

PATENT VENTILATOR does that which is the great object in keeping buildings healthy. It rids them of the foul air, and provides for the free inlet of a fresh supply. It is simplicity itself—as, indeed, are most of the Mechanisms adapted to Natural Laws. It can be fitted with ease to carriages, ships, houses, coal-mines, schools, churches, &c. The system, too, is cheap."—'Medical Times,' July 7, p. 11.

JOHN McKINNELL, Patentee, 9 Gloucester terrace, Clarendon road, London, W. . Descriptive Pamphlets sent on receipt of one stamp.

Wood and Watson's South

African Port, Sherry, &c., 20s. per dozen. Pint Samples or 12 stamps each. Excellent Brandy, 16s. per gallon.

Pale India Ale and Stout, 4s. 6d. per dozen quarts, 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts, 2s. 9d. per dozen pints.

Address, 16 Clement's lane, City, E.C.

H. Silverlock's Medical

Label Warehouse, Letter-Press, Copper-Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors' Commons, London, E.C.

H. Silverlock's stock of LABELS for DISPENSING purposes, having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen; a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d.

Printed Catalogues of the above may be had, post free on application.

Printing of every description at moderate prices.

Crosse and Blackwell, Pur-

veyors in Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard, and for Carstairs's Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom, and wholesale of

CROSSE and BLACKWELL, 21 Soho square.

Flour — (Essex) — War-

ranted free from adulteration, to any part of London (not less than 14lbs.) carriage free. Whites, for pastry, per bushel (56lbs), 11s. 8d.; Households (recommended for bread-making), 11s.; Seconds, 10s. 4d.; Wheat Meal for brown bread, 10s. 4d. Best fine and coarse Scotch Oatmeal. Address HORSNAILL and CATCHPOOL, Bullford Mill, Witham, Essex, or 97 Goswell road, City road, E.C. Directions for bread-making gratis. Terms Cash. A half-sack delivered free to any rail station 200 miles. German Yeast.

Atmospheric Clocks.—

These simple mercurial Timekeepers are in appearance similar to a Thermometer. Prices 3s., 4s. 6d., 6s., 10s. 6d., and upwards. — Wholesale and Retail Depôt, 78 Fleet street, E.C. Post-office orders to be made payable to C. Langston.

MEDICAL GLASS AND GENERAL FIXTURE WAREHOUSE.

William Hawke, 17 Wild

court, Great Queen street, Lincoln's-inn fields, London, W.C. (late Ansell and Hawke, 8 Great Queen street), Manufacturer of every description of Shop Fittings, Dealer in Medical Glass, Earthenware, and all kinds of Shop Utensils, Medical Labelling, Writing, and embossing on Glass.

Drawings, Specifications, and Estimates furnished for Shop Fronts, also for Surgeries and Druggists' Shops, with every requisite, from the neatest to the most elegant style Druggists Stocks and Fixtures valued.

THE PARASITICAL DISEASES OF THE HEAD AND FACE.

By GEORGE ROSS, M.D., &c.,

Author of the 'Constitutional Relations of Diseases of the Skin.'

No. III.

SCALL HEAD,—PORRIGO FAVOSA.

(Continued from page 373.)

Contagiousness.—Much difference of opinion has also prevailed with respect to the contagiousness of scall head; but that doubt should be now dispelled. Scall head *is* contagious, but not in so high a degree as some persons suppose. The fact of its contagiousness has been proved by Remak and Bennett. The latter gentleman writes:

"Dr Remak, of Berlin, communicated the disease to his own arm in the following way:—He fastened portions of the crust upon the unbroken skin, by means of plaster. In fourteen days, a red spot covered with epidermis appeared; and in a few days more, a dry yellow favus scab formed itself upon the spot, which, examined microscopically, presented the mycodermatous vegetations characteristic of favus. Mentioning this fact to my polyclinical class, at the Royal Dispensary, in the summer of 1845, one of the gentlemen in attendance volunteered to permit his arm to be inoculated. A boy called John Baugh, æt. eight, labouring under the disease, was at the time the subject of lecture, and a portion of the crust taken directly from this boy's head was rubbed upon Mr M.'s arm, so as to produce erythematous redness, and to raise the epidermis. Portions of the crust were then fastened on by strips of adhesive plaster. The results were regularly examined at the meeting of the class every Tuesday and Friday. The friction produced considerable soreness, and in a few places superficial suppuration. Three weeks, however, elapsed, and there was no appearance of favus. At this time there still remained on the arm a superficial open sore about the size of a pea, and Mr M. suggested that a portion of the crust should be fastened directly on the sore. This was done, and the whole covered by a cuticular piece of adhesive plaster about the size of a crown-piece. In a few days the skin surrounding the inoculated part appeared red, indurated, and covered with epidermic scales. In ten days, there were first perceived upon it minute bright yellow-coloured spots, which, on examination with the lens, were at once recognised to be spots of favus. On examination with the microscope, they were found to be composed of a minute granular matter, in which a few of the cryptogamic jointed tubes could be perceived. In three days more, the yellow spots assumed a distinct cupped shape, perforated by a hair; and in addition to tubes, numerous sporules could be detected. The arm was shown to Dr Alison; and all who witnessed the experiment being satisfied of its success, I advised Mr M. to destroy each favus spot with nitrate of silver. With a view of making some further observations, however, he retained them for some time. The capsules were then squeezed out, and have not since returned. Mr M. had light hair, blue eyes, a white and very delicate skin. There is every reason to believe that the strips of plaster employed in the first attempt shifted their position, and that the crust was only properly retained by the circular piece of plaster employed in the second experiment.

"That the disease is therefore inoculable, and capable of being communicated by contagion, there can be no doubt; a result which accords with the observations of most Practitioners, and with numerous recorded facts. It must also be evident that it does not readily spread to healthy persons, and that there must be either a predisposition to its existence, or that the peculiar matter of favus must be kept a long time in contact with the skin previously in a morbid condition."

It is therefore necessary for the conveyance of the disease by contact, that the recipient should be in a condition predisposed to receive it. A fungus will grow only on a soil suited to its nature, and unless it meet with that no result takes place. The exudation in favus is of that subacid fermentative character which is the best adapted for the development of mucedinous growths.

Constitutional State.—It has been stated by Mr Erichsen, and assented to by Professor Bennett, that the favus exudation is very similar to the exudation in tubercle; and he calls favus "a tuberculous disease of the skin." With this opinion I quite agree. It is an important doctrine, as it opens up grave questions with respect to the constitutional origin of favus. The difficulty experienced in inoculating favus proves that a certain pre-existent condition of the system is necessary to success. this condition is the scrofulous taint. This view is corroborated by the nature of the exudation itself, as already pointed out. It is not necessary that this taint should be developed in any appreciable manner, as in swelled glands, ulceration, or mesenteric disease: it may exist in a latent and inactive form; but the constitutional cachexia must be sufficiently expressed, that, under given circumstances, it shall afford the peculiar sub-vitalised exudation that is suitable for the germination of the mycoderm.

As the disease continues, however, the constitution becomes more deeply affected, and scrofula in its most aggravated form is the ultimate result. The injury that the constitution suffers from a protracted continuance of the disease is irreparable, and hard glandular swellings, contracted chest, stunted growth, and idiocy characterise its victims.

External Causes.—Anything that deteriorates the general health may create a predisposition to Scall Head. It is, however, a disease that is observed chiefly among the poor, and especially among the dirty and ill-fed poor. It is, comparatively, a rare disease; I have never, indeed, seen a case of it except among the neglected children of the lowest classes of the community. Dirt, then, is its most common attendant, if not its most frequent cause. Impure air, and a general deficiency of ventilation in the homes of the poor, conjoined with insufficient and innutritious diet, engender the liability to this affection by impoverishing the blood and preventing its due oxygenation. The wretched wanderers in our streets, whose moral wants are now provided for by the institution of ragged schools, are the especial subjects of scall head.

Running or moist scall, which is a different disease, and often vulgarly called "scall head," is not thus confined to the lowest classes, but may present itself among the children of persons of cleanly habits and good means, and where there is no lack of good food, warm clothing, or careful attendance. The same remark applies to ringworm. Indeed, I have seen more ringworm among respectable families than I have among the dirty and abject. I should say that ringworm is the pest of decent and well-cared-for children, whilst scall head is the nuisance of the miserable. In all cases of ringworm, I have noticed that the health of the child has always been below par at the time of the attack; that it has been slightly feverish, irritable, disordered in its bowels, and paler than usual in its complexion: in short, there has been *malaise*, though not sufficiently marked to be called sickness. It will be generally found that a child attacked with ringworm has been attending a school where other children have been suffering from the same disease; and I have no doubt that the close and unwholesome atmosphere of most children's schools induces the disease by impairing the health. Bad ventilation, confinement, and want of exercise, are the most frequent subordinate causes of ringworm; whilst dirt and privation are most commonly antecedent to scall head.

RUNNING SCALL,—CRUSTA LACTEA, ECZEMA IMPETIGINODES.

Among the many technical designations that have been given to this disease, I have selected those which are the most significant and comprehensive. This affection, indeed, simulates a variety of—so-called—distinct cutaneous diseases, and affords one of the best examples we could desire to prove that many of the numerous varieties of these affections are associated together by intimate constitutional relations. Running scall is, however, altogether a distinct disease from favus, or dry scall. It is best seen on the face, where it is noticed as a crop of minute vesicles seated on an inflamed surface. When these break, a discharge, which is trifling in mild cases, but copious and irritating in severe ones, flows from the cutis. The irritation is even so great, that I have noticed a patch no larger than the top of the thumb to cause inflammation of the adjacent submaxillary or cervical glands. The vesicles may become confluent, and spread over the skin of the face and head. When this condition ensues, the scalp is swollen and inflamed, and pours out an abundant viscous secretion. As the inflammation increases, the discharge becomes thicker, pustules form, and a greenish scab mats together the hairs, and covers the head and face as with a mask. In this aggravated form we have the disease called Eczema Impetiginodes.

A singular appearance of the hair has been noticed in this disease. When the scabs have dried in some degree, and have separated, each encloses a tuft of hair, which is collected into a pencil, and glistens with the discharge. The hairs shine like asbestos, from which one of its names has been derived.

This disease is accompanied with intolerable burning and itching, and worries the little patient night and day. At night, however, when the body is heated, the inconvenience is most felt; the child becomes restless and fretful, and sleeps badly. It may attack all parts of the body; but it is most usual on the ears and sides of the face, and flexures of the joints. The part attacked is always more or less swollen at the onset; and if the disease persist, the skin becomes thickened, and the discharge abates, or may altogether cease. At this period a scurfy condition of the skin may remain, which has received various names, according to the particular aspect which it may present; as, for example, pityriasis capitis, and psoriasis infantilis.

Running scall is often observed in children at the breast; and in the early months of the first dentition it is associated with red-gum and other forms of lichen. Unless cured early, it becomes very obstinate, and may continue, with periods of remission, until puberty. Children with a delicate skin are very liable to it, and so also those of a strumous diathesis. Where this diathesis exists, an innutritious quality of food, and irritating matters in the primæ viæ, are very apt to call the disease into activity.

DANDRIFF,—*a.* PITYRIASIS CAPITIS.

This disease is characterised by minute white micaceous scales, which are attended with itching and heat, and sometimes cover the entire head. They may be brushed off in large quantities. Like all other cutaneous diseases, its first appearance is usually harbingered by a little feverishness, and the scalp is slightly

reddened; but this coloration disappears. It is usually most abundant at the top and sides of the head; it is commonly noticed also at the margin of the hair, about the face and forehead. It confines its attacks usually to the young and the aged. By frequent scratching, pustules sometimes form; and if the disease be long continued, baldness results. In young children, however, this is not irremediable. This disease often lays the foundation of other more serious and troublesome affections of the skin. In bald-headed persons, a red patch covered with small scales is sometimes noticed on the vertex: this is pityriasis. A similar patch is occasionally observed on the face and aronnd the mouth, where it is very troublesome.

b. Psoriasis Capitis differs from pityriasis in the greater thickness and size of the scales; and though they are also white, they have not the glistening look of the former disease. They are also more fissured. Psoriasis capitis is rarely seen in the absence of psoriasis on the body. When, however, it exists alone, it stops short at the roots of the hair, covering the head as with a scabby cap.

CLINICAL LECTURES.

ON EXOPHTHALMIC GOITRE.

NEW FACTS TOWARDS A HISTORY OF THIS DISEASE.

Delivered at the Hôtel Dieu,

By M. TROUSSEAU.

There are diseases that spring up all at once; and attention is directed to them by the sudden appearance of several cases. According to Dr Stokes, Dr Graves of Dublin, in 1835, delivered some clinical lectures on an affection characterised at once by goître, exophthalmia, and disorders of the heart. The fact is that, in the book which he published in 1843, Dr Graves has related cases in detail, described by the hand of a master, the reading of which leads us to believe that this eminent clinical teacher was unacquainted with the labours and researches on this subject published in other countries. It is probable that Graves in Ireland, and Basedon in Germany, gave, at the same time and without any intercommunication, an exposition of the singular phenomena that distinguish the pathological triade of which I am about to speak.

In 1833 I had under my care a lady affected with goître. By my directions, she took iodine; and she had, in consequence, an iodic fever. I recollected afterwards that she suffered from palpitation of the heart, and that her eyes had become exceedingly prominent. But seeing no connection between these facts, I looked only at the disease. I do not, therefore, lay any claim to priority; but I say that were every old Practitioner to search the stores laid up in his memory, he would probably find similar reminiscences.

In England, Germany and France, Graves, Stokes, Basedon, Charcot, Gros, Aran, and several other observers, have made us acquainted with several cases of exophthalmic goître. For myself, during the last five or six years that attention has been given to this disease, I have seen in all nine cases. At this moment, in the Salle St Bernard, No. 27, we have a case of exophthalmos; and in No. 34 of the same ward we have a woman with exophthalmic goître. To these I shall presently return; but first I wish to speak to you of two patients under the care of Dr Labarraque. The first is a lad, fourteen and a half years of age, whose case may be thus shortly stated: He is slightly lymphatic; had hooping-cough when six or seven years of age, and typhus fever, not severe, when nine. When sent to school at twelve, he shared in all the games and exercises of persons of his age, and went through his gymnastic exercises, like his comrades, without suffering any degree of oppression. Yet, when taken by his family to the sea-side for the purpose of bathing, he could not bear immersion but for two or three seconds, for his vision became disturbed—his sight so short, and myopia became so marked, that in the course of a few weeks he had to make use of No. 9 lunettes. Before the vacation of 1860, the neck had begun to enlarge, and the general health was less satisfactory; beyond which there was nothing deserving observation. He now went to Tourville; but sea-bathing became impossible, for he suffered a violent attack of oppression, which, however, quickly yielded to the use of sinapisms. Dr Lebâtard, who happened to be there, was consulted on account of the enlargement of the neck, and recommended the use of iodine. Under this treatment, which was strictly followed, the disease got worse. Towards the end of the vacation nothing more was done, and he came back to Paris. His return to school, on the 10th of October, was considered as compatible with this state of health: but this state of things was soon to undergo a sudden modification. He changed, became pale and oppressed, and Dr Blache was called in consultation with M. Labarraque. Rest was enjoined, and revulsives were applied to the extremities; but suffocation made frightful progress, and one night, when Blache, Labarraque, and myself arrived, we found him with his eyes livid and projecting, and seemingly in the last agony. Our first thought was to open the trachea, and M. Dumarquay was desired to be in readiness at a moment's notice. We tried, however, to temporise. We had recourse to venesection. We applied ice to the throat, and gave digitalis in large doses. The very same night he slept nine hours. On awaking, he was seized with another paroxysm of suffocation. Bags of ice, as used by M. Aran, were applied to the anterior region of the neck, and all went on well. M. Dumarquay's aid was not required, and, at the end of a week, this young man's resurrection was complete. Yesterday, Nov. 9, his father brought him on foot to my house, though living at a distance of nearly four kilometres. I have not seen him; but I know that his eyesight is improved, that the goître has nearly disappeared, and that the palpitation of the heart has ceased.

The second case seen by M. Labarraque is as follows:—In 1855, at one of the dispensaries, he encountered a woman with a large neck, prominent eyes, and palpitation of the heart. He twice practised venesection—gave digitalis in large doses, and repeated purgatives. This woman got well. She was forty-six years of age. Now I must tell you that exophthalmic goître is rare at that age, and that it is habitually seen at an early period of life; under thirty years, for instance. Struck with the phenomena he had witnessed, M. Labarraque kept the case in mind, and obtained the following history:—This woman, a worker in lace, experienced, in 1849, extraordinary alarm, and immediately became subject to palpitation of the heart. When six months had thus passed, the neck began to enlarge, and the eyes became prominent. Hitherto she had been always able to work in the evening, and possessed an excellent myopic sight; but now she perceived muscæ volitantes, and large black specks floated before her eyes. It was under these circumstances that amenorrhœa occurred, with intense diarrhœa and furious appetite. This last symptom has been carefully noted in a great number of cases, and the boy of whom we have just spoken had eaten immoderately on the eve of the day on which an attack of suffocation so narrowly endangered his life. Although this patient devoured a prodigious quantity of aliment, and, among other items, a loaf of 4lb weight daily, she became excessively emaciated, and, after four months of total suppression of the menses, she became pregnant.

You know it has been said that fecundation takes place only at the menstrual period. Well, the preceding example would, in case of need, be a proof of the contrary; for conception took place, to all appearance, in the absence of ovulation. Persons of the Jewish persuasion—and when a religion is persecuted, its observers are more numerous than at any other period—conform religiously to an article of the Jewish law which prohibits sexual intercourse during the catamenial period. The husband cannot come near his wife for a week after, nor until she has taken a bath. Yet Israelitish families in general can reckon a great number of children.

M. Labarraque's patient, then, had intense diarrhœa, and an appetite notwithstanding, out of all proportions. In the ball of each eye she experienced such throbbings, that every instant she raised her hands to her eyes, which seemed as if going to fall out. This phenomenon was identically reproduced in the two phases of the disease, in 1849 and 1855. Her complexion, which was before highly coloured, became pale. Synchronous with the affections which she experienced on the part of the eye, the heart, and the neck, she complained of palpitation in the epigastrium—a symptom observed in other patents also. During her pregnancy, the hypertrophy of the thyroid gland disappeared—a circumstance which M. Charcot noted in the case he has related. After parturition, this patient's health returned, in spite of well-marked nervous susceptibility. Subsequently relapse showed itself by diarrhœa, hunger, &c. &c.; and it was then (1855) that she applied at the dispensary, and came under M. Labarraque's care.—Sleeplessness, a point on which some authors insist, was in this case painful and obstinate, and contributed in no small degree to render this patient irritable and nervous. Her handwriting became so altered, that when, on her daughter's marriage, she signed the contract, her signature was nothing but an unintelligible scrawl. The pulse has since continued to beat with frequency, and is still 108. There is also present a certain degree of oppression, goître, and exophthalmia; and the carotid arteries also are seen beating with a certain degree of impetus: but appearances are all good, and not far from the normal state.

(To be continued.)

ON PALSY SUCCEEDING TO NON-DIPHTHERIC ANGINÆ.

(From the 'Gazette des Hôpitaux.')

Since the question of diphtheric palsy has, by the publication of the admirable work of M. Maingault, been brought before learned societies and the Medical press, numerous cases, reproduced for the most part in our columns, have appeared, confirming in almost every point the propositions laid down by our distinguished *confrère*. But as cases have multiplied in the same degree that the attention of physicians has been directed to this subject, new problems have not failed to present themselves with the new facts that have been collected. It is thus, for example, that palsy of the palato-pharyngeal regions, which at first might have been supposed to be dependant

exclusively on diphtheric anginæ, (having been observed in different kinds of anginæ, and even as a result of simply inflammatory anginæ, of which M. Maingault has himself related examples,) it naturally occurs to us to ask, if this palsy be really something special and implying the notion of specific infection, or if, indeed, it is not simply a phenomenon common to many other diseases, and destitute of any specific character. This interesting pathological question has just been brought before the Medical Society of the Hospitals by a communication from M. Sée, and before the Medical Society of the Haut-Rhin by one from M. Marquez. We shall shortly give an exposition of the views contained in M. Sée's production, and of the discussion to which it gave rise; but for the present we shall confine ourselves to a succinct exposition of M. Marquez's cases, taken from the 'Gazette Médicale' of Strasbourg.

In May, 1859, A. V——, a young woman seventeen years of age, was taken with fever, headache, and nausea, preceded for a day or two by uneasiness, lassitude, and want of appetite. These general symptoms were accompanied by an angina, attended with increasing difficulty of deglutition, pain extending from the fauces to the interior of the ear, and, in a word, by inflammation of the entire throat and isthmus faucium. On the right side there existed a narrow gangrenous streak on the anterior face of the anterior pillar, and stretching over the velum palati as far as the uvula—a state of these parts which a characteristic odour did not fail to betray. At first an emetic, gargles, succinate of ammonia, and then quinine, were employed; and the parts were several times touched with nitrate of silver. This affection, which at first caused some anxiety, now rapidly advanced towards a cure. Nevertheless, the inertness of the movements of the velum palati, the *nasonnement* and dysphagia still persisted for some time, but varied in intensity, and subsided without any special treatment beyond dietetic regimen.

A girl, seven years of age, slightly lymphatic, and subject to affections of the throat, experienced, on the evening of the 8th of March last, uneasiness and slight want of appetite, to which, on the 9th and 10, succeeded more serious symptoms. These were shivering, headache, depression, frequent moaning, vomiting, coryza, slight cough, fever, increased thirst, and difficult deglutition, accompanied with acute pains that extended as far as the left ear; stiffness of the neck, and painful tumefaction under the left angle of the maxilla. These symptoms had been preceded by more than one attack of epistaxis. The throat is now seen to be inflamed; the pillars, velum palati, uvula, a part of the arch of the palate, the pharynx, and the right tonsil are moderately inflamed; but the inflammation is chiefly centred in the left tonsil, which is enormously swollen. Here the inflammation made rapid progress, and soon acquired in this tonsil such severity, that by the evening of the 10th the gland had become gangrenous, on the apex and anterior part of which there is a soft, dark-coloured, irregular eschar: the breath is fœtid, the pulse weak; and there is still stiffness of the neck, with difficult deglutition and pain at the angle of the maxilla. The treatment consisted in the application of leeches to the sub-maxillary swelling, embrocations with the *baume tranquille*, cataplasms, emollient gargles and fumigations, laxatives, diluents, chlorate of potassa, and, on the 10th and 11th, cauterizing with nitrate of silver. From the 12th to the 15th, tincture of myrrh was applied to the wound left by the separation of the eschar, and gargles containing the same preparation were used. From the 12th to the 16th there was gradual amendment; convalescence now became established, and the little patient recovered her cheerfulness and appetite. Yet deglutition, without being painful, was still more or less difficult. Lastly, when, towards the end of the month, this girl was about to return to school, it was noticed that her eyesight was affected—that there was amblyopia with presbytia. She complained at the same time of sub-orbital pains, which were irregular and of no great severity: she is pale, and her appearance chlorotic; eats little; her digestion is bad, and her strength, which was returning, now decays. The state of the mouth is seen on inspection to be natural, with the exception of slight enlargement of the tonsils. The urine, which was frequently examined, was found loaded with mucus, but contained neither albumen nor glucose. Exercise in the open air, saline baths, pepsine, iron, bitters, a strengthening regimen, and small blisters on account of the sub-orbital pains, were prescribed. On the 18th, Professor Stœber ascertained with the ophthalmoscope that neither in the interior of the eye nor in the membranes had any alteration occurred; and M. Marquez, by his advice, directed frictions with tincture of nux vomica to be applied to the temples and eyebrows, and, in case of failure, to have recourse to strychnine. When, after some days, the endermic use of nux vomica led to no appreciable result, two or three drops of a solution of sulphate of strychnine, in the proportion of 1 to 100, were each morning applied to the oculo-palpebral mucous membrane. This manner of using strychnine was soon followed by satisfactory results; the sight gradually improved, and had become distinct enough, but feeble, in the early part of May.

We shall dispense with any detailed account of the other cases, the chief points of which we shall only notice. The third case is that of a boy of eleven years, in whom palsy of the third pair occurred some days after simple angina. The palsy yielded, after lengthened treatment, to the use of hypodermic injections of a solution of sulphate of strychnine. In a fourth case, the patient, a girl of fourteen years, after suffering from a simple phlegmonous angina, sufficiently serious, however, to require very constant attention for ten or twelve days, became affected, after a short interval of convalescence, with palsy of the velum palati, complicated with diplopia. These symptoms disappeared under the use of strychnine and a strengthening regimen. No doubt, some degree of reserve must be used in regard to one of these cases, where the connection between the angina and the consecutive ocular palsy does not seem to us sufficiently established; but if we pass by this case as doubtful, three still remain to be added to those already published, constituting a considerable contingent of cases where palsy has succeeded to anginæ that were not diphtheric, and of which account must be taken: and this we shall do when we again return to this subject.

THE SPIRIT OF THE PERIODICALS.

The 'Dublin Quarterly Journal' contains some interesting articles, opening with an elaborate one by Mr Butcher, on *Operative Surgery*. His subject is *Amputation at the Knee-joint—at the Knee*—and *Excision of the Knee-joint*,—the respective advantages and disadvantages of which he compares. We quote the following remarks:

"The fatality attendant upon amputation of the thigh for years back has awakened a spirit of emulation amongst practical surgeons towards perfecting a better method. The circular, the oval, the various modifications of flap, have each been in vogue, vaunted, and praised, according to the ability and power of the originator, special methods becoming attractive, and adhered to for a time, in proportion to the mental capacity and operative dexterity of the surgeon,—the very abandonment of considerately weighed opinion going far to establish the truth, in which all agree, that amputation of the thigh is perilous in the extreme, stern hospital experience registering the fact, of how long and weary is sometimes the convalescence, the healing of the stump, and how often, too, the completion of the latter the source of much misery and pain. To many of those dangers consequent upon division of the compact tissue of the bone, pathology has pointed, and by the untiring investigations of Cruveilhier and others, they have been elicited and brought to light. Every museum affords abundant evidence, by irregularly-shaped exfoliations, how readily the compact structure of the bone perishes after the application of the saw, its periosteum being cut through and ruffled on the outside, sometimes even rudely, and its delicate vascular lining membrane in all instances lacerated and torn within. To no bone in the body do these observations apply with greater force than to the thigh-bone: its compact tissue is thicker, more dense than any other; and, above all, its medullary canal and lining membrane are more developed and extensive. Is it to be wondered at, then, that inflammation aroused in this vascular network should often terminate in suppurative crisis; nay more, in phlebitic complications and death? Professor Syme goes so far as to say, 'I believe the thigh-bone would be more fruitful of such exfoliation, if amputation through it were not so fatal;' and then he pronounces the fatality in these words: 'The average frequency of deaths is not less than from 50 to 70 per cent., while it cannot be denied that many of the survivors suffer from uneasiness connected with protrusion of the bone.' In a paper published by this surgeon in the 'Edinburgh Monthly Journal,' May, 1845, he considers these several points in relation to the fatality of amputation of the thigh, and concludes that the point 'radically wrong in the principle of the operation is dividing the thigh-bone through its shaft, instead of the condyles or trochanters.' The spirit of conservative surgery is abroad throughout the land; and to its powerful influence must be ascribed the restitution of those several operations about the knee, and in reference to which I wish to speak,—amputation at the *knee-joint*—amputation at the *knee*—excision of the *knee-joint*.

"*Amputation at the knee-joint*, though bearing its date years and years ago, was performed by Hoin, and with good results, so far back as 1764, and after him by several Continental surgeons, with varying success. Velpeau, in particular, has distinguished himself in reference to it, having frequently performed it with success. In America, too, the operation has found great favour: in an interesting paper by Dr Markoe of New York, published in the 'New York Journal of Medicine,' we learn that he has advocated this operation in preference to amputation of the thigh since 1841. He writes, that in this operation the bone is uninjured, while on the other (the operation through the shaft) it is divided with a degree of violence, the effects of which are not always appreciated. 'The effects of this violence both upon the bone and its envelopes, and of the exposure of the cavity of the medullary membrane to the action of air and pus, are seen in several of the accidents which occur after amputation, some of which are merely of sufficient gravity to annoy the patient and prolong the period of his cure, while others are of such danger and severity as materially to endanger life.' The exfoliation of the injured bone and the formation of tubular sequestra, the Author regards as due to the division of the nutritious arteries of the bone either by the saw or the catlin: the supply of blood to the medullary membrane, thus cut off, is too slowly supplied by anastomosis, and the bone dies. For the purpose of ascertaining the usual point of entrance of the nutritious artery into the bone, Dr Markoe examined 45 femora: in 23, the foramen was placed at about the junction of the middle and upper third; and in 22, at or near the centre of the bone: in several it was double. Dr Markoe remarks, phlebitis, 'another destructive consequence of such violence, is of much rarer occurrence in the well-regulated hospitals of the United States than in Europe. From Jaeger's collection of the published cases of amputation at the knee-joint, it appears that, out of thirty-seven, about twenty-two have had a favourable, and fourteen an unfavourable result.

"At the Western Medical Society of London, October 23, 1857, Mr Lane gives the particulars of the case of a child, aged eight, where he performed amputation at the knee-joint; and I believe he is the first surgeon who in England thus operated, leaving the articular surfaces entire. Since then this special operation has been frequently and successfully practised.

"We come now to consider the question of *amputation at the knee.* The steps of the operation are similar to that at the knee-joint, save that the articular surfaces of the femur are removed. To Professor Syme, of Edinburgh, is certainly due the credit of first practising this operation, and placing it in a prominent position by his writings, as already referred to; the point, however, of originality in the matter must be conceded to Malgaigne, for he first suggested it: "If, through disease of the knee, you could not have recourse to disarticulation' (writes this practical surgeon), 'perhaps you would obtain a similar result by cutting the thigh as near as possible to the condyles, and covering the osseous surface with a large anterior flap. This very simple idea is in accordance with the most useful rule of amputations, viz., to operate as far as possible from the trunk. I can scarcely understand how it has escaped the observation of surgeons to the present day.' I believe Mr Fergusson to have been the first surgeon who performed this operation in England. It was on the 17th of May, 1845, and the patient was a man aged twenty-four years: the particulars of the case will be found published in the 'Lancet,' July 19th of that year.

"It is most interesting that in the last edition of his Practical Surgery, 1857, he alludes to this case, operated on years before, in these satisfactory terms:—'I have seen this young man repeatedly since, and he was at King's College Hospital a few weeks ago. Without exception, I deem the stump equal to any I have ever made in the thigh. He has repeatedly walked forty miles a day, with a very indifferently made artificial leg, and once accomplished 120 miles in three days, without the slightest damage to the tissues.' Since this time Mr Fergusson and other surgeons have frequently repeated the operation, and with excellent success."

Mr Butcher then gives a graphic report of two cases in illustration of the different modes of operating. He then makes some cautionary observations on the selection of cases and points to be attended to in the treatment of them, and thus sums up:

"Briefly to recapitulate those directions for excision of the knee-joint, which I have laid down, and would still insist upon:—

"1. *The judicious selection of the case.*—The bones not being diseased far beyond their articular surfaces; while, if upon section found to be a little more than had been expected, the part should be gouged out, or an additional thin slice removed; but, if to a greater extent, amputation should be at once resorted to, and, as recorded in my first memoir, with a hope of excellent success. Again, the Report goes on to show that amputation may be performed some days after excision, should any unfortunate circumstance in the managment of the case have arisen to demand it. In this same paper seven instances are recorded of amputation of the thigh, and all made rapid recovery, save one.

"2. *The H incision should be preferred.*—The perpendicular strokes placed well back, so as to allow all fluids and discharges to drain off—far more effective and safer than any opening made in the popliteal space.

"No portion of the flaps to be curtailed, though they may be thinned, of any thickened fibrinous matter or diseased synovial membrane; the latter, particularly, should be clipped away with a strong scissors. All ligamentous fibres, both around and within the joint, should be cut through, and the extremities of the bones fairly freed and exposed.

"3. *The patella should be taken away in all cases, whether diseased or not,* and then the section of the bones, well thrust out in front, should be made with 'Butcher's saw' from behind forward, due attention being paid to the axis of the thigh-bone at the time of its division.

"4. *All bleeding vessels should be tied, or any that have sprung and retracted should be drawn out and secured,* so as to guard against intermediary hæmorrhage.

"5. *While the patient is yet on the operating table, the limb should be placed in the horizontal position, either by gentle and steady traction combined with pressure of the cut surfaces of the bones backwards, or, if necessary, the division of the hamstring tendons.* Their support behind, in every case, I look upon as of great value; therefore their section must be looked upon as a last expedient towards straightening the limb.

"6. *During the adjustment of the bones, great caution should be exercised, that their surfaces be throughout their extent in contact, and that no soft parts intervene.* The flaps should be then laid down, and connected by suture closely throughout their transverse division, while the lateral incisions should be brought together only at their extremities by one or two points, and the central portion of each, that corresponding to the division of the bones, should not be brought in contact, but dressed lightly with lint soaked in oil, thus securing a ready outlet for the escape of fluids. The extremity should next be cautiously laid upon 'Butcher's box splint,' padded to the natural configuration of the limb, its sides elevated, foot-board applied, suitable pads introduced, and then the anterior splint laid on, taking the place of the assistant's hand, which, from the first, restrained the femur from projecting forward; then the straps buckled, the waist-band applied, and the patient may, with safety, be removed to his bed. The bed should be prepared in this way, and consist of a couple of hair mattresses laid one upon the other, evenly supported, and intervening between the upper one and the sheet a folded blanket, feather pillows for supporting the head and shoulders; the bed should be, likewise, moderately warmed, so as to prevent the patient being chilled when put into it.

"7. *The limb should not be disturbed for several days;* the length of time depending a good deal on the season of the year when the operation is performed, whether it be in the heat of summer or the cold of winter. After five or six days it may be necessary to let down the sides of the box-splint, to sop up discharge, change lateral pads and soiled dressings, &c. By the apparatus named, the facilities for cleansing the limb are so efficient, that it may not be requisite to lift the member from its support for even so long a period as three weeks, as evidenced in my own practice. Should, however, it be considered expedient to change all the dressings, the anterior splint should be steadily held back by an assistant, and the limb pressed up to it, thus guarding against any starting of the femur forwards, or displacement laterally, when lifted from its bed. When the box is prepared, freshly arranged, the limb, controlled after the manner mentioned, should be laid down, the side splints elevated, foot-board secured, and the straps over the anterior splint first tightened so as to maintain it in that position, from which it was never suffered to change. I would impress this advice still further—if the straps be unloosed for any purpose, the hand of an assistant should steadily keep the anterior splint in its position, and well pressed back, until the artificial support is again brought to bear upon it, and fastened.

"8. In cases where large abscesses form in the vicinity of the excised joint, or up along the thigh, Chassaignac's drainage tubes may be used with the best hopes of success.

"9. *The free administration of stimulants and sedatives, imperatively demanded in all cases of excision,* regulated, to a certain extent, by age, sex, temperament, and habit."

The 'Medical Times and Gazette' contains a continuation of Dr SIMPSON'S Lectures on the Diseases of Women, the special subjects being *Puerperal Mania and Puerperal Hypochondriasis.* Speaking of puerperal mania, the Author points out that the danger is in a ratio to the speed of the pulse—a pulse from 90 to 100 not implying serious results, one from 120 to 130 always foreboding danger to life. He then gives an interesting account of the ancient modes of treating insanity by amulets, drinking the waters of favourite wells, &c., and says of the treatment:

"1. *Bleeding.*—At one time the almost universal rule in this, as in so many other forms of disease, was to begin the treatment by a more or less copious venesection. All our ideas in regard to this measure are undergoing, as you well know, a perfect revolution. But even before the ideas of Medical men regarding the value of venesection in other maladies had begun to change, Esquirol and other authorities on the subject of insanity had pointed out that in the treatment of puerperal mania it was useless, or even injurious. Further experience has only served to show that bleeding is actually injurious in this kind of disease, and that patients who have been bled do not recover so readily as those who have not. You can easily understand how this should be so, when I anticipate an observation I shall afterwards have to treat of, and tell you that in the chronic stages of the malady t becomes almost always necessary to feed up the patient, and endeavour by all means to restore the vigour of her constitution; and this indication is always more difficult of fulfilment in those cases where the patient's vital powers have been to some extent reduced by a copious venesection. I would have you, then, strictly avoid bleeding any woman who happens to become the subject of puerperal mania, merely because she is insane. If there be any condition under which this rule may ever be infringed, and a partial bleeding permitted, it will be in the case of those patients in whom the symptoms lead you to fear that some inflammatory condition of the brain or its membranes coincides with the mental derangement; but such complications are assuredly extremely rare.

"2. *Vascular Sedatives.*—Bleeding is too severe a measure to be employed in any case of simple puerperal mania; but where there is great excitement, and the pulse perhaps is high, it comes to be an empirical indication of no small importance to fulfil, to reduce the excitement and quiet the exaggerated action of the heart and vascular system. Various medicinal agents may be employed with this view, such as antimony or ipecacuanha, in depressing doses; or one or two drops of tincture of aconite—or of the tincture of veratrum viride—may be administered. While thus bringing powerful deprements or sedatives to act on the central organs of circulation, external derivatives may be applied to the more distant set of bloodvessels by the application of heat to the extremities; or by tying a bandage round one of the limbs, so as to keep a large quantity of blood for a time out of circulation, thus producing all the effect of a series of large cupping-glasses. Cold applied, in the form of a douche, to the head, or to the whole body, has a powerfully depressing action, and may sometimes be employed. But not only are the general excitement and the irritability of the vascular system to be subdued; we must also endeavour to counteract, as far as possible, the superpolarity that exists in the nervous system by the administration of the various

"3. *Nervous Sedatives.*—Of these camphor was the remedy most frequently employed by Dr Gooch in the treatment of puerperal mania; and you will do well to have it in recollection as a remedy that may sometimes prove serviceable. Opium is beneficial in some cases. In others it proves of no avail. You may remmember that, in my last Lecture, I called your attention particularly to the great degree of wakefulness that sometimes precedes the attack; and, bearing that in mind, you will see that in some cases it may prove of great service to administer to the patient an anodyne which shall counteract her restlessness, and send her off to sleep. But it is often as difficult to get a patient to sleep who is threatened with an attack of puerperal mania, as it is to put to sleep a patient with commencing *delirium tremens*—sometimes even more so. A patient threatened with *delirium tremens,* as you know, usually feels sleep stealing over him in sixty or seventy hours after the commencement of the attack, whether he has got opium or not; but a patient with commencing puerperal mania may remain restless and wakeful for several days and nights before the excitability begins to subside. When once the patient does fall into a good sound sleep, however, her case becomes more hopeful, and the probability is that she will waken up

tolerably well. This kind of sleep it must be your endeavour to promote or procure. If the patient is not so violent as to forbid the use of a warm bath, and such a bath be at hand, it sometimes acts an an excellent anodyne in this disease. Medicines are oftener used for the fulfilment of this indication; and I have seen some cases where an attack of mania has been cut short by a good full opiate administered with this view. The great difficulty is to get the patient to take the medicine. Sometimes she is too mad to swallow it, and too outrageous to be controlled. Whatever may be the way in which you give the drug, remember always, as the grand rule to guide you in its administration to such patients, that it must be given in very large doses. If you expect to have any good effect from it, you must give in general not less than two or three grains of solid opium, or an equivalent dose of some of the cognate preparations. You may give it by the mouth, or in the form of an enema; or when the patient cannot or will not swallow, and will not admit of an injection, you may succeed in introducing the drug in the form of a suppository into the rectum. A suppository containing half a grain, or a grain, of morphia is one of the most convenient and efficacious means of administering an opiate, especially for the relief of pelvic or abdominal pains in cases where the stomach is too irritable to tolerate any other preparation of the medicine. But to produce any effect on a patient threatened with puerperal mania, you will require to use a suppository containing perhaps one or two grains of the morphia. Some years ago I was sent for to see a lady about forty miles from Edinburgh, the second wife of a gentleman whose first wife had died of puerperal mania. The lady whom I had come to see was still in the stage of restlessness, had been chattering continually for some days, and refused to take any kind of medicine, or to admit of the administration of opium in any form. She recognised me when I entered her room, and rebelled at once, declaring she would have none of my remedies. With some little management, however, I succeeded in passing into the rectum a suppository with two grains of morphia, with this result, that in an hour or so she fell asleep, and after sleeping about sixteen hours she woke up well, and had no reenrrence of her maniacal symptoms. In some cases you may get the patient to sleep by bringing her under the influence of ether or chloroform. I have sometimes found that a patient, after being anæsthetised by means of chloroform, has continued to sleep on, and has afterwards wakened up quite well. More frequently, however, she awakes in the same state as when she went to sleep—no better, but also with no aggravation of the symptoms. In all cases, therefore, where such remedies are not contraindicted, you ought to give the patient the chance of recovery offered by the use of opium or chloroform. In using the chloroform, you must see to have the patient fairly anæsthetised and fully asleep; and you must either remain with the patient, or have some competent person beside her, to keep up the anæsthetic condition, by making her inhale a fresh quantity of the drug whenever she gives signs of awaking, as she is likely to do every half-hour or so. In some cases, as I have shown you, you may expect by this kind of treatment to cut short an attack of the disease. I have known the remedy successful in several instances, producing at once a cure. But this happy result, alas! does not follow in many. In nine cases out of ten, after the patient recovers from the influence of the narcotic or the anæsthetic, the symptoms recur, and the malady continues its progress unchecked. In these—the large majority of cases—therefore, you must seek to combat the disease by other means."

The Author remarks that there are no specifics for the cure of the disease; that emetics, sometimes much vaunted, are rarely beneficial, but that purgatives sometimes do good. When the disease has become established, he advises that the patient should be well nourished, carefully watched, and removed from her home to a cottage where she will not be surrounded by her family. The restoration of the menstrual function is favourable to a cure; and he observes that once or twice he has effected this by the application of nitrate of silver to the interior of the uterus.

Dr Wm. Jenner contributes to the same journal an article on the Symptoms and Pathological Appearances of *Albuminoid Infiltration of the Spleen, and Lymphatic Glands*, in Children. We extract the following:

"*Case* 1.—William F. B., aged one year and one month, a fair-skinned child, with light hair and eyes. Parents in decent circumstances, formerly well off; reside in an open situation—viz., the Caledonian road.

"*Mother and her Family.*—Mother aged thirty-five, delicate; has never suffered from hæmoptysis or other sign of phthisis; has been married twelve years, and during that time has had seven children; had syphilis when pregnant with her first child; the catamenia have always appeared, at regular intervals, during the whole time of suckling. Her own family, in all its branches, very healthy.

"*Father and his Family.*—Father aged thirty-three, healthy. He is said to have lost a brother and a sister, from consumption.

"*Other Children.*—The fourth child died at the age of five months, from inflammation of the lungs and diarrhœa. Six children living, of which William is the youngest; the ages of the five are respectively—eleven years, nine years, seven years, four years, and three years. Of these, the three eldest never showed signs of rickets—the two youngest are rickety. None of the children have suffered from 'bad eyes' or from eruptions on the skin. William had for some months no other food than his mother's milk; then bread and cow-milk were added. When he came under observation, he was still at the breast.

"The following were the first notes, made September, 1859:—Extreme emaciation; never walked; cannot sit up on the floor; cries when moved; is evidently very tender. Has now been undressed, and shrieked much; the mother says, 'It is that, *i. e.*, the tenderness, which makes him cry so.' Perspires freely about the head and face, especially at night; the mother says, 'The perspiration is dreadful;' cries much at night, and kicks off the bed-clothes. Four incisor teeth.

"*Head* hot. Two months since, it was, according to the mother, 'dreadfully hot.' Forehead projects; antero-posterior diameter of the head very great. Anterior fontanelle widely open, neither depressed nor elevated. Exceedingly irritable in temper.

"*Abdomen* large, globular, tympanitic generally.

"*Bowels* now relaxed; stools very offensive, watery; at times the stools are formed, and then are not offensive.

"*Spleen* very large, moveable; reaches nearly to the crest of the ilium, but not so far inward as the umbilicus. Anterior border oblique, hard, and sharp; posterior border perceptible to touch.

"*Liver* reaches nearly to the umbilicus; inferior border too easily perceptible by touch.

"*Lymphatic Glands* in groins, axillæ, and neck, vary in size from small shots to small peas; very hard, round, moveable.

"*Chest.*—The deformity of the thorax characteristic of rickets, very great; the lateral groove, very deep; the antero-posterior diameter during inspiration, 5¾ inches: the lateral diameter at the point of greatest depression, 3½ inches during inspiration; 4½ inches during expiration.

"The softening of all the long bones is very decided, the enlargement of the ends of the bones is comparatively trifling. The bones of the fore-arm, upper arms, and thighs are bent; those of the legs are straight.

"This boy died February 16, 1860: at that time he was one year and six months old. I saw him repeatedly after the date of the foregoing notes. He was one of the cases brought down to the hospital for the purpose of illustrating rickets and albuminoid infiltration of the spleen, &c., at the time I was lecturing on those subjects.

"He continued to emaciate and lose colour; the spleen and glands increased somewhat in size; the chest deformity attained a most extraordinary degree; the tenderness became so great that he could not bear his mother to wash, dress, or even touch him; the weight of the bed-clothes seemed to cause pain.

"He continued as long as he lived to sweat profusely over the head. During the latter part of his life the stools were solid, but offensive.

"The immediate cause of his death was the mechanical impediment to inspiration offered by the softened ribs. His breathing grew 'worse and worse,' 'everything he drank took away his breath.' His mother did not consider him worse than usual for more than a quarter of an hour before his death; then she noticed his breathing was more difficult; still she had no idea he was dying till five minutes before he expired; he then seemed quite unable to 'get his breath,' and died with a slight convulsive struggle.

"The blood was examined microscopically during life; there was no excess of white globules.

"The examination of the body was made at the house of the parents.

"The head could not be opened.

"Emaciation was carried to its utmost limits; the muscles were very pale, flabby, and small.

"The chest deformity was extreme.

"The anterior margins of the lungs were emphysematous. There was some collapse of the left lung, and extensive collapse of the right lung, quite enough to account for death.

"The heart was healthy.

"There was no fluid in either pleura.

"The peritoneum was healthy; it did not contain any fluid.

"The spleen was very large, about four inches in length, and three in breadth. It was free from adhesions. It was firm and tough; its cut surface was smooth, rather pale, mottled red and almost colourless; thin sections could be made with facility, the edges remaining quite sharp; it was remarkably transparent—the more colourless the part, the more transparent—no blood oozed from the surface, and only a little red watery fluid was expressible. There was no increase in the size of the splecnic corpuscles, and no sago-like masses.

"The liver was slightly enlarged, very tough and dark from congestion; when a piece was soaked in water the blood soon escaped, and then a little transparent substance was seen to separate the lobules.

"The spleen, liver, and lymphatic glands were tested with iodine and sulphuric acid: none of the reactions characteristic of 'amyloid degeneration' could be obtained.

"The lymphatic glands were pale and hard; their cut surface pale, smooth, and homogeneous.

"The mesenteric glands had the same characters. These latter varied in size from a small shot to a small split-bean.

"In the case of William F. B., the extreme tenderness of the trunk and extremities, the profuse perspiration of the head, the desire to lie cool at night, and the deranged state of the intestinal secretions and functions, were all well marked. These symptoms are proper to rickets, and nowise connected with the albuminoid disease. Death resulted, as it so often does in rickets, from extreme softening of the ribs. At last the softness was such that dilatation of the thorax became impossible. Five months before William F. B. died, it will be noted that at each contraction of his diaphragm the softened ribs were pressed so far inwards by the weight of the atmosphere, that the lateral diameter of the thorax was diminished to 3½ inches; when the lungs were compressed, preparatory to the expiratory act, the diameter at the same part increased to 4½ inches, thus affording a good illustration of the power of the expiratory efforts by forcing air from one part of the lung to another to distend the soft parts of the thorax. After death the extent of the pulmonary collapse indicated clearly the mechanical defection that had existed during life in the apparatus for increasing the capacity of the thorax. The least obstruction to the entrance of air afforded by the presence of a little mucus in the bronchial tubes, sufficed to cause collapse of lung-tissue. No air could be drawn beyond, from defect of inspiratory power, and the mucus consequently could not be coughed out."

Another case is also reported but we shall omit it, and conclude with the Author's remarks:

"In addition to the points previously mentioned, these cases illustrate the influence of delicacy of health in the mother on the development of rickets in the child; the fact that when a woman has borne one rickety child, all her subsequent children may be expected to suffer from the same cachexia; the want of relation observed in

many cases of rickets between the enlargement of the ends of the bones and softening of the bones; the late period at which rickety children cut their teeth.

"In Case 2, from an early age the child had eaten, or rather, as it had no teeth, had swallowed, daily, meat, including pork and bacon, cheese, potatoes, and what ever beside the parents had for their food. It will be observed that no trace of tubercle existed in the body of either child.

"The emaciation of the children, and the extreme pallor of the skin and mucous membranes, were due to the albuminoid disease, and no doubt this complication tended greatly to favour the progress of the rickets. The œdema was due to the state of the blood, and to the impediment to the circulation offered by the state of the thorax. Although loss of power in the muscles is a symptom of rickets, still it is probable that the size and power of the muscles were farther reduced by the albuminoid disease. The large size the spleen attains when the seat of albuminoid infiltration (9½ ounces, the liver being 10¼ ounces in Case 2), the condition of the lymphatic glands when so diseased, and the appearances which both ordinarily present after death, are all well illustrated by these cases. The liver in both cases was found to be the seat of albuminoid disease, but the exudation was noted in the first case to be almost limited to the periphery of the lobules. During life, the hardness of the edge of the liver had led me to the conclusion that it was, like the spleen and lymphatic glands, the seat of albuminoid disease. As is so constantly the case in this disease, there was neither jaundice nor ascites. The kidneys were very slightly affected with the disease in both cases. The tendency to hæmorrhage into various tissues in the second case is worthy of note."

We observe in the same journal notes of Three Cases of *Lithotomy* by Mr Rigby of Doncaster.

The following *Case of Ovariotomy* is reported by Mr Spencer Wells, in the 'Medical Times and Gazette' of the 1st inst.:—

"In accordance with the rule I have hitherto observed of bringing before the Profession the details of every case in which I may perform ovariotomy, the following is submitted to the readers of the 'Medical Times and Gazette.' The last case recorded in this journal was the nineteenth. It was published with others in the Number of August 25, 1860.

"*Case* 20.—On February 29, 1860, I was requested by Mr McCrea, of Islington, to see a patient residing in Barnsbury park. She was fifty-three years of age, and was suffering from a very large ovarian cyst. The girth at the umbilicus was fifty-one inches, the measurement from symphysis pubis to ensiform cartilage thirty-one inches. She had been married twenty-six years; had had one child twenty-four years ago, none since, nor any miscarriages. The catamenia had been occasionally profuse, but had ceased three years ago. Her general health had been good until early in 1852, when swelling began low down on the right side, and gradually increased. She had no pain until the abdomen had acquired a considerable size in the spring of 1853, when she consulted Dr Ferguson, who advised her to wait as long as possible before being tapped. Increase had been very slow; but of late Mr McCrea had attended her for some time, owing to increasing difficulty in getting about, from slowly increasing size of the abdomen. She had lost flesh, but had a good colour and cheerful aspect. Taking all the circumstances of the case into consideration, we determined to advise still further delay; not to interfere until the pressure of the fluid began to exercise some really injurious influence, and then to meet again.

"On May 11, the fluid having increased, and as she was becoming much distressed by its pressure, it was agreed in consultation with Mr McCrea that I should tap her. This was done, and fifty-six pints of clear viscid fluid removed. After tapping, some groups of smaller cysts were felt in the wall of the principal cyst; the largest being to the right side between the umbilicus and false ribs, and adhering there. This we concluded to be sufficient indication against the injection of iodine. She was much relieved by the tapping, and remained in fair health during the summer, although the sac gradually refilled, and the smaller cysts grew faster in proportion than the large one filled. Towards the end of September she was nearly as large as before tapping, and another consultation was held, in which Mr McCrea and I fully considered the arguments for and against ovariotomy—the age of the patient, and the existence of adhesions on the one hand, and the hopelessness of mere tapping or iodine injection on the other—and after fairly putting the risk before the patient and her husband, it was determined that I should perform the

"*Operation.* — Accordingly, on October 16, Dr Cribb having administered chloroform, and Dr Althaus, Mr McCrea, and Dr Routh kindly assisting me, I removed the cyst. Although the adhesions to the parietes were very extensive, and much firmer than in any case I had met with before where I had done more than make an exploratory incision, I was able to remove the whole through an incision only four inches long, midway between the umbilicus and symphysis pubis. A small portion of adhering omentum was detached; a long peduncle from the right side of the uterus easily secured; the left ovary examined and found healthy; the peritoneal cavity cleansed carefully from a little blood and viscid fluid from a cyst which had escaped into it; and the wound united by hare-lip pins passed through the whole thickness of the abdominal parietes, including the peritoneum, and by superficial wire sutures. As soon as the wound was closed, the clamp (which had been used to secure the peduncle temporarily) was removed, after the application of a ligature below it.

"*The Progress after Operation* was very satisfactory, Mr McCrea and Dr Cribb carrying on the plan of treatment we agreed upon most assiduously. There was never much pain, though sickness was troublesome. Occasional enemas, containing twenty drops of laudanum, were given, and warm linseed poultices kept applied to the abdomen. The pulse varied from 96 to 112, and for some days there was considerable flatulent distension of the intestines. I removed the hare-lip pins on the 19th, when the wound was found to be accurately united. On the 21st the bowels acted freely, after an enema of warm water. On the 22nd I removed all the superficial sutures. The ligatures were still firm on the peduncle, and did not separate until the fourteenth day, namely, October 30. When I saw her on November 2nd, she was eating and sleeping well, and walking about the room. I saw her again on the 23rd, when she was quite well, and in excellent spirits, although she had been up the greater part of the night with her husband, who had been very ill. The cicatrix was quite firm, the appetite good, the bowels acted regularly, the urine passed naturally, and she was beginning to gain flesh. On the 26th she called, with Mr McCrea, upon Dr Ferguson, who was much gratified at the success.

"The interesting features in this case are the age of the patient, the large size of the cyst, and the extreme firmness of the adhesions, which rendered the rapidity and completeness of the recovery really remarkable even to those who have been surprised at similar recoveries before under careful nursing and simple treatment.

"The cyst was shown, on the evening of the day it was removed, at the meeting of the Pathological Society. It consisted of one very large cyst, which had contained between forty and fifty pints of fluid, and of a number of groups of smaller cysts, growing in and from the walls of the principal cyst, and weighing about eight pounds.

"This being the twentieth case, it may be well to state that the general result of my experience of ovariotomy since my first case, in 1858, has been as follows:

12 in Hospital Practice.	8 recoveries,	4 deaths
8 in Private Practice.	5 ,,	3 ,,
20 cases	13 ,,	7

"When it is remembered that many of the women who are now alive and in good health were in an utterly hopeless condition, these facts are surely a sufficient answer to the question, 'Is Ovariotomy Justifiable?' I may add, that a patient in her 43rd year, from whom I removed a large ovarian tumour in October, 1859, was safely delivered of a child on the 2nd of November, 1860, under the care of Mr Ridsdale, of Euston square. Mother and child have gone on well."

The 'Lancet' continues Dr Pavy's Lectures on *Diabetes*, from which we will make an extract next week.

Dr Ward continues in the same journal his remarks on *Scurvy*, and Dr W. Pirrie communicates to the same journal some observations on *Favus*. We extract the following statistics:

"*Frequency of Occurrence.*—The disease is generally characterised by those who have specially devoted their time and attention to the study and treatment of cutaneous affections, and by those who have recorded their experience of it in general practice, as being very rarely met with in England. Thus we find Erasmus Wilson, in his treatise on Ringworm, writing, 'In the course of my long experience with the St Pancras Infirmary, I have not seen more than six cases of favus;' and Willis, in his account of the disease, states that 'several months will often elapse before a single case of the trichosis (porrigo) lupinosa is observed among the thousands of out and in-patients who present themselves at the different hospitals of the metropolis in the course of every week.' Jenner, Hutchinson, and others all agree in describing it as of very rare occurrence.

"From all these statements, it must be inferred that the opportunities of studying this skin affection in the English metropolitan hospitals are very few, and at long intervals of time.

"If now we turn our attention to the accounts from Ireland, we find Dr Corrigan writing in 1845, that in his experience of it in that country 'it is a very rare disease.' Dr Naligan also gives it as his opinion 'that this is a rather rare affection,—appearing, however, from the observations of those who have written specially on it, to be more common on the Continent and in Ireland than in England.' He further remarks—'When I first wrote on this disease in 1848, my experience was drawn from a limited number of cases: since then, however, I have had under my care a comparatively large number of examples—twenty-three.' This was written by Dr Neligan in 1852, so that in the space of four years there came under his charge twenty-three cases of favus.

"Having learned so much from the individual experience of well-known authorities in the largest fields of observation in England and Ireland, we come, in the course of our investigations on this point, to ascertain the rate of frequency in Scotland. The opportunities of studying the complaint in Edinburgh must be very different from those enjoyed by observers at the English metropolitan hospitals, for Dr Bennett, in a commentary on a case of favus quoted in his 'Principles and Practice of Medicine,' says, 'The disease is so common in Edinburgh, that the wards are seldom free from one or more examples of it in various stages.' The truth of this statement will be at once seen by a glance at the subjoined table, showing the number of annual admissions for favus into the Royal Infirmary of Edinburgh over a period of ten years:—

Cases of Favus admitted into the Edinburgh Royal Infirmary.

From Oct. 1,	1849,	to Oct. 1,	1850,	admitted	14
,,	1850	,,	1851	,,	9
,,	1851	,,	1852	,,	10
,,	1852	,,	1853	,,	16
,,	1853	,,	1854	,,	15
,,	1854	,,	1855	,,	10
,,	1855	,,	1856	,,	15
,,	1856	,,	1857	,,	4
,,	1857	,,	1858	,,	13
,,	1858	,,	1859	,,	14
				Total,	120

"The rate of frequency in other parts of Scotland will be gathered from the following tables, compiled from the annual reports of the Glasgow and Aberdeen Infirmaries, and showing the number of admissions into these institutions for a period of nine years, and the manner in which they were distributed over that term.

Glasgow Rl. Infirmary.

Year.		Cases.
1851	admitted	0
1852	,,	0
1853	,,	0
1854	,,	0
1855	,,	2
1856	,,	1
1857	,,	8
1858	,,	3
1859	,,	1
Total		15

Aberdeen Rl. Infirmary.

Year.		Cases.
1851	admitted	4
1852	,,	2
1853	,,	2
1854	,,	1
1855	,,	2
1856	,,	4
1857	,,	0
1858	,,	5
1859	,,	4
Total		24

"From the first table it will be seen that there are very frequent opportunities of studying the disease in the Edinburgh Royal Infirmary; and, from the second, that the number of examples of the affection admitted into that hospital has much exceeded the number admitted during an equal period of time into the Glasgow Royal Infirmary. This is a very strange fact, seeing that the population of Glasgow more than doubles that of Edinburgh, and the number of admissions of all kinds during each year into the two hospitals is very nearly alike. It also appears that, although the population of Glasgow exceeds that of Aberdeen by at least 300,000, and although the annual admissions for all kinds of diseases into the Glasgow Royal Infirmary double those into the Aberdeen Hospital, still the number of cases of favus treated in the Aberdeen Royal Infirmary over a period of nine years, exceeds that treated in the Glasgow Royal Infirmary during a like period by nine. The fact of the disease having been for many years so much rarer in Glasgow than in Edinburgh, and even less frequent than in Aberdeen, notwithstanding that its population more than doubles that of Edinburgh, and is nearly five times greater than that of Aberdeen, would lead one to suppose that there must be some peculiar local influences which powerfully predispose a people to the complaint under consideration. Whether the great difference in the number of examples admitted into hospital in the towns already named be owing to peculiarity of climate, to greater excellence or defect of sanitary arrangements, to any difference in the food of the people, or to any diversity in their habits, I cannot say; but statistics establish the fact that, in the most populous towns in Scotland, favus has for many years been of much less frequent occurrence than in other towns containing only one-half or one-fourth part of the number of inhabitants. For the last nine years there have been, on an average, nearly three admissions every year for favus into the Aberdeen Hospital; and this is a proportion which, although it may not entitle us to call the disease very common, at least justifies us in not characterising it as of very rare occurrence in this locality. As the estimated population of Aberdeen is only a little above 80,000, it necessarily follows that the number of skin diseases of all kinds admitted into the hospital is but small; but one circumstance which struck me much on looking over the reports since 1850 was, that the number of cases of favus exceeded that of herpes, lapra, ecthyma, pityriasis, and some other akin affections which are generally regarded as very common.

"The disease must be of very frequent occurrence in France, for Rayer, who describes the disease as commencing in a pustule, says: "Tinea favosa is the most common of all pustulous inflammations of the scalp."

We extract from the 'Dublin Medical Press' the following case of *Aneurism of the Thoracic Aorta*, by Dr G. W. EGAN, occurring in the practice of Dr Geoghegan and Dr Benson:

"Cornelius C., æt. forty-eight, a coalman, accustomed to lifting heavy bags of coal, admitted October 11th, 1860.

"*History.*—He was of intemperate habits, but in general enjoyed good health. About *two months before admission* he got, as he describes it, a heavy cold, with hoarseness and ill-defined pain in left side of chest, all of which came on rather suddenly in one day: these continuing, along with other symptoms to be presently described, he came into hospital.

"*State on Admission.*—There is a good deal of *emaciation*, which has been progressive during two months. In *deglutition* there is some slight difficulty, with a sense of soreness about upper part of sternum. *Dyspnœa:* This is not particularly marked, but he has been of late liable to get out of breath on making slight exertion. *Cough:* This symptom is very troublesome, especially at night; it cannot be said to be of the laryngeal kind, but is accompanied by stridor deeply seated in the chest. There is a copious *expectoration*, which from the beginning has been tinged with blood, rather in patches than in streaks, and usually of a rusty colour. *Pain* is of only one kind, deep seated in the left side of the chest, and not lancinating nor paroxysmal. The *pulse* is distinctly weaker in the left carotid, but there is scarcely any appreciable difference at the wrist. There is nothing abnormal in either *pupil*. *Inspection* of the chest reveals a very slight prominence over the cartilages of the second and third left ribs, and upon *palpation* a distinct double impulse is felt in the same place: upon *percussion*, dulness is found extending from the left clavicle downwards to the fourth rib, and from the middle of sternum outwards on the same side for about five inches. There is also dulness posteriorly over a space of two inches square at the inferior angle of the left scapula: otherwise the left thoracic region is normally resonant. On *auscultation*, a double sound, closely resembling that of the heart, and without any soufflet, is heard over the tumour: the respiratory murmur is nearly absent on the entire of the left side, and the respiration in the right lung is complemental. The *veins* were found to be enlarged in two situations—the cutaneous ones over the tumour, and the left jugulars in the neck. The *heart-sounds* were normal and in normal position, but rather weaker than in health.

"*Progress of Case and Treatment.*—The patient was ordered to rest quietly in bed, and to use the following diet: breakfast, four oz. of bread, two oz. of milk; dinner, two oz. of meat, two oz. of bread, four oz. of milk; supper, same as breakfast. 9th day: The impulse over the tumour having meanwhile considerably diminished, the entire posterior surface of left lung was found this day to have become rather suddenly dull, but at the same time the respiratory murmur had become much more audible than before; no bronchophony could be heard. Ordered—

℞ Liq. antim.
Syr. scillæ, āā ℥ss.
Tr. opii, ℥j.
Mucil. acaciæ, ℥j.
Aquæ, ℥vi. M.

Capiatur cochl. medium ter in die.

"A blister also was applied posteriorly over the dull part.

"13th day.—No improvement has taken place. A slight roughish *bruit* was found to-day to accompany the first aneurismal sound. Another blister was ordered above the situation of the last.

"15th day.—Some obscure crepitus of a humid kind was found in the dull part of the lung.

"21st day.—The cough, dyspnœa, and sanguineous expectoration have all increased; the strength has become greatly prostrated, and the countenance dark and livid. At the same time, the dulness behind was considerably diminished, and the respiratory murmur is more audible than before. Ordered chicken-broth, and a little wine-and-water.

℞ Sp. ammn. arom.
Liq. Hoffm., āā ℥j.
Miat. camph.
Aq. menth. pip., āā ℥ss. M. ft. haustus.

"One or two ounces of blood to be taken by cupping from the front, and the entire chest to be dry-cupped.

"22nd day.—The voice has changed, suddenly assuming a curious guttural tone, and all the symptoms are aggravated.

"23rd day.—The patient died to-day, having apparently become gradually asphyxiated.

"*Autopsy, twenty hours after Death.—Exterior of Aneurism.*—It was a tumour of a globular shape, twice the normal size of the heart, extending from the first rib above to a level with the fourth below, and from the second and third ribs anteriorly to the necks of the same posteriorly, and, though in contact with these parts, not pressing upon them. The left lung was strongly adherent to its left surface, and to parts of its anterior and posterior aspects.

"*Interior of Aneurism.*—Upon opening it in front, it was found to contain a mass of irregularly laminated fibrinous coagulum, rather larger than the closed fist, presenting in its central part the appearance of black-currant jelly, and adherent to all the parietes, except inferiorly and posteriorly, where two large orifices were found, the upper extremities of the ascending and descending parts of the arch, about two and a half inches from one another: the tumour, therefore, seemed to be a dilatation of the transverse portion of the arch, extending itself in every direction except downwards, and more forwards and upwards than posteriorly: from its parietes two shallow sacs with thin walls were found to project, one anteriorly, about an inch and a half in diameter, the other towards the right side against the lower ten segments of the trachea, behind which it sent a small *cul-de-sac;* owing to the partial absorption of the walls here, those segments were visible in the interior of the tumour. It, therefore, belonged to the class of mixed multilocular aneurisms.

"*Effects of Pressure.*—The trachea was pressed about an inch and a half from its course towards the right side, and was somewhat narrowed in calibre. The left bronchus was pressed downwards and partly occluded. Along with the trachea the right vagus and the œsophagus were displaced towards the right side, and the left phrenic was pushed forwards. The course of the left pneumogastric was very remarkable, and if any similar anatomical derangement be on record such cases must be exceedingly rare: when the mass of contained fibrine was removed from the tumour, *it was found to traverse the cavity of the sac* in a direction from above downwards and forwards, three-fourths of the distance from the anterior surface, and having a small portion of the coagulum intervening between it and the posterior wall; it entered directly through the upper wall, but passed out through the lower by a very oblique slit; at the upper opening it retained its normal shape, but at the lower was spread out into filaments, and about a quarter of an inch above its exit gave origin to the recurrent, which, passing out through the same slit, turned sharply upwards and backwards, superficially involved in the posterior wall of the sac: those parts of the nerves within the sac were decidedly atrophied. There is only one way of accounting for this anomaly: the tumour enlarging upwards and forwards, pressed against the nerve; the latter by a process of progressive absorption made its way through the walls, and, when once it was in, the sac, expanding in front of it, left it towards the posterior part of its cavity. The three large branches of the arch were narrowed to about two-thirds of their normal calibre, and were involved in the thickened parietes of the upper surface of the sac, passing almost horizontally through them, the brachio-cephalic and left carotid, each for about one inch, and the left subclavian for an inch and a half.

"*Heart, Lungs, &c.*—The heart was completely normal, except one small calcareous patch in an aortic valve: each of the ventricles contained a moderate-sized fibrinous clot. The left lung was somewhat congested posteriorly, and rather smaller than natural. The mucous lining of the trachea, especially about the bifurcation, and of the left bronchus, was intensely vascular.

"*Comments.*—Some difference of opinion existing among the pupils as to the comparative size of the arteries, and the amount of their pulsatile force, Dr Benson remarked, that to arrive at a satisfactory conclusion on this subject, it is necessary to apply not only the same hand, but the same finger, to the two in succession, as the two hands, like the organs of special sense, are frequently dissimilar in the amount of sensibility they possess. In the present case, considering the amount of pressure and tension to which the recurrent nerve was subjected, as found after death, the symptoms referrible to laryngeal spasm seemed very light in comparison with those usually present in such cases. During the last few days, and more especially at night, the paroxysms of dyspnœa were frequent and severe, causing the greatest alarm to the patient, and dread of suffocation, yet seeming to depend more on the pressure upon the trachea than on the condition of the recurrent, as he referred his distress in breathing to the top of the sternum, not to the larynx. The extraordinary course which the pneumogastric took attracted particular notice, and was minutely examined by Professor Power. The absence of hypertrophy in the left ventricle led Dr Benson to consider the aneurism of very recent formation; and the history of the case supports this opinion, notwithstanding the size and structure of the tumour. The treatment adopted was that recommended by the late Dr Bellingham; and although it was quite unsuccessful in this case, it seems to be making a favourable impression on two other cases at present in hospital under Dr Benson's care, the history of which will be given on a future occasion."

(Continued at Page 398.)

POOR-LAW PAY.—The Union of Epsom contains one thousand patients, and involves journeys of five miles on the part of the Medical Officer to visit many of them; he is remunerated with the magnificent salary of twenty-six pounds, being at the rate of sixpence a case. Fortunate Galen! Perhaps the Guardians of the Epsom Union imagine that he is sufficiently paid by living near Epsom Downs: it is to be hoped that the Doctor is also a bit of a racing character, and manages to make out his income by a neat book on the Derby. Cheltenham cannot afford to give more than sixpence a case, while merry Islington pays a Doctor for looking after four thousand patients at the munificent rate of threepence a case! Halstead offers fivepence, and the Medical Officer of that union has to travel six and a half miles to gain his salary of ten pounds for attending four hundred and fourteen patients. On the other hand, it is fair to state that some unions pay much better; for instance, Elham offers twenty-eight pounds for eleven patients,—a perfect Dorado for the Doctor.—Dickens's 'All the Year Round.'

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under		3s.	6d.
Per Line Extra			6d.
A Column	2l.	2s.	0d.
A Page or Three Columns	5l.	5s.	0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 12, 1860.

ANCIENT AND MODERN LONGEVITY.

The desire of a long life is natural to man, and the means of accomplishing it have consequently formed a favourite topic of speculation in all ages. The most notable philosophers have loved to expatiate on the good conduct of life, and the most successful empirics have been those who have vaunted most loudly their possession of an infallible secret of longevity. Plato, Plutarch, Cicero, and Bacon did not deem this subject beneath the dignity of their contemplations; and, on the other hand, the insolent Paracelsus and the fanatical Cagliostro found it a facile source of popularity and success. How many more vulgar pretenders to the art of prolonging life there have been, it were difficult to enumerate; or how many recipes have been invented to accomplish the same result is not catalogued in our memory. From the gymnastics of the Greeks, the incantations and talismans of the astrologers, the tea of Count St. Germain, the elixir vitæ of Cagliostro, the magnetism of Mesmer, down to the tincture of the sun, and the pills of Jenkins and Old Parr, the world has never been without its panacea for the restoration of lost vigour and the prolongation of life.

It has been a favourite habit to bewail the degeneracy of modern races of men, and to impute blame to our mode of civilisation as the cause of the alleged physical depravity. We are not concerned to defend our civilisation, which is undoubtedly characterised by numerous imperfections; but we cannot believe that, on the whole, it is answerable for that excessive depreciation of the value of human life which the majority of authors assign to its influence. The facts of the argument have not been fairly exhibited; and we have been rather content to rely upon startling and curious statements, than to compare the evidence with truth-seeking and impartial minds.

We omit from consideration the registers of longevity contained in the Sacred Records, because the facts they disclose come under a different order of criticism from that which is suitable to a Medical periodical: we shall allude only to those lists of longevity which are usually paraded in books, and which are intended to convey the notion that the sages of past times lived to a much more advanced age than the men of more modern centuries. It is generally assumed also that the quiet and serenity supposed to accompany philosophical disquisition is favourable to the prolongation of life, and that to this cause must be attributed the extraordinary length of years attained by the Hellenic sages. We do not intend to dispute any general propositions of this nature; they are easily made, and as easily denied. The argument of ease as against exercise may appear to some a plausible one, whilst there will be many who will argue with equal conviction on the other side. The force of vitality cannot be comprehended in a well-turned period, nor imprisoned in an arithmetical formula.

The facts, however, upon which it has been sought to construct a theory of the superior longevity of the men of past times are exceedingly few and, in their nature, exceptional. The lists usually given rarely contain more than a hundred names: Haller, however, who exhibited most diligence in collecting this kind of evidence, and whose labours made the quarry from which his successors have carried away their selected specimens, has stated that up to his time there had been 1111 instances of persons who had lived more than 100 years. The figures are somewhat singular; and we fear that the evidence of the age, in a large majority of the instances, would scarcely bear a rigorous investigation. The most remarkable instances of longevity in these lists occur, however, among modern men, of whom the two most conspicuous examples are our own countrymen Parr and Jenkins

Among the ancient Greeks the evidence is very scanty, and is confined chiefly to philosophers, poets, and sophists; to the Platos, the Solons, the Gorgiases, and the Anacreons of those days. It gives us no estimate of the longevity of the tens of thousands of the populace who lived in the narrow streets and mean houses of Athens and the other Greek cities, and who were cut off by fevers and plagues in successive epidemics, as they were in Europe during those happy times of a romantic imagination, the Middle Ages.

If we glance at the other side of the question, we shall remark some curious facts which will tend to diminish the importance of the tables of ancient longevity. Some statistics on this subject were published in our Journal last week. It appears that in the Workhouses of the Stepney Union alone, there are at the present moment not fewer than 69 persons whose ages average eighty years, and 292 with an average age of seventy years. These Workhouses probably comprise more persons whose ages exceed eighty years, than are contained in all the existing records of Hellenic longevity. It must be further remarked, that these English people are *paupers:* and what that word means, as descriptive of an early life of struggle, privation, misery, sorrow, and, too often, of vice and drunkenness, we can, each of us, but too well comprehend. These are types of the lowest class of our population; and yet among them we find a longevity which, if it had been narrated of ancient Greece, or Rome, or Palestine, as occurring under similar circumstances, would have been received as the most convincing testimony of the superior length of life of the old races.

Similar facts were recorded a few weeks since with reference to the inmates of the West London Union House; and there can be no doubt that the facts now reported of the Stepney Union are merely representative of similar facts in all the other Union Houses of the Metropolis. If inquiry were made, we should not be surprised to find that in the Workhouses alone of this Metropolis there were, at least, *five thousand persons* whose ages averaged eighty years. But the paupers constitute only a small section of our population; and it would be interesting to obtain a knowledge of similar facts in respect of the other classes, the members of which are more favourably situated with reference to all those advantages and accommodations that are favourable to the prolongation of life. The Reports of the Registrar-General would yield valuable evidence on this interesting question.

The same number of the MEDICAL CIRCULAR that contained this information on the longevity of English paupers also recited certain facts relating to the value of life among Quakers. It appears that during the present year fifty persons of this denomination have died whose average age attained the high figure of eighty-five years!

So much for the facts; we leave the general questions arising from them to the consideration of the student. What has race to do with longevity? No doubt, very much. Our own race and the Scandinavian races generally ar reputed to be the most long-lived. How much climate? how much modes of life?

It behoves us, however, to conclude this article with the enunciation, that of all the systems, rules, and recipes that have been invented to prolong life, the most effectual will prove to be that great system of Public Hygiene which has been recently adopted in this country, and which, there can be no doubt, will in the course of a few years raise the value of human life to a standard unexampled in the historical records of our race. The speculations of philosophers and the mountebankery of quacks will alike sink their pretensions before the actual blessings humanity will derive from the general adoption of this enlightened and beneficent system.

CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY.—Her Majesty the Queen, with her accustomed generous munificence, has bestowed 50*l* on this institution.

SUMMARY OF THE WEEK.

POOR-LAW MEDICAL REFORM.

Mr Griffin speaks in a tone of despair unusual to his eager spirit. He has been earnestly pressing forward the cause of Poor-law Medical Reform for several years, and at the crisis of the agitation finds that the Poor-law Board will give no countenance to his scheme. He is also in want of funds, and it would seem that the agitation must, for a time at least, be suspended. A man's claims to respect must not always be judged by the result of his exertions; and most assuredly no advocate has deserved better at the hands of the Poor-law Surgeons than Mr Griffin. He has been indefatigable and zealous beyond most men; and if he be doomed to fail, it will not be on account of the absence of these qualities. We refer our readers to a correspondence which Mr Griffin has had with the Poor-law Board, and which explains the present position of the question.

MR PINCHING AND THE COLLEGE OF SURGEONS.

As the representatives of Professional feeling, bound by our office to notice every infraction of Professional honour, we cannot avoid adverting to the evidence given by Mr Pinching when under cross-examination in the recent trial of the cause Dent *v.* Denison. Every Medical man who perused that evidence must have felt the blush of shame burning in his cheek as his eye ran over, line by line, the disgraceful confession which was wrung from the lips of the witness. He admitted that he had clandestinely written letters, having a base and filthy purport, to the young daughter of a gentleman who had received him into his confidence not only as a Medical adviser, but as a friend, and at whose table he had frequently dined. This kindness and hospitality he had treacherously betrayed, and was so conscious of his baseness that he dared not attempt to justify his conduct. Other parts of the evidence showed that he claimed 962*l.* for attendance upon his patient from the 27th January to the 26th April, besides a further sum of more than 70*l.* for drugs represented to have been sent by his son. It appeared also that he had made the mistake of antedating his attendance, increasing his claim thus by about 40*l.* Now, Mr Pinching is a Member of the Royal College of Surgeons; how long shall he so continue? How long shall the Members of that College be insulted by the companionship of one who is thus scandalised by his own mouth? If the Council do their duty, they will at once take the necessary steps to vindicate the respectability of the College.

THE EDITORSHIP OF THE BRITISH MEDICAL 'JOURNAL.'

The widowed and wheezy 'Journal' of the Association has taken to herself a fresh spouse in the person of Dr Markham, for better for worse, for richer for poorer. The nuptials have been quietly celebrated; no speeches having been made, nor pie-crust broken. If the old lady had gone off in an asthmatic fit, it would have been far kinder than to drag along a fretful existence by the side of a gay young gallant like Dr Markham. How he will writhe under her peevish discontent and irritating petulance! We pity the gentleman; but he sought his fate, and he can blame only his own imprudence. It is quite time that this Journal was discontinued. It has none of the merits of a private undertaking, and all the disadvantages of an Association organ. It is really cruel to put a clever man to such thankless work as the editing of this periodical, and we do hope that the Members will yet see the propriety of cutting short its existence.

THE DEATH OF SIR HENRY MARSH.

Death has laid low another honoured Member of the Profession, smiting him suddenly in the height of his fame and in the middle of his work. Whilst in the act of setting out to visit his patients at an early hour in the morning, Sir Henry Marsh was suddenly struck with a fit of apoplexy, and fell to the ground. He was not immediately insensible, but was able to describe his fall, and to point to his leg, which he had injured. Unconsciousness, however, soon supervened, and he died in a few hours. Sir Henry Marsh enjoyed for many years the first practice in Dublin as a Physician, and had earned the warmest esteem both of the Profession and the public. Thus he has fallen in harness, like poor Todd, Bright, and Addison; killed, perhaps, by anxiety and over-work. He has left a Psychological Treatise for publication: it will be received with kindness, and read with a melancholy interest.

HONOUR TO DR COPLAND.

We understand that certain friends of the great medical cyclopædiast propose to do him honour by some public expression of their admiration of his genius and labours. It is premature this week to enter into details, the proposal being yet in an inchoate form; but we shall revert to it on another occasion. We have no doubt that the Profession would gladly embrace an opportunity to do honour to so illustrious a brother.

THE CHIEF JUSTICE OF THE COURT OF COMMON PLEAS ON THE LAW OF LUNACY.

A remarkable decision has been pronounced by the Chief Justice of the Court of Common Pleas, in an action for False Imprisonment, brought by a girl called Penny, who had been confined in the Staines Union Workhouse as a lunatic. The plaintiff had been a maid-servant in the household of Dr Clarke of Staines, and was alleged to be singular in her conduct. On one occasion she was very violent, quarrelled with her mistress, attacked her, and sang hymns and prayed on the stairs. On Dr Clarke's return home, he deemed it proper to send her to the Workhouse, and applied to the Overseer, who wrote an order in these terms: "Please receive this girl of unsound mind." After she had been in the house about three weeks, she was allowed to go; the Surgeon, Mr Curtis, expressing his belief that she was of sound mind. Upon this point we give no opinion; our object being only to call attention to the summing up of the Judge, who said:

"The defendant's plea was, that the plaintiff was a lunatic, and was dangerous to himself and his family. No man had a right to cause a person to be imprisoned as a lunatic unless he was dangerous, and required immediate confinement. It was for the jury to say whether the plaintiff was really so dangerous a person as had been represented on behalf of the defendant, and whether she was a lunatic at the time she was confined. He could not see that the evidence went to prove any dangerous lunacy. The witnesses for the defence had no doubt stated what took place on the 29th in a very different manner from what the plaintiff had stated, but from the time the policemen came in there was no allegation of any conduct that could be considered dangerous. The incoherent language used by her was certainly not proof that she was likely to be dangerous. If the jury thought that she had been imprisoned as a lunatic without cause, they would give such damages as they considered her entitled to, for the degradation she had suffered. If they thought there were grounds for considering her a lunatic, then they would find their verdict for the defendant.

"The jury returned a verdict for the plaintiff; but considering that there were some grounds to induce Dr Clarke to act as he had done, they would not give more than 10*l.* damages."

If his Lordship mean, what his words appear to express, that no lunatic can be legally confined unless he be "dangerous," then five-sixths of the Asylums in the country should be closed, and the Lunacy Acts have been misinterpreted and shamefully perverted. If, on the other hand, he mean that no person can be sent to a Workhouse for immediate protection on the presumption of insanity, instead of an Asylum under a regular order, then it becomes Union Surgeons to be exceedingly careful, or they may unwittingly render themselves liable to serious legal proceedings. This case should be remembered. Our quotation is taken from the 'Observer.'

RELIGIOUS INTOLERANCE.

We call the attention of our readers to a well-written letter, in the next column, commenting in severe terms upon the religious intolerance of the Governors of the Radcliffe Hospital at Oxford, who have required that the candidates for the office of House-Surgeon shall be members of the Church of England. Looking at the doctrinal character of that University, we are only surprised that it was not made an additional condition that the candidates should belong to the Puseyitish section of the Anglican Church. The illiberality of imposing any condition with respect to the religious creed of a candidate for a Medical appointment could have been practised only at the historical seat of religious intolerance. A man's

skill as a Surgeon cannot be either enhanced or impaired by his religious profession; and as it is our duty to confer the benefits of our science upon all men alike without reference to class or creed, so it is unbecoming to our Profession that every class of Practitioners but one should be ostentatiously excluded from office at a public institution. Supposing a similar rule to prevail at all other Hospitals and Dispensaries, it would be necessary that the members of every religious denomination should found a Hospital for their own poor, with Medical Practitioners professing the same creed to attend to them. Nothing could be more uncharitable, unsocial, or pernicious.

RELIGIOUS INTOLERANCE,

AS EXHIBITED IN THE QUALIFICATIONS REQUIRED IN ELECTING THE HOUSE-SURGEON TO THE RADCLIFFE INFIRMARY AT OXFORD.

(From a Correspondent.)

In the 'Oxford Chronicle' of the 17th November is an advertisement for candidates to fill the office of House-Surgeon to the Radcliffe Infirmary, requiring that he shall be a Member of the Church of England, as well as a Member of the Royal College of Surgeons and of the Society of Apothecaries. Does membership of the Church of England presume that a man must have been baptised, confirmed, and have taken the Sacrament of the Lord's Supper at least four times in the year, as commanded in the twenty-third canon, and that he should attend the Dominical services, and the feasts and fasts of the Church? It is as well to understand what is the meaning of being a member of the Church of England. Never having heard that such a religious qualification is considered necessary in any of the Metropolitan or Provincial Hospitals and Infirmaries, it took me greatly by surprise why this exception at Oxford should be the rule of electing a Medical Officer to the Radcliffe Infirmary. Is a Physician or Surgeon more or less fitted to exercise his profession because of his creed? Is the rule founded on monastic, corporate, geographical, or ecclesiastical peculiarities, so that a Surgeon who is fit to be a House-Surgeon in Edinburgh or Paris, is unfit at Oxford, unless he has the double qualification of Membership of the Church of England and the College of Surgeons? The rule savours strongly of priestcraft, of the old leaven of religious intolerance and persecution. The Royal Colleges of Physicians and of Surgeons of London, Edinburgh, and Dublin, do not claim the right of exacting from their candidates their religious creed or faith. They proclaim that they who have passed their medical examinations are fitted to practise and teach the art and science of Medicine. They do not demand whether a candidate is a Member of the Church of England; whether he assents and consents to each and all the Thirty-nine Articles, the doctrines of the Prayer-Book, the Homilies and Canons, or to the Augsburg Confession of Faith. Do the Governors of the Radcliffe Infirmary really believe that adhesion to the Thirty-nine Articles will enable the House-Surgeon to set a limb, to extract a stone, and to do his duties to the sick, in every respect better than if the peculiarity of his metaphysics should tempt him to doubt whether the Articles are in strict accordance with Scripture?

The science of Medicine is not fettered by the formularies of churches and sects,—it is the same under every clime and country; it owes no allegiance to Lords Spiritual and Temporal,—to Kings, or Priests, or Pope; it has for its basis the truths of philosophical investigation, and its object the alleviation of human sorrow, pain, and infirmity. Any gentleman of right moral principles, common humanity and industry, will fulfil the duties of his office, whether his creed is Anglican, Presbyterian, Catholic, or Independent.

A few years ago the Legislature abolished the Test and Corporation Acts; the Catholic Emancipation was carried, and, recently, the Jews admitted into Parliament; the whole constituting a series of progressive enactments to establish the great, just, and generous principle that no man shall be prejudiced in his civil rights by reason of his religious creed.

The Healing Art extends its God-like blessings to all alike—to the Jew and Gentile, to rich and poor, to bond and free. Its maxim, "Homo sum, humani nihil a me alienum puto;" "Tros Tyriusve mihi, nullo discrimini agetur." The good Samaritan did not hesitate to give balm and oil to the wounded man; he did not first ask whether he belonged or not to a particular sect of the House of Israel,—whether he was Samaritan, Sadducee, or Pharisee. The Holy Gospel mentions no special claims as appertaining to, nor confers miraculous gifts of healing on any favoured disciples or sects of men, but bestows its benefits alike to the tribes of Levi and Judah—to the stranger within and without the gate, to the Jew and Gentile.

If our Northern stars of the Presbyterian Church,—if the Hunters, Bells and Monros, the Symes or Millers of Edinburgh—if Dupuytren, Velpeau or Ricord, Scarpa or Tiedmann, and countless others who have adorned science and surgery, were to offer themselves as candidates for the House-Surgeoncy of the Radcliffe Infirmary, they would be rejected! they are not orthodox in the hallowed precincts of Oxford!! Did the liberal Sultan exclude from his armies and hospitals the Christian dogs, the Doctors of England and France? The Mussulman has shown a more enlightened philosophy than the Christian of Oxford: the Koran was not insisted upon, though the Thirty-nine Articles must be. Let us learn a brilliant example from the pious benefactor, Sir Jamesetjee Jejeeboy, who built and endowed a hospital at Bombay for the sick poor of all nations. He did not impose the Parsee faith on the Surgeons of the Hospital. Who succoured the stricken and destitute Syrians? The philanthropist Jew, Sir Moses Montefiore, and his philanthropic coadjutor, the amiable and pious Quaker, Dr Hodgkin.

Sauntering round the new beautiful Museum of Natural History at Oxford, I was delighted to see statues dedicated to the memory and honour of the immortal men of all ages, nations, tongues, and religions; a Walhalla of genius! In a Byzantine building—the primitive style of architecture of Christianity—are statues erected to Hippocrates, the Father of Medicine; to Aristotle, the mighty Stagyrite, the Father of Natural History; and to his disciple of a later age, the celebrated Cuvier. Linnæus and Priestly, Davy and Dalton are there, who have shed lustre on the kindred sciences of Medicine, Botany, and Chemistry. There is Leibnitz, the rival of our heaven-descended Newton; and there Watt and Oersted, who have revolutioned the world by their discoveries in steam and electricity; and there is the persecuted Galileo, imprisoned by cruel and ignorant priests, because his celestial discoveries did not harmonise with the religious dogmas of the ruling ecclesiastical polity of the day. Are not these statues suggestive of generous emotions? Here are illustrious Pagans, Catholics, Anglicans, Presbyterians, Unitarians, Quakers, and Independents, brought together in the great Temple of Science. The worshippers of an unknown god, the believers in the ancient oracles, Christians of different denominations are here honoured as the chosen vessels of intellect. The Thirty-nine Articles and the Canons have no supreme rule in this sanctuary of mind.

The requirements of the candidates for the Radcliffe Infirmary are incompatible with the age we live in: such requirements are exploded in Catholic Belgium, France, and now in Italy, in America, and Turkey; they are unbecoming a liberal, an enlightened, a Christian country. It is unworthy of the Governors of the Radcliffe Infirmary to impose a religious restriction on any Medical Officer who is otherwise fitted for the duties of his office; and it is earnestly hoped that the Governors will rescind that obnoxious requirement, will conform to the more generous and just tendencies of the times, and give that right of religious freedom to others which they claim for themselves.

R. W., Physician to a Hospital.

Nov. 28th.

THE SPIRIT OF THE PERIODICALS.

(Continued from page 395.)

We reproduce from the 'Dublin Hospital Gazette' the following *Fatal Case of Poisoning by Oxalic Acid*, reported by Dr M. H. Collis:

"On the 10th October, at twenty minutes to one o'clock p.m., I was called out to Stephen Hawkins, a College porter, aged sixty-five, who had taken the greater part of an ounce of oxalic acid about half an hour previously. He had been found by his son vomiting, and moaning, and straining on the night chair in probably ten minutes after he took the poison. Medical assistance was almost immediately obtained from Mr Graham's establishment in Westmoreland street. Large quantities of chalk mixture had been given before I saw him, and, as he was rapidly sinking, about eight ounces of brandy. The stomach-pump was also prepared, but not used until I came, as vomiting had been copious and repeated. When I saw him, he was becoming rapidly insensible; his face and chest were deadly pale, and covered with perspiration; his pulse was faltering, very weak, and soon became intermittent; his respiration was slow and sighing, and the vomiting had ceased. I immediately poured a tumblerful of brandy down his throat, which for a moment revived him, and then used the stomach-pump, and drew off some thick chalky fluid. The above symptoms, however, became rapidly aggravated, and I desisted from the use of the pump; his pulse failed, his respiration ceased for several seconds, and within five minutes from my entering his room he was to all intents dead. By drawing forward his tongue, and alternately raising his arms to his head and depressing them to his sides, at the same time compressing the thorax laterally, I kept up artificial respiration for a few minutes. The heart's action had, however, ceased, and the body became cold with great rapidity. The mucous membrane of the mouth and tongue were pulpy and colourless, as if chemically destroyed by the poison; and on examining them the next day this condition was more evident. The body had then become very rigid, the muscles singularly hard, and even the tongue felt like a board. A post-mortem examination was not made, at the request of the family; and as the cause of death was abundantly proved, there was no excuse for insisting upon it.

"I ascertained that he had purchased two half-ounce packets of oxalic acid at a druggist's, and that he acknowledged to having taking them. The envelopes were found (properly labelled) and empty. He had mixed the acid in a small tumbler of water, and swallowed it in so concentrated a state as must have required him almost to chew it. A small quantity undissolved was found in the tumbler. The fluid he vomited was of a darkish green. It had been thrown out before I saw him, as had the remains of the poison; but their nature was verified by Mr Graham's assistant, to whom Hawkins spoke before he became insensible, and to whom he confessed the fact of his intention to destroy himself.

"The only point of interest in this case, in a toxicological point of view, is the conection which existed between the large and concentrated dose of the poison and the rapidity of the fatal syncope. Much less than an hour would appear to have elapsed from the time the poison was swallowed to the cessation of the heart's action. Copious vomiting, and even soma diarrhœa, failed to eliminate the poison: indeed, the occurrence of diarrhœa must be looked upon as a bad sign, showing that the poison has passed downwards into the intestine, and that the action of antidote or stomach-pump will come too late.

"When oxalic acid is taken in such large and concentrated doses, it would appear to act not only as a violent local irritant, but as a powerful sedative. The heart's action in this case ceased to be perceptible before respiration failed; and to the same sedative cause is to be attributed the sudden and remarkable lowering of the general temperature."

We make the following extract from the 'Journal of Practical Medicine and Surgery,' as containing Professor Simpson's latest views on *Dressing Wounds:*

"After glancing at the practical questions, towards which M. Bonnafont's attention was more especially invited in Edinburgh, Mr Simpson concludes with some remarks on vesico-vaginal fistulæ, and the treatment of wounds consequent on operations.

"'This last session, I had eleven cases of vesico-vaginal fistulæ, some of these very large, in the hospital ward under my care. These eleven patients were all cured in succession, by one operation each,

ron wire being used for sutures. Now, if under these circumstances primary union was effected eleven times, why should not surgeons, more expert than I profess to be in the handling of many surgical instruments, close their amputation and other wounds by the first intention also? I am inclined to think that the great reason why they do not effect this, and thus cure their cases in days instead of weeks, is simply the presence of setons and ligatures in the depths of their wounds, and the use of dressings. I am satisfied that almost all, if not all wounds would heal far more rapidly without any dressings whatever, with nothing but metallic sutures in their lips, and no bandages, compresses or local medication, not even cold water—for water dissolves the crusts which Nature labours to form, and undoes what she is attempting to do. I have seen this in amputations most convincingly. The breath of a pair of bellows cools a wound, when necessary, far more effectually than any lotion, or wet or greasy application. No dressing was used in any one of my eleven cases of vesico-vaginal fistula; had any been resorted to, I should have failed in one or more of these operations.

"'I therefore used no kind of apparatus, but merely pared and revivified carefully the lips of the fistula, brought the edges together with slender iron wire, (I never used silver,) and usually removed the ligatures on the tenth day. A flexible pewter catheter was left in the bladder for the first eleven or twelve days, changing it daily. By this very simple method, I had the good fortune to cure eleven cases of fistula, some of which were very large, in the course of one session.'

"Mr Simpson, however, remarks that from this sweeping proscription of topical remedies, and dressings in general, he excepts carbonic acid. Our readers are aware that, some five years ago, Mr Simpson published, in his 'Obstetric Memoirs and Contributions,' a paper on Carbonic Acid Gas, and its applications to surgical practice. What then was a mere suggestion has since become a practical fact, and we recently described the benefits derivable from this agent as an analgetic and cicatrizer."

We extract the following article on *General Paralysis* from the same journal:

"The study of the manifestations of incipient insanity is highly interesting, inasmuch as it is chiefly at this stage that mental disease may possibly derive benefit from medical interposition. In a medico-legal point of view it is equally important to ascertain whether certain censurable acts are the result of a morbid perversion of the cerebral functions, or belong to the class of punishable crimes or misdemeanours. Medical pathology still presents much uncertainty; and when praiseworthy efforts are made by eminent men to throw some little light on so obscure a subject, it is a duty to lose no time in inviting public attention to their researches.

"We must, therefore, notice here the work which Dr Forbes Winslow, the eminent British specialist, published this year in London, 'On Diseases of the Mind and Brain,' and also three communications forwarded to the Academy of Sciences on general paralysis, by Messrs Baillarger, Billod, and Brierre de Boismont.

"General paralysis is one of the most common and unforgiving diseases of the brain. It attacks men in the prime of life, and carries them to a premature grave after having progressed through stages of the most melancholy degradation. At first the complaint is insidious, and it not unfrequently happens that the symptoms by which it is ushered in escape notice. It is, therefore, all-important to distinguish such symptoms, and among them M. Baillarger indicates, as deserving of attention, hypochondriac delirium.

"Paralytic hypochondriacs, says the learned physician of La Salpêtrière, believe that their organs have been changed, destroyed, or entirely obstructed. They assert, for instance, that they have no mouth, abdomen, or blood; or that their fauces are closed, the stomach quite full, &c. Some are under the impression that their food escapes by unusual passages, and gets under their skin or their clothes; others assert that they cannot open their mouths or eyes, that they can neither swallow nor pass water, and some protest that they are dead, and obstinately refuse to take any nutriment. M. Baillarger having found this form of delirium very common among paralytic subjects afflicted with melancholic mania, naturally watched with care the same kind of delirium when it occurred in persons who presented no symptoms of general paralysis, and he has observed that many such persons were subsequently attacked with general paralysis. Without, however, considering this as a necessary consequence, M. Baillarger asserts that hypochondriac delirium is a serious presumption of the future occurrence of general paralysis, and adds one element to the prognosis of the disease.

"'It must, of course, appear strange,' says M. Baillarger, 'that a peculiar form of delirium should be an indication of future disorganisation of the brain; but, as far as general paralysis is concerned, this is the second fact susceptible of the same interpretation. Bayle's interesting and valuable researches have made it abundantly plain that delusions marked by much elation, or the *manie des grandeurs*, are in many instances the premonitory sign of paralytic dementia. Upwards of thirty years ago, an eminent author recorded his opinion that this variety of delirium is especially noteworthy, inasmuch as it may often allow the practitioner to foretell several months beforehand the occurrence of general paralysis. The fact has now been placed beyond doubt by numberless instances; and if it is really the case that the delusion of fancied supereminence is of such great prognostic value in monomania, why should not the same be true also of the hypochondriac delirium of melancholics?'

"At a subsequent meeting, M. Billod, chief physician of the Asylum of Sainte-Gemmes-sur-Loire, assented to M. Baillarger's assertions, but gave them more general scope. Thus he endeavoured to show that M. Baillarger's remarks on hypochondriac delirium as a forerunner or a pathognomonic of general paralysis are equally applicable to all forms of melancholic delusion, whatever their nature—for instance, to fancied persecution—and that the important fact adduced by the Professor of La Salpêtrière refers more to the variety of melancholia attended with stupor, than to the peculiar nature of the delusions by which it is accompanied.

"M. Billod related, as an illustration, the case of a captain of infantry, on half-pay, who died in 1855, from the progress of general paralysis, and who, ten or twelve years before, had been tormented by imaginary persecution, and the fear of being poisoned.

"The patient, fancying himself to be surrounded by armed enemies who had a design on his life, at first displayed a disposition to violence; and then, imagining himself threatened with the most cruel tortures, he attempted to commit suicide. This state of excitement was followed by stupor; the action of the tongue became embarrassed, and dementia set in with the signs of general paralysis. At no period of his life was this individual subject to hypochondriac preoccupations.

"M. Billod agrees with M. Baillarger and most authors, that general paralysis may be characterised as well by melancholy and depression, as by elation with large delusions; and he has even found both forms of mental aberration combining in the same subject to induce a mixed mental condition, in which notions of ideal wealth and grandeur were associated with the chimerical dread of persecution. This gentleman, in the course of the last six years, has twice had the opportunity of directing the attention of his assistants to cases of general paralysis, in which the patients, while believing themselves to be possessed of untold wealth, fancied at the same time that they were surrounded by enemies desirous of despoiling them. In other instances, the demented are impressed with the notion that their large possessions and high position excite in all directions envy and jealousy, whence arise many imaginary annoyances, and the chimerical fear of the darkest conspiracies for the destruction of their happiness.

"M. Brierre de Boismont has sought for the first indications of general paralysis in the perversion of the moral and affective faculties. Of all moral perversions, that which has especially struck M. Brierre de Boismont is klepto-mania; in the second place, he considers as highly suggestive the perpetration of shamefully licentious acts, in contrast with previously correct habits of life. M. Brierre de Boismont relates the following instance, which appears to us interesting:

"'A merchant,' said he, 'being threatened with a prosecution for fraudulent bankruptcy, was placed in my asylum, for what was supposed to be feigned insanity. His friends informed me that several months before he had been observed frequently to leave his house in a mysterious manner, and without any apparent object; that he had been watched, and that he was found to be in the habit of repairing to infamous houses—a thing entirely foreign to his principles and former decorous mode of life. For eighteen months the patient remained under my care, and I examined him several times to form a correct estimate of his mental condition; but he preserved a strange sort of silence, which baffled inquiry. When much pressed with questions, he would merely reply, 'I have acted as people generally do in business; all will be explained and justified.' One morning, however, as I was visiting the wards, he came up to me smiling, and, with a marked stammer, requested the loan of *four millions*. From this time the progress of general paralysis became very rapid, and two months after the poor man died in the most advanced stage of paralytic fatuity."

NEW MAGISTRATE FOR CHESHIRE.—Alfred Aspland, Esq., M.R.C.S., Dukinfield, has been made a magistrate for the county of Chester; so that Dukinfield will now have a local and resident magistrate.

GENERAL CORRESPONDENCE.

SPECIAL HOSPITALS.

To the Editor of the Medical Circular.

SIR,—I am directed by the Special Hospital Protest Committee to request a gratuitous insertion of the enclosed important Professional document in your Journal.

I am, &c. W. H. FLOWER, Hon. Sec.
32 Queen Anne street,
London, W.

"We, the undersigned, are of opinion that much detriment to the public and to the Medical Profession arises from the modern practice of opening small Institutions, under the name of Hospitals, for particular forms of disease, *in the treatment of which no other management, appliance, or attention is required*, than is already supplied in the existing General Hospitals.

"The practice is injurious, First, because in the maintenance of numerous small establishments the funds designed for the direct relief of the sick poor are wasted in the useless multiplication of expensive buildings, salaries, and Hospital appliances, and in the custom of constantly advertising to attract public attention.

"Secondly, because the public is led to believe that particular classes of disease can be more successfully treated in the small special Institutions than in the General Hospitals; an assumption directly contrary to evidence, the fact being that the resources of the General Hospitals are in every respect superior to those of the special Institutions alluded to.

"Thirdly, because it is essential for the interests of the public, with a view to the efficient education of Students preparing themselves for the practice of the Medical Profession, that all forms of disease should, as far as possible, be collected in the General Hospitals to which Medical Schools are attached.

"As an example that the evil referred to is increasing, we regret to observe that an attempt is being made to set on foot a Special Hospital for the treatment of Stone and Diseases of the Urinary Organs. We desire to express our opinion that such an Institution is especially unnecessary: the existing General Hospitals provide ample accommodation for the treatment of all these maladies; *no case is ever refused admission into them;* there are no diseases which receive more care, attention, and skilful management; and there are no men in this or any other country who have greater experience in treating them than the Surgeons of our General Hospitals."

Signed by—

SIR BENJAMIN C. BRODIE, Bart., President of the Royal Society.
JOSEPH H. GREEN, F.R.S., President of the Medical Council.
THOS. MAYO, M.D., F.R.S., President of the Royal College of Physicians.
J. F. SOUTH, President of the Royal College of Surgeons.
SIR J. LIDDELL, M.D., C.B., F.R.S., Director-General Navy Med. Department.
J. B. GIBSON, M.D., C.B., Director-General Army Medical Department.
And 504 other Practitioners, London and Provincial.

THE VACCINATION FEE.

To the Editor of the Medical Circular.

SIR,—By an Act of Parliament passed a short time since, we are informed, that for the future, before the Medical Student can be fully qualified to practise, he must obtain a Certificate to perform the very awful operation of Vaccination from one of the Public Vaccinators, on the payment of one guinea. Why this additional tax on the often slender resources of the Medical Student?—is not the Registration fee sufficient? It will be highly inexcusable if the Medical Students of England do not rise to a man, and, with united effort, boldly and calmly oppose this iniquitous tax. They have done well in the past agitations for right; let them show that an English spirit of justice still burns within their bosoms.

I am, &c. CHARING CROSS.

(The foregoing letter calls attention to a subject of great interest to Students. We subjoin a copy of a Memorial that has been agreed to by the Students of Manchester, and that might be ad-

vantageously adopted by the Students of the other Provincial and Metropolitan Schools.)

(Copy.)

To the Council of the Royal College of Surgeons of England.

We, the undersigned, Students of the Manchester Royal School of Medicine and Surgery, beg to call the attention of the Council of the College of Surgeons to the injustice which we labour under, owing to the regulation concerning vaccination issued by the Council in August last.

By this regulation all who present themselves at the examination for the diploma of the College are required to possess a certificate of proficiency in vaccination. This certificate can only be obtained by attendance for six weeks at an educational vaccination establishment, which in Manchester is situate at a considerable distance from the hospital. In addition to the time spent in this attendance, all students are obliged to pay an extra fee for the certificate, an expense which, since the regulation is made retrospective, those who commenced their professional education previously to the present session by no means anticipated.

We beg to submit to the consideration of the Council, that by far the greater proportion of us have already been instructed in the theory and practice of vaccination by the surgeons with whom we have been resident, many of us throughout a period of several years, and that these surgeons, both from their general professional education and from the number of vaccinations they have annually to perform, may be considered fully qualified to give this instruction. The student who has for years been constantly engaged in the practice of vaccination under the superintendence of such a surgeon, can hardly be expected to derive much benefit from six weeks' teaching by the Educational Vacciuator.

The only advantage which this regulation affords to those who obtain the diploma of the College is, that they are thereby rendered eligible as Poor-law Medical Officers and as contractors for vaccination ; but as, with the present scale of remuneration, few of us are likely to become candidates for such appointments, we beg to submit to the Council that it is unjust for all to be obliged to spend time and money in obtaining this certificate.

Your memorialists, therefore, pray either that the regulation in question may be rescinded, or that a certificate of proficiency in vaccination from a duly-qualified surgeon may be recognised by the Council, as is the case with the certificate of practical midwifery.

And your Memorialists will ever pray, &c.

(Signed.)

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

Sir,—Permit me to trespass on the pages of your Journal to lay before the Poor-law Medical Officers the following correspondence, which proves that the Poor-law Board are determined to continue in their present course, and oppose all redress of the grievances of the Medical Officers. Under these circumstances it must rest with the Profession whether I am to continue the course I have hitherto pursued, and endeavour to carry our Bill through Parliament, or let things remain as they are. I am willing to go on ; but unless I am supplied with the sinews of war, my personal efforts will be of little avail. Since the issue of the last pamphlet, I have received only 14*l.* 15s. 6d., whereas the cost for the stamps alone expended on that occasion was upwards of 13*l.*, and the printing and other expenses amount to about 40*l.* more. I have materials ready for another pamphlet, collated principally from the reports of the Poor-law Board, which will prove the necessity for the proposed change ; this I am desirous to send to each Member of Parliament, but the printing, &c., will cost at least 50*l.* What is 100*l.*, or even 500*l.*, among 3,000 Medical men, in comparison with the prospect before them of obtaining upwards of one hundred thousand pounds per annum ?

The Poor-law Board, in their letter, say, "that the Consolidated Order of 1847 has received the approval of a Select Committee of the House of Commons, expressly appointed to inquire into its operation and results." On referring to the Report I find the following :—"The Select Committee appointed to inquire into the mode in which Medical Relief is now administered in the different Unions in England and Wales, and to ascertain whether any additional facilities might be afforded the poor in obtaining Medical aid." In the above there is not one word about the Consolidated Order of 1847, let alone the Committee being expressly appointed, &c., &c.

In the first resolution of that Committee is the following:—"That no sufficient evidence has been adduced before your Committee to justify their recommendation of an entire change in the present system of Medical Relief as administered under the Consolidated Order of 1847, by means of which the poor have derived greater facilities in obtaining Medical aid than they were enabled to do previous to its promulgation." The Poor-law Board have chosen to view the above as an approval of their Order, but I think your readers will look upon it as almost the reverse, and I have little doubt had the evidence we now possess been laid before the Committee that they would unhesitatingly have recommended a remodelling of the present system.

In the last session of Parliament, Lord Palmerston promised the House that a Committee should be appointed to inquire into the administration of the Poor-law Board: I trust that Committee will be a searching one, and that Medical men will prepare themselves to lay evidence before it ; and I feel sure, if all other branches of the Board are conducted in the same manner as the Medical Department, that a material change in the constitution of the Board will be recommended.

I am, &c., Richard Griffin.

12 Royal terrace, Weymouth,
December 3, 1860.

Copies of Letters.

12 Royal terrace, Weymouth,
October 31, 1860.

My Lords and Gentlemen,—I have the honour to forward you three copies of a Draft Act of Parliament on Poor-law Medical Relief. I trust the Bill is drawn in such a way as to meet the views of your Honourable Board : should, however, this not be the case, I shall feel obliged by your pointing out what you desire on the subject, as I feel sure the Medical Officers will yield on many points in order to obtain your support and place the whole affair on an equitable basis.

I am, &c., Richard Griffin.

The Poor-law Board.

Poor-law Board, Whitehall, S.W.,
November 19, 1860.

Sir,—I am directed by the Poor-law Board to state, that they have carefully perused the draft which you have prepared, and have submitted to them, of an "Act of Parliament for the Proposed Redress of the Grievances of the Poor-law Medical Officers." The Board, after full consideration of all the provisions of the proposed measure, regret to inform you that it is not one to which they are able to give their support.

I am, &c., C. Gilpin, Secretary.

R. Griffin, Esq., J.P.

---

12 Royal terrace, Weymouth,
November 22, 1860.

My Lords and Gentlemen,—I have the honour to acknowledge the receipt of your letter of the 19th inst., in which you state, "The Board, after full consideration of all the provisions of the proposed measure, regret to inform you that it is not one to which they are able to give their support." May I ask the favour of your informing me the principal points of the Bill to which you object ? The main feature of the Bill is the payment of the Medical Officers in proportion to the number of cases they attend, and the distance they have to travel,—do you object to this ? If so, what other mode would you suggest ?

The next point is the amount of payment proposed,—do you object to this ?

The qualifications of the Medical Officers, and the extra Medical fees to which they are to be entitled, are proposed to be left for arrangement to your Honourable Board, in conjunction with that of the Medical Council,—do you object to this ?

In a former letter I stated that the Poor-law Medical Officers were willing to concede much in order to secure the support of your Honourable Board ; with this spirit on their part I respectfully trust you will not keep them at arm's length, but will endeavour to meet their views, and place this much-vexed question on an equitable basis. Possibly you would prefer to bring in a Bill as a Government measure, and thus carry out the views of the Right Hon. T. Sotheron Estcourt, who stated to the deputation of Poor-law Medical Officers as follows:—"The matter ought not to continue in its present state ; and if I continue in office, I shall use the best means in my power to put this question on a better footing, and make such arrangements as will be satisfactory both to you and to the public."

I have the honour, &c.,

The Poor-law Board. Richard Griffin.

Extract from the Report for Dec., 1839, p. 249.

Colonel Wade writes, "I do consider it exceedingly desirable that the experience obtained during the last four years of the various systems which have been in operation for affording Medical Relief should, with as little delay as possible, be applied towards establishing, not in this district only, but throughout the kingdom, uniformity of plan, uniformity of principle in respect of the amount of remuneration. The plan to which I give a decided preference is that of a 'pauper list,' combined with the 'per case' provision for casual sick. Medical Relief is in its nature and consequences—in fact, in every point of view, one only excepted—unlike all other kinds of relief. It is true that, like any other kind of relief, it is injurious to the independence of the receiver ; but it does not, like all others, in addition to this, tend to create again the destitution it relieves. Many will be poor again because they have found an easy access to relief ; but no man will be sick again because he has, without difficulty, obtained the aid of the doctor."

Poor-law Board, Whitehall, S.W.
December 1, 1860.

Sir,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 22nd ult. on the subject of the draft of the Bill which you have prepared for the "Proposed Redress of the Grievances of the Poor-law Medical Officers."

The Board, in reply, direct me to state that they have already informed you, in their letter of the 19th ult., that they could not consent to the provisions of your Bill.

The Board direct me to add that, in their opinion, no sufficient reasons have been adduced to justify a departure from the general principles of Medical Relief as administered under the Consolidated Order of July 24, 1847, and which has received the approval of a Select Committee of the House of Commons expressly appointed to inquire into its operation and results. Under such circumstances, the Board do not consider that any advantage can result from discussing the provisions of the Bill which you have submitted to them.

I am, &c.,

W. G. Lumley, Assistant-Secretary.

R. Griffin, Esq., J.P.,
12 Royal terrace, Weymouth.

Zoological Gardens.—A young male example of a very scarce and little-known animal of the swine family—the Babirussa—has just been received by the Zoological Society, and is now placed in their gardens in the Regent's Park. The adult babirussa is remarkable for the extraordinary development of his tusks, which turn upwards and backwards, and form a semicircle nearly meeting the jaws again. The whole contour of the animal is also very different from that of the true pig. The babirussa is a native of the island of Celebes, in the Indian Archipelago, and obtained its name from the extraordinary idea of the Malays that it originates in a cross between a pig (*babà*) and a deer (*russa*). The present is believed to be the second individual that has been brought to Europe alive, a previous specimen, obtained by Sir Edward Belcher during one of his exploring voyages, having lived for a few weeks in the Society's gardens in 1841.

An Astro-Meteorological Society is announced by a Mr White, of Camberwell, with the avowed object of instituting a rigid investigation of the weather and its changes, on which such vast interests depend, with a view to draw confident inferences as to future storms, &c. Since a British Meteorological Society already exists which aids and countenances such investigations, and includes all the men of eminence in this department of science, the new society, so announced, must be regarded with doubt until further names and particulars are published.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

DEC. 1ST.—LITHOTOMY—NEW MODE OF OPERATING.—MR WOOD. LITHOTRITY—STAPHYLORAPHY.—MR FERGUSSON.

LITHOTOMY.

In the aim and object to relieve human suffering inflicted by the presence of stone in the bladder, ingenuity and invention seem inexhaustible, and to have no present termination. It is true, the lapse of 200 years of surgical experience and practice of innumerable fresh modes of reaching the bladder for the removal of calculi have brought the practice of lithotomy within narrow and simple limits in our time. We have at length settled down to two modes of performing lithotomy. If the lateral operation did not possess the intrinsic merits and decided advantages of safety, expedition, facility, and success, it would not be upheld by its claim to antiquity, nor by its surgical traditions, which carry us back to the earliest history of the science. The median operation, although a revival, has claims especially its own. From the successful results attending this operation, and its simplicity, the claims of the median operation will, no doubt, always be acknowledged; and the rivalry of the median and lateral operations for lithotomy will have their several advocates, and give their several triumphs. No doubt, the origin of the lateral operation may be traced to the distance and depth of the parts to be reached by section, and the limited space of the perinæum through which to obtain a safe route from the surface to the bladder. It is effected by a cutting operation through the perinæum externally until the bladder is reached at its neck. The median admits of a more limited space, since the knife is not wholly depended upon in its performance. Moreover, there does not prevail any objection amongst the advocates of the median operation, if unavoidable, as is often the case, to division of the rectum, and also of the levator ani; which objections, no doubt, influence a preference to the lateral operation amongst its advocates. The median operation is divided into two distinct stages, and two distinct operative actions; the first stage being effected by incision, and the second by dilatation or rupture. This necessarily implies a slow operation, which is no objection under the influence of chloroform; and the bulb of the urethra is often wounded. Mr Fergusson, who may perhaps be considered the most successful operator for lithotomy of the present day, prefers, and always performs, the lateral operation. In making a few observations upon the operation for lithotrity to-day, which we shall presently record, he stated that he did not consider there was more danger attending the operation for lithotomy than for lithotrity, and that death rarely resulted in the present day from the first operation. This fact was the more worthy of regard, since lithotomy was truly an operation in the dark. After the first superficial section, all was done out of sight. The empire of vision was relinquished, or, to speak more correctly, became unavailable, and the tactile sense assumed its place. When such a condition of things occurs, it is not surprising that new expedients are resorted to, and invention is on the rack. Surgery gives no parallel instance of an operation performed in obscurity, except its sister operation lithotrity. The subject in hand has induced these remarks. We regret we were not early enough to witness Mr Wood's new operation, or to hear only a few words of his explanation upon the occasion. We regret this the more, since his lucid explanations, assisted by diagrams, prove highly instructive. It being the first operation of the kind upon the living subject, we shall have other opportunities of witnessing its merits. The novelty was the use of a new instrument, which Mr Wood designates the "Dilating Staff." We understood him to say that the external incision, made in a semi-lunar form to gain room on the left side of the perineum, being conducted into the groove of this dilating staff as far as the prostate, the finger is then thrust between its blades, which dilate the prostate, and thus reaches the bladder. We shall have more to say on this subject on a future occasion.

LITHOTRITY.

This patient, a middle-aged man, was placed under the administration of chloroform. After removing several fragments of stone, Mr Fergusson made a few remarks upon the comparative merits of lithotomy and lithotrity, and upon the administration of chloroform during the operation of lithotrity. He spoke of the instruments used. The lithotrites, of which he showed three different sizes, he said he had used many years. They were smaller in size than the lithotrite usually adopted. With his new instrument, armed with a rack instead of the screw, the lithotrite scoop, he brought away a considerable fragment, amongst several smaller ones. He said the operation was attended with various results, depending upon the state of health or disease of the patient, upon the quiescence or irritability of the bladder and urethra. Some bore the operation of lithotrity much better than others; but in all, great irritation, and sometimes inflammation, was induced, attended with alarming symptoms. The immunity from danger attendant upon lithotrity, he did not consider to be greater than upon lithotomy. The process was tedious, and required a frequent repetition of the lithotrite, the irritation augmenting upon each application, and the patient's sufferings were frequently very great. Some Surgeons, Mr Fergusson said, do not administer chloroform during lithotrity, as it prevents the patient giving notice, by "shouting out," if other soft parts are included in the lithotrite, in place of the stone. He said, he would advise those who have not confidence that they can discriminate the difference between a hard stone, and the soft membranes or follicles of the bladder, when within the grasp of the lithotrite, not to attempt to perform the operation of lithotrity. It was pleasing to witness the facility and precision with which these lithotrites were managed, and the successful results.

STAPHYLORAPHY.

This patient, a young woman eighteen years of age, suffered under great deformity from cleft palate. She had at some early period been operated upon for hare-lip. The fortitude she displayed under a prolonged and necessarily tedious operation was remarkable. It was a complicated case; the cleft, extending through the soft and hard palate, required careful and painstaking management. The speculum used by Mr Fergusson on this occasion seemed to be a very superior instrument for the purpose. He alluded to the usual difficulties of the operation, which, he remarked, in the present case had been greatly alleviated by the nerve and confidence of the patient, without which it would have been almost impossible to have accomplished it on so dark a day, when light was so essential to the proceedings. He adopted on this occasion a different instrument to carry the ligature, to what he had on former occasions used. He carried, by a bended, retroverted hook, the ligature from behind forwards, instead of before backwards, which he considered to be an advantage. Mr Fergusson observed that the bystanders could see but little of the process of this operation. It would appear to them a tedious, boggling, and stitching affair, and it certainly required much patience; but he had no doubt the result would speak favourably for the trouble taken, and give a satisfactory cure.

UNIVERSITY COLLEGE HOSPITAL.

DEC. 5TH.—CARIES AND NECROSIS OF TARSAL ARTICULATION—LARGE ABSCESS IN GLUTEAL REGION—EXPLORATORY OPENING.—MR ERICHSEN.

CARIES OF ANKLE-JOINT.

This patient, a young man about eighteen years of age, had suffered from disease of the tarsal articulation for many years. Under the influence of chloroform, Mr Erichsen made an incision through sinuses into the joint, and found extensive disease, implicating the os calcis, cuboidal and astragalus bones, and gouged away a considerable quantity of caries and necrosed bone. In allusion to a similar case which he had operated upon a fortnight ago, he said that patient had left the hospital cured. This case presented more extensive mischief. Mr Erichsen remarked that it was a very important point to preserve the external shell of the os calcis. If that was invaded by disease, or removed, a flat and awkward foot, with lameness, was the consequence. The whole interior structure of the os calcis may be gouged away, as in the case referred to, with little or no mischief or lameness resulting. The cavity becomes filled up with fibro-plastic or fibro-cellular growth, which in time assumes a considerable degree of hardness and firmness, sufficient to sustain any required pressure. In short, a bony deposit will ultimately on many occasions take place, and thus a useful limb is obtained.

ABSCESS IN GLUTEAL REGION.

This patient, a boy about fourteen years of age, was admitted into hospital this morning, and Mr Erichsen had made no careful examination at present. Under chloroform, upon introducing a bistoury through the posterior aspect of the hip-joint, it was followed by the discharge of full three pints of a greenish-yellow matter. The opening was sufficiently large to admit the forefinger being freely passed down into the hip-joint, which under chloroform could be carefully explored and examined. Mr Erichsen could discover no roughness or other indication of diseased bone. He said these abscesses were almost always attended with diseased hip-joint. He referred to the case of a boy which we reported a short time back, upon whom he opened a large abscess on the anterior aspect of the thigh, in which disease of the acetabulum and hip-joint existed. That case was so worn out by disease that there existed no power of reparation in the system, and he recommended his removal from the hospital to await the inevitable result. He had heard this day from his mother that the boy was fast sinking.

Mr Erichsen thought the present case would recover upon administration of tonics and generous diet.

An interesting case of fracture of the cranium, with extensive depression of the bone, had been admitted into hospital a few days back. Mr Erichsen, in alluding to it, took occasion to make some valuable surgical observations upon fractures of the cranium. The patient, an engineer, had received a blow on the side of the head from the crank of an engine, without lesion of the scalp, and was brought to the hospital. He laboured under no stupefaction or coma, and was conscious. There existed considerable irritability, and he talked loud. The blow was received on the parietal bone of the right side, and the fracture was traced by the finger over the scalp to extend to the posterior part of the parietal, perhaps over a portion of the occipital and temporal, and anteriorly to a portion of the frontal bones. The depression was formed by the inferior portion of the parietal bone, the superior overlapping it. As no urgent symptoms were present, low diet, quiet, and the application of ice-bags to the head was the plan of treatment practised. The seat of injury was very sensible and irritable to touch. On admission, this case presented no swelling or tumefaction of the eyelid; but in a few days the upper eyelid became considerably swelled and ecchymosed. Mr Erichsen attributed this to a continuation of the fracture through the orbit to the base of the skull, perhaps passing through the ethmoidal bone, and a rupture of blood-vessels, thus causing the extravasation and infiltration. In reference to the operation of trephining, Mr Erichsen observed that the old surgical axiom of trephining in depression was no longer an axiom. The operation in all cases was to be determined by the symptoms present, and not by any other stereotyped surgical rule. If there existed stupefaction, coma and unconsciousness, denoting pressure of bone, or extravasated blood upon the surface of the brain, the trephine in that case was indicated, and should be applied, and the pressure thus removed. As in this case, when no such symptoms were present, a waiting treatment was best. In this case, in a day or two after admission considerable tumefaction occurred in the seat of the injury, so as to induce a suspicion of the rupture of a branch of the temporal artery externally, or of the meningeal internally. To relieve this state of things, a figure of **T** incision was made through the scalp to allow of escape of this accumulation of blood. The flaps were dissected back, and it was ascertained to proceed from a meningeal vessel. In doing this, an escape of air-bubbles occurred, which Mr Erichsen attributed to the fracture extending to the tympanum, and a communication with the Eustachian tube being established. This patient is now becoming tranquil, and is progressing favourably and rapidly.

Mr Erichsen elucidated further the consequences and progress of fracture of the cranium, and of the influences by which they are governed. He said, the man who obtained his living by the "sweat of his brow" had a much better chance of recovery than he who lived by the sweat of his brain. A soldier or a day-labourer, whose brains

were idle and never worked, would recover, when a man striving for honours at Cambridge would have a poor chance, and would most likely sink under fracture of the skull.

OUR NOTE BOOK.

ON THE DIMINUTION OF GOUT IN THE PRESENT AGE:

A MEMOIR OF PATHOLOGICAL HISTORY.

By Dr A. Corradi, Professor of Pathology in the Royal University of Modena.

The title of this pamphlet at first considerably surprised us, as we had not at all remarked that during late years gout had assumed a retrograde course, or had, indeed, become less virulent in its attacks; but we had not proceeded very far, when we discovered that the talented Professor of the University of Modena was drawing comparisons between *ancient* and *present* times, and not between less distant periods of more modern days.

The best way we can convey to our readers a correct idea of this interesting pamphlet will be by giving ample extracts from it, which we shall endeavour to do in as nearly the Author's words as the difference of idiom will permit.

Taking it for granted that gout is now a much less common disease than it was at the commencement of the Christian era, and during the dark ages of the Lower Empire, the Author commences by saying, in the first page of his memoir:—"Ancient diseases pass away, while new ones take their place; mild ones become severe, while deadly forms of illness assume a milder character; sporadic diseases become diffused; epidemics become circumscribed; and that because either in man himself, or in his outward condition and relations, such changes take place, or such new combinations, that the older pathological states either change in character or disappear altogether."

Nothing truer. Disease not only changes its character, but sometimes disappears altogether. Where is now the plague which in the middle of the fourteenth and seventeenth centuries desolated the fairest portion of Europe? What has become of that syphilis which, in 1496, decimated the armies of Charles VIII. at Naples? We cannot recognise it in that disease which still continues to be a source of so much suffering in the present day. What has become of that dire sweating sickness which desolated Great Britain in 1485? They have passed away, and new types of disease have taken their place. Even in our own days we have seen a perfect change come over the nature of disease. Where are now the fevers that used to be cured by bleeding and low diet? And even pneumonia, which, a few years ago, was the most sthenic of sthenic affections, is now so altered in its character, that rarely, if ever, even in the largest practice, does one meet with cases requiring depletion.

At page 6, the Author quotes largely from the 'Tragopodraga'—a celebrated comic poem, written by one Lucian, about the year 120 of our era, who seems, from his vivid description of the disease, to have been himself a victim of gout.

"Neither did the Jews escape this affliction," says the Author; "and Alexandria, Athens, and Rome, the three greatest and wealthiest cities of the world, suffered beyond description from its visitation. Ptolemy Philadelphos was a martyr to gout; and Celius Aurelianus says that gout was endemic in the capital of Egypt, which must surely have been the case, if even the labourers suffered from it, as would appear to have been the case, from a letter of the Emperor Hadrian to the Consul Servianus. In Rome it was a common disorder, and most of the principal citizens suffered from it. Sylla, Augustus, and Claudius were martyrs to it; Galba was so crippled by it, that he could not put on his calzarii, nor open a scroll, nor hold anything in his hand; and Seneca, fully aware that he could not be cured, was happy if able by any means to alleviate the severity of its attacks. There have been some who, rather than suffer the agonies of this disease, have preferred to lose their feet, and some even their lives. No wonder, then, if, in trying to subdue so painful and obstinate a complaint, the physicians of those times invented the most extraordinary mixtures, and the patients resigned themselves to swallowing the most disgusting remedies."

"Hippocrates," who flourished about 400 years before Christ, "had asserted, in his Aphorisms, that eunuchs, women who still menstruated, and youths who had not yet sacrificed to Venus, did not suffer from gout;" but Seneca, about 500 years later, "complains that in his time even the women lost the hair off their heads, and suffered from pains in their feet;" and Galen, about the middle of the second century, "asserts that the eunuchs suffered from it as well as the rest of mankind."

"About this time, Diocletian passed the law which exempted from office and personal service those who were severely afflicted with gout. At Constantinople, during the Lower Empire, gout was extremely prevalent, and the Emperor Heraclius, Michael Parapinaceus, Constantinus Monomachus, Alexis Angelos, suffered severely from it. The celebrated Anna Comnena praises, in the life of her father, the Emperor Alexis, the tender care of her mother, in endeavouring by gentle frictions to assuage his agonies. It was about this period that the disease obtained a new name, and the barbarous epithet of *gout* was added to the more ancient name of podagria,—which new name some derive from the German gicht, gichten, which means agonising pain. The rapid cure of so formidable a disease was looked upon as beyond the powers of ordinary physicians," and special saints were invoked by the Christians for its relief. "St Augustin, in his work 'De Civitate Dei,' tells us that, in his time, those sufferers who prayed to St Stephen, Martyr, were always cured. We also learn from the 'Acta Sanctorum,' that many recovered their health after praying at the tomb of St Thomas Aquinas. We are told, also, in the same Acta, that St Mark, Bishop of Treveri, who was greatly venerated as a curer of gout, used to be invoked by the following hymn:

'Nam spasmo, arthritica, chiragra
Contractis quibusvis, et podagra
Mire opitularis.'
(Acta Sanctorum, Die xvi, Januari.)

"Pope Honorius IV, in 1285, summoned to Rome Thaddeus of Florence, a celebrated physician, who required and obtained one hundred ducats a day (*a*) for his services. Vladislaus IV, King of Poland, gave six thousand pieces of gold to a peasant for a supposed specific against the gout. Pontanus said: 'Hæc (Podagra) conflicti sunt Philosophi et Principes et Reges et Imperatores;' and Sydenham comforted himself and his companions in misfortune by asserting that 'Divites plures interemit quam pauperes, plures sapientes quam fatuos.'

"Gout, which, as we have endeavoured to show, was so common in ancient times, has now become generally so rare, that we may look on it as almost extinct. Even in England, its most favoured locality—the country of Sydenham, who suffered so acutely from it, and wrote so ably about it—it has considerably diminished; and the celebrated Owen, when questioned upon this subject, has confirmed our opinion, and promised documentary evidence, which, I trust, will soon reach me. In Holland, also, and in Belgium, where in Boerhaave's time gout was most common and frequent, it has now become rare. Professor Serrano, Secretary to the Academy of Medicine in Madrid, also assures me that gout is much less frequent in Spain than it was during the past century. The same I hear from Genoa, Milan, Tuscany, and the Marches. I should have wished to strengthen my assertion by figures and statistics; but the difficulty, or rather the impossibility, of getting such, compels me to rely on the information received from friends and colleagues, whose truthfulness I have no reason to doubt. From England alone, where every fact is noted, taken into account, and rigidly investigated, could I have obtained the necessary information; and I am anxiously looking forward to some statistical tables of Dr Farr, which I hope to add as an appendix to this memoir."

We thank Dr Corradi for his good opinion of British statistics; and, no doubt, most deservedly do they hold a high position on the Continent. He adds, further, that on consulting the obituary tables of England, France, Germany, and Italy, he rarely finds deaths from gout recorded. Canstatt's Jahresbericht scarcely mentions gout; and Hirsch, in his late work, 'Handbuch der Historisch-Geographischen Pathologie,' asserts beyond all doubt that gout has greatly diminished. The Author does not deny that, probably, many arthritic disorders were recorded as gout by ancient authors; but he adds: "Lucian's description of this disease so exactly tallies with the masterly account given of it by Sydenham, that it is impossible not to recognise them as one and the same complaint."

Professor Corradi is of opinion that the diminished intemperance of the present age is the principal cause of the diminution of gout. "We have no idea," says he, "of the gross excesses of the ancients both in eating and drinking. 'Vomunt ut edant, edant ut vomunt,' said Seneca. This disgusting habit was so common in his days, that it was almost considered a want of courtesy if a guest did not void his stomach before commencing a repast. Cæsar vomited before reclining at the table of Cicero; and that celebrated orator, describing Anthony, says: 'Tu istis faucibus, istis lateribus, ista gladiatoria totius corpori firmitate, tantum vini in Hippiæ nuptiis exhauseras ut tibi necesse esset in populi Romani conspectu vomere postridie!'

"Drunkenness was so common in the time of Charlemagne, that he passed laws which condemned to the *rod* those priests who should be convicted of it, and compelled the judges to attend the Courts fasting; 'rectum autem et honestum videtur ut judices jejuni causas audiant et discernant.'

"Charles V, though tired of being emperor, was not tired of good living; and, though a martyr to gout, when in the retirement of the monastery of St Justus, would not pay any attention to the exhortations of his friends and attendants, who often used to remind him of the old Spanish proverb: 'La Gota se cura tapando la bocca;' and he had so decided an aversion to fasting, that he obtained a dispensation from Pope Julius III to abstain from it, even when he was going to take the Communion."

Without saying too much for our present habits, I think we must all agree that such excessive intemperance has been long unknown: and even within the last sixty years a good step has been taken in the right direction. Professor Corradi thinks also that in the middle ages, in consequence of the unreclaimed state of the land throughout Europe, people were compelled to feed much more on animal than vegetable food. The forests abounded in wild animals, whereas agriculture was scarcely attended to; and thus, animal food being much the most abundant, it was much more freely used. Vegetables were scarce in Great Britain even in Elizabeth's reign; and Hume tells us that in those days a salad had to be imported from Holland. But, as agriculture increased, so the forests disappeared, and the supply of animal food diminished; and this has gone on progressively, till it has reached such a point in some Continental countries, that animals which we would consider as carion have been recommended as substitutes for butchers' meat. In France, especially, has the want of animal food been so much felt, that it has been seriously proposed to manufacture a *species* of *meat* in the following way:—Cattle were to be kept in good pastures, and *bled* every week, or every fortnight, or as often as they could bear it, and to as great an extent as would be consistent with their safety, and the coagulated blood sold at a cheap rate as a substitute for meat!!!

The Author is, then, of opinion that the present diminution of gout is due to the change in the habits of the nations of Europe. "In Constantinople, gout is unknown at present, though so common during the Lower Empire; but Mahometan sobriety has succeeded to the drunkenness of the Greek Empire: while in England, where much more meat is consumed, and more wine is drunk than elsewhere, gout still is prevalent, though even there it is much less frequent than of old."—Review in 'Dublin Quarterly Journal.'

(*a*) An enormous sum, considering the great difference between the value of gold now and then.

CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY CONIUM MACULATUM.

Dr Corry says: On March 26, 1860, I was sent for to visit J. Russell, aged fifty-five, manager of a spirit store, residing in Ballymacarrett. On my arrival, I found him labouring under unmistakeable symptoms of tetanus, which had set in two days previously; the paroxysms were frequent and severe; there was decided opisthotonos, with precordial pain, and the trismus was so great that he could only open his mouth to the extent of half-an inch; there was, also, considerable difficulty

in swallowing, and for the last twenty-four hours he had been unable to assume the recumbent position, from an agonising sense of suffocation. Pulse 115 ; skin cool ; bowels constipated. Upon inquiry, I ascertained that about ten days ago his left hand had been crushed between two casks, by which accident a severe lacerated wound had been produced ; the injury, however, had to all appearance progressed favourably, and was now nearly healed.

Having previously had charge of two cases of this fearful malady, which I had treated unsuccessfully by the usual remedies, and having subsequently read M. L. Vella's communication to the Academy of Sciences, in Paris, on the employment of woorara in tetanus, and a paper by Mr Spencer Wells on the same subject, I was anxious to give the poison a fair trial in the present instance, and accordingly endeavoured to obtain some for that purpose ; however, not being able to procure any in Belfast, I took advantage of the suggestion thrown out by Dr Radcliffe, "that conium, the physiological action of which is almost identical with woorara, might prove a more manageable and suitable remedy :" I, therefore, ordered my patient five grains of the extract every three hours, dissolved in water, having previously evacuated the bowels by an enema of castor-oil and turpentine. After the medicine had been administered for twenty-four hours, there was a decided improvement in the symptoms ; he was now able to lie down, obtained a short sleep, and the spasms were less acute ; the pulse, also, fell to 100. Forty-eight hours afterwards, the peculiar physiological effects of the conium began to manifest themselves ; he complained of general debility, accompanied by numbness and loss of power in his lower extremities ; the paroxysms occurred at long intervals, and were greatly diminished in severity : pulse 80. Ordered the medicine to be continued, with wine, beef-tea, and eggs, to support his strength. At the expiration of a week, complete paralysis of the lower extremities had been produced ; the upper limbs were also much affected, and there was considerable difficulty in deglutition ; the spasms and rigidity of the different muscles had now all but subsided ; there was, however, still some trismus, and he slept but little : I had, therefore, to order him, in addition to the conium, an occasional night-draught of the solution of the muriate of morphia. By the end of a fortnight it was considered necessary to diminish the dose, and give it less frequently, as the muscles of respiration were becoming affected, the paroxysms had entirely ceased, and slight trismus alone remained. I now carefully watched the action of the medicine, and on the twenty-first day from its first administration was enabled to discontinue its use, as every symptom of tetanus had disappeared. A stimulating liniment was now applied to the limbs, with quinin internally, and in another fortnight he was able to return to business.

Remarks.—Notwithstanding the attention which has of late been directed to pathological investigations, our knowledge of the true nature of tetanus is, as yet, far from satisfactory ; the disease consists of a peculiar excitement of the medulla oblongata and true spinal system, occasioning severe continued spasms of the voluntary muscles, followed by imperfect relaxations. Our line of treatment should, therefore, consist in removing local irritation, and allaying nervous excitement. So far back as 1811, Sir Benjamin Brodie demonstrated by experiments the powerful sedative effects of woorara in controlling muscular spasm ; and in 1836, Mr Curling stated, in his treatise on the subject, that the poison was deserving of a cautious trial in acute cases of tetanus in the human subject. However, the great drawback to its use is the impossibility of procuring it of uniform strength, and the consequent difficulty of regulating its action. In conium, we have a much more manageable agent, possessing all the sedative powers of woorara, without its disadvantages. During the treatment of the foregoing case, I watched its action carefully, and found, that by either increasing or reducing the dose, its effects could be proportionally augmented or diminished. It would, of course, be unfair to form a decided opinion of the curative powers of any remedy from the result of a single trial ; but I must say, that, from the first, I found it so manageable and beneficial in its action, that I would have every confidence in again using it under similar circumstances."

CARBO LIGNI.

Charcoal as medicine, and for medicinal purposes, has been spoken of and extolled by scientific men in all ages. At a very early period Mons. Duval wrote his 'Appel aux Médecins sur l'Emploi du Charbon ;' and later we find a work by Dr Brachet, of Paris, on 'The Uses of Charcoal in Medicine,' upon which Dr Farr observes, "This dissertation is remarkable for its exact appreciation of its physical effects upon the human body."

In 1830, MM. Merat and Delens published a 'Universal Dictionary on Medicine and Therapeutics,' in which is contained a most able article on this preparation.

Vegetable charcoal, purified and properly manufactured from a light porous wood, is well known to the faculty to possess important properties, and to be a safe, agreeable, and effective remedy for many very troublesome and distressing maladies of the stomach and bowels.

Charcoal powder has been for a long period a favourite remedy in America, the Indies, and in many parts of Europe, for dysentery ; and it is extensively used, with the greatest success, on the Continent, as a remedy for nervous dyspepsia and other painful disorders of the stomach and bowels. It promotes digestion, and prevents flatus from over-distending the stomach ; thus affording a weak stomach every chance of recovering a healthy tone and action.

"In nervous affections of the stomach and bowels ; in those complaints which are so prevalent, and attended with so much pain and inconvenience, but which do not confine the sufferers to their bed, such as weight and uneasiness after eating, nervousness from laborious digestion, dyspepsia, pain in the chest, waterbrash, &c. ; for each of these disorders, the powder of charcoal is the most effectual in relieving pain, restoring the digestive powers, improving the appetite, and enabling the stomach to bear food."—Dr Belloc, Surgeon-Major in the French Army.

"The medicinal value of prepared wood charcoal (*Carbo Ligni*) was fully ascertained by army and medical officers during the last war, in the Mediterranean and the West Indies. It proved a valuable remedy in dyspepsia, intermittent and remittent fevers, acute dysentery and diarrhœa ; and as the organs and membranous tissues affected in the two last-named diseases are the same which cholera attacks, it may be inferred from analogy that charcoal will be beneficial in that most formidable malady."—Extract from Dr Borland, Inspector of Hospitals, Letter to the Board of Health.

Dr Borland further states, "that many persons not positively valetudinary, nor foregoing their ordinary occupations, but suffering annoyance from indigestion, flatulence, nausea, unpleasant taste in the palate, and offensive odour in the breath, have, to his knowledge, been entirely relieved from all these gastric evils, by the use of small doses of charcoal powder."

"In the bowel disorders of children, as well as in the ordinary weak digestion of adults, the use of charcoal powder as a prophylactic has been found of signal efficacy. Biscuits containing charcoal powder, in suitable proportion, have been found to relieve indigestion, flatulence, nausea, oppressed breathing, and irregular bowels, in a very effectual manner."—Mr Bird's 'Treatise on the Medical and Economic Properties of Vegetable Charcoal.'

Charcoal can be made of various degrees of purity, from a variety of substances, and are called either animal or vegetable charcoal, as the case may be. Animal charcoal is prepared in cast-iron cylinders ; it contains from 20 to 25 per cent. of carbon only, and is a valuable decoloriser. Vegetable charcoal is very various in its relative virtues, as the woods and vegetable substances from which it is prepared vary both in kind and quality.

Some vegetable substances contain less than 75 per cent. of carbon, the remaining 25 per cent. consisting of earthy mineral and deleterious matter. Charcoal possesses the property of absorbing noxious gases. M. Lowitz, a German chemist, about the year 1789, first applied this substance for deodorisation and purification. M. Theodore de Saussure, by a series of experiments, proved its power of altering the character of foul gases, by its peculiar properties.

Mr Turnbull, of Glasgow, in experimenting on the qualities of manure, covered 350 dead horses with charcoal, and no unpleasant odour was emitted from them.

The Irish Amelioration Society in London import peat-charcoal for agricultural purposes, and we believe it to be one of the best manures used for fertilising and invigorating the soil. As a deodorising and disinfecting agent, charcoal is now extensively employed. Of its anti-putrescent properties we give the following experiment by Mr Turnbull, who placed the body of a dog in a wooden box, for more than six months, in which he put a layer of charcoal, and covered it over with another layer, of a few inches in depth. The box was left uncovered in his laboratory, from which no offensive smell was ever discovered.

The property of charcoal to restore sweetness to tainted meat was shown by Lowitz, when in St Petersburg, in 1786.

Charcoal ventilators are used at Guildhall and the Mansion-house, for the purpose of purifying the atmosphere in those places. It has been recommended to the Board of Health, for the purification of the Thames, but without success. It is adopted in the manufacture of respirators, and, we believe, very wisely.—'The Chemist and Druggist.'

SIR HENRY MARSH, BART., M.D.

It becomes our most painful duty to record the death of Sir Henry Marsh, who expired on the 1st inst., at his residence in Merrion square, after a brief illness of about three hours' duration.

Sir Henry Marsh, having been educated in Trinity College, Dublin, where he graduated in both Arts and Medicine, was appointed Assistant-Physician, under his friend and relative, the late Dr John Crampton, to Steevens' Hospital, where he soon exhibited all the qualities essential to a successful Physician. In the year 1827, Sir Henry was elected Professor of the Theory and Practice of Medicine in the School of the Royal College of Surgeons, Ireland, which chair he filled with the greatest ability until his increasing private practice obliged him to resign it in 1832. He often stated to his medical friends that to his Professorship in the College of Surgeons he owed much of his success in after life. On the death of Dr Cheyne, Sir Henry (then Dr Marsh), a comparatively young man, took the lead amongst the many other distinguished Dublin Physicians of the day—a position which he held to the hour of his death. In 1839, Sir Henry became a Fellow of the King and Queen's College of Physicians ; and in 1840, a M.D. of the University of Dublin. In 1837 he obtained the honorary appointment of Physician in Ordinary to the Queen in Ireland. In 1839 he was created a Baronet. Sir Henry was more than once chosen President of the King and Queen's College of Physicians. He was Consulting Physician to the City of Dublin, St. Vincent's, and the Rotunda Hospitals, and to the Institution for Diseases of Children (founded by Sir Henry Marsh and Dr Charles Johnson).

As a clinical teacher, Sir Henry Marsh was unrivalled. As an author, his essays, in the 'Dublin Hospital Reports, Dublin Journal of Medical Science, &c.,' prove that he was an original thinker as well as a graphic writer. Up to a few hours before death removed him from amongst us, Sir Henry was actively engaged in correcting the sheets of his forthcoming psychological work, which has been announced by his publisher for the 1st of the ensuing year.

The Medical Profession, more especially the junior members of it, will long recollect Sir Henry Marsh as a most accomplished and painstaking Physician, who often came to their assistance, not only in the diagnosis, but likewise in the treatment of disease, both medical and dietetic.—'Dublin Medical Press.'

DEATHS.

Adams.—December 2, at Edinburgh, Alexander Maxwell Adams, M.D.

Atkinson.—November 26, at Dublin, Thomas J. Atkinson, Surgeon 31st Regiment, aged 33.

Barclay.—November 29, at Charlton, Kent, John Barclay, Surgeon R.N., aged 37.

Carbery.—September 24, at Carosal, William Declan Carbery, L.R.C.S. Irel., Assistant-Surgeon 3rd West India Regiment.

Eccles.—November 27, at Cheadle, Staffordshire, John Eccles, M.D. Univ. Edin. 1815.

Hoffman.—Recently, John Hoffman, M.D., Staff-Surgeon.

Marsh.—December 1, suddenly, at Merrion square, Dublin, Sir Henry Marsh, Bart., Fell. K.Q.C.P. Irel., M.D. Univ. Trin. Coll. Dub., one of the Physicians in Ordinary to the Queen in Ireland.

Myers.—November 28, Henry Myers, L.S.A. Lond., aged 50.

PURNELL.—November 25, suddenly, at Blackheath, William Anthony Purnell, late Physician-General of the Bombay Army.

SANKEY.—November 25, William S. Villiers Sankey, M.A. Dub. and Camb., aged 67.

SLIGHT.—November 25, Henry Slight, of Portsea, Hants, M.R.C.S. Eng., and L.S.A. Lond., 1819.

SLOAN.—November 27, John Sloan, of Kilmaurs, Ayrshire, L.F.P.S. Glasg., aged 70.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, the 29th ult. :—Frederick Favson Lee, Salisbury ; John Lovegrove, Sotwell Farm, near Wallingford, Berks ; Edward Parson, Cutcase, near Liskeard, Cornwall ; Arthur Edwin Hutchinson Trotter, Stockton-on-Tees. The following gentlemen also on the same day passed their First Examination :—William Goldsmid A'Beckett, University College ; Henry Finch, University College. As an Assistant—William Edward Porter, Melbourne House, Droitwich road, Worcester.

APPOINTMENTS.—Mr W. G. Church, of University College, Oxford, has been appointed to the office of Lee's Reader in Anatomy, vacant by the resignation of Dr Rolleston (now Linacre Professor). Mr Church obtained a first-class in Natural Science at the Easter Examination of the present year. Dr Anstie has been appointed Lecturer on Toxicology at the Westminster Hospital. Edward Liveing, Esq., M.B., Cantab., M.R.C.P., M.R.C.S., has been appointed Assistant-Physician to King's College Hospital.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the general monthly meeting, held on Monday, December 3, Sir Charles Hamilton Bart, C.B., in the chair, the Rev. Alexander Denny, M.A., and Edward Smaith, Esq., were *elected* Members of the Royal Institution ; and Carl Haag was *admitted* a Member.—Henry Bence Jones, M.D., F.R.S., was elected Secretary of the Royal Institution, in the room of the Rev. John Barlow, M.A., F.R.S., resigned, who was elected a Manager. The following arrangements for the Lectures before Easter, 1861, were announced :—Six Lectures on the Chemical History of a Candle (adapted to a Juvenile Auditory)—by Michael Faraday, Esq., D.C.L., F.R.S., &c., Fullerian Professor of Chemistry, R.I. Twelve Lectures on Fishes—by Richard Owen, Esq., D.C.L., F.R.S., Fullerian Professor of Natural Physiology, R.I. Twelve Lectures on Electricity—by John Tyndall, Esq., F.R.S., Professor of Natural Philosophy, R.I. Ten Lectures on Inorganic Chemistry—by Dr Edward Frankland, Esq., F.R.S., Lecturer on Chemistry at St Bartholomew's Hospital.

THE ROYAL SOCIETY.—The anniversary meeting of this Society was held recently, General Sabine, Treasurer and Vice-President, in the chair. The anniversary address was delivered, after which the medals were presented as follows : —The Copley Medal, to Professor Robert Wilhelm Bunsen, of Heidelberg, Foreign Member of the Royal Society, for his "Researches on Cacodyl, Gaseous Analysis, the Volcanic Phenomena of Iceland, and other Researches ;" a Royal Medal to Mr William Fairbairn, F.R.S., for his various "Experimental Inquiries on the Properties of the Materials employed in Mechanical Construction ;" a Royal Medal to Dr Augustus Waller, F.R.S., for his "Investigations into the Anatomy and Physiology of the Nervous System, and for the Introduction of a valuable Method of Conducting such Investigations ;" and the Rumford Medal, to Professor James Clerk Maxwell, for his "Researches on the Composition of Colours, and other Optical Papers." The Society then proceeded to the election of Council and Officers for the ensuing year. The following gentlemen were declared duly elected :—President, Sir Benjamin Collins Brodie, D.C.L. ; Treasurer, Major-General Edward Sabine, R.A., D.C.L. ; Secretaries, William Sharpey, M.D., LL.D., and Mr George Gabriel Stokes, M.A., D.C.L. ; Foreign Secretary, Mr William Hallows Miller, M.A. : other Members of the Council, Mr. John Couch Adams, Sir John Peter Boileau, Mr Arthur Cayley, Mr William Fairbairn ; Hugh Falconer, M.D. ; William Farr, M.D., D.C.L. ; Mr Thomas Graham, M.A., D.C.L. ; Sir H. Holland, M.D. ; D.C.L. ; Mr Thomas Henry Huxley ; Sir J. G. Shaw Lefevre, M.A., D.C.L. ; Mr James Paget ; Mr Joseph Prestwich ; Mr William Spottiswoode, M.A. ; Mr John Tyndall, Ph.D. ; Alexander William Williamson, Ph.D. ; Colonel Philip Yorke. After the election, the Fellows and their friends dined together at the Thatched-House, General Sabine occupying the chair.

ROYAL COLLEGE OF SURGEONS.—Notice has been given that the next Examininations of Candidates for the title of M.R.C.S. will be held as follows :—The Primary, or Anatomical Examination, on January 19, and following days ; and the Pass, or Surgical Examination, on January 26, and following days. Examinations of candidates under the old regulations will be held at intervals in the mean time, as usual.

UNIVERSITY OF LONDON.—The following are lists of Candidates who have recently passed the respective examinations indicated :—SECOND M.B. EXAMINATION, 1860.—EXAMINATION FOR HONOURS.—*Physiology and Comparative Anatomy.* —John Easton (University Scholarship and gold medal), King's College ; John Harley (gold medal), King's College ; and Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital. *Surgery.* —C. J. Bracey (University Scholarship and gold medal), Queen's, Birmingham, and King's Colleges ; Thomas Hiron Bartleet (gold medal), Queen's, Birmingham, and King's Colleges ; James Braithwaite, Leeds School of Medicine and Guy's Hospital ; John Easton and John Harley, King's College, equal ; Charles Grabham, St Thomas's Hospital. *Medicine.*—Eustace Smith (University scholarship and gold medal), University College ; John Harley (gold medal), King's College ; Thomas Hiron Bartleet and Charles James Bracey, Queen's, Birmingham, and King's College, equal ; Henry Forbes Winslow, King's College ; Edward Woakes, St Thomas's Hospital. *Midwifery.*—John Easton (gold medal), King's College ; Charles James Bracey, Queen's, Birmingham, and King's Colleges, and Washington Lafayette Winterbotham, University College, equal ; William Caley, King's College ; James Braithwaite, Leeds School of Medicine and Guy's Hospital, and John Harley, King's College, equal ; Henry Forbes Winslow, King's College ; Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital. *M.D. Examination*, 1860.—John Henry Bartlet, University College ; Rayner Winterbotham Batten, St Bartholomew's Hospital ; Francis Thomas Bond, B.A., Queen's College, Birmingham ; William Henry Broadhent, Royal Manchester and St Mary's Colleges ; Thomas Buzzard, King's College ; Thomas Armstrong Cammack, University College ; Richard Hunt, Guy's Hospital ; Philip Sydney Jones, University College, Edmund Symes Thompson, King's College.

PATHOLOGICAL SOCIETY OF DUBLIN.—The first meeting of the Society for the Session 1860-61 was held in the Anatomical Theatre of Trinity College, on Saturday, November 24, when the following Officers and Council were elected for the year ending November, 1861 :—President : Christopher Fleming. Vice-Presidents : Joseph O'Ferrall, Benjamin G. M'Dowel, Fleetwood Churchill, Samuel Gordon, James S. Hughes, Alfred H. M'Clintock. Council : Robert Adams, John Banks, Thomas Beatty, Dominick J. Corrigan, John Hamilton, Edward Hutton, Robert Law, Cathcart Lees, Sir Henry Marsh, Bart. (since deceased), Robert Mayne, Josiah Smyly, Joliffe Tufnell. Honorary Secretary : William Stokes. Secretary and Treasurer : Robert W. Smith. Secretary for Foreign Correspondence : Robert D. Lyons. The subject selected for the Society's gold medal, to be adjudicated at the close of the session to the best essayist, is, "The Diagnosis and Pathology of Diseases of the Spermatic Cord, and of the Testicle and its Coverings." In consequence of the lamented death of Sir Henry Marsh, Bart., one of the Council, the second meeting, intended to have been held on the 1st inst., did not take place.

ROYAL MEDICAL SOCIETY OF EDINBURGH.—The following gentlemen have been elected office-bearers in this venerable Society for the ensuing year, being its 124th Session :—Presidents, Mr J. Crichton Browne, Mr Alexander Crum Brown, M.A., B. Sc. (Lond.), Mr William Watson, Mr James Pettigrew ; Treasurer, Mr J. F. Macfarlan ; Honorary Secretaries, Mr Thomas R. Fraser, Mr John Duncan, M.A. ; Curator of Library, Mr R. J. B. Cunynghame ; Sub-Librarian, Mr W. Thomson.

MEDICAL PRACTITIONERS IN PRUSSIA.—At the end of 1859 there were for the entire Prussian Kingdom, 1 Physician to 4099 inhabitants, 1 Surgeon (an inferior Practitioner) to 10,823, 1 Apothecary to 11,602, and 1 Midwife to 1554 inhabitants. Of course the proportion differs in different parts of the kingdom, and in the capital is as follows :—1 Physician to 953 inhabitants, 1 Surgeon to 4477, 1 Apothecary to 11,710, and 1 Midwife to 3108.—'Berlin Med. Zeit.,' No. 45.

THE ANTI-TOBACCO MOVEMENT.—A meeting for the promotion of the objects of the British Anti-Tobacco Society was held in Edinburgh last week. Professor Miller moved the first resolution :—"That as the constituent principles which tobacco contains are highly poisonous, the practice of smoking and snuffing tends in a variety of ways to injure the physical and mental constitution." He said, no man who was a hard smoker had a steady hand. But not only had it a debilitating and paralysing effect ; but he could tell of patients who were completely paralysed in their limbs by inveterate smoking. He might tell of a patient of his who brought on an attack of paralysis by smoking ; who was cured, indeed, by simple means enough, accompanied with the complete discontinuance of the practice ; but who afterwards took to it again, and got a new attack of paralysis ; and who could now play with himself, as it were, because when he wanted a day's paralysis, or an approach to it, he had nothing to do but to indulge more or less freely in the weed. Only the other day, the French—among whom the practice was carried even to a greater extent than with us —made an estimate of its effects in their schools, academies, and colleges. They took the young men attending these institutions, classified them into those who smoked habitually and those who did not, and estimated their physical and intellectual standing,—perhaps their moral standing too, but he could not say. The result was that they found that those who did not smoke were the stronger lads and the better scholars, were altogether more reputable people and more useful members of society than those who habitually used the drug. What was the consequence ? Louis Napoleon—one of the good things which he had done—instantly issued an edict that no smoking should be permitted in any school, college, or academy. In one day he put out about 30,000 pipes in Paris alone. Let our young readers put that in their pipes and smoke it !—Mr Reynolds seconded the resolution, which was agreed to. Mr Thomas Knox stated that the present was only the initiatory meeting of a series which it was intended to hold in Edinburgh to promote the movement. He moved—"That as smoking has a tendency to encourage the drinking usages of society, not only by creating morbid thirst, but also by its exhausting power, thereby inducing recourse to a falsely supposed substitute, it is greatly calculated to foster crime and dissipation in the masses." This and other similar resolutions were unanimously passed.

ACTION OF CARMINE ON ORGANIC CELLS.—In a paper to be found in 'Canstatt's Jahresbericht,' 1858, vol. i., p. 202, Wittich confirms the conclusions drawn by Gerlach from his experiments (communicated by him during the Meeting of Naturalists at Bonn) upon the action of pigments, and especially of a solution of carmine when brought into contact with dead organic cells, and other elementary forms of cell origin. As soon as the coloured solution is brought into contact with cell-structure, the nuclei become coloured, the other portions of the cell, colourless at first, only exhibiting the colour after a longer imbibition. The elementary forms of tissue originating in cells comport themselves as do the nuclei, attracting to themselves the colouring matter. Thus in connective tissue it is only the cells, and especially their nuclei, which are coloured, while the intervening connective substance remains uncoloured. The muscular fibres appear coloured along their entire length. Of the nervous tissues, the ganglionary cells, and especially their nuclei, are of an intense red. In the non-sympathetic nervous fibres, the medullary substance, and especially the axis cylinders, are coloured, while the neurilemma remains colourless. In the vascular structures the cells and their nuclei are coloured in the tunica intima, while the elastic fibres of the tunica media remain colourless ; the muscular fibres are coloured, as are the cells of the connective substance of the tunica adventitia—the other portions remaining uninfluenced. In his experiments with colouring matters, Gerlach placed thin slices of brain which had been hardened by chromate of potash for two or three days in a mixture of one ounce of water, and two or three drops of a concentrated solution of carminate of ammonia. V. Hessling, the reporter in Canstatt, observes that there is nothing new in Gerlach's statements, every histologist familiar with injections being aware of the facts he states. V. Hessling himself described them in the 'Illustr. Med. Zeitung,' Theil 1., seven years ago.

FINSBURY DISPENSARY.—The office of Physician to the Finsbury Dispensary being vacant by the resignation of Dr Thomson, the election of a successor is announced for the 17th inst. This is one of the few institutions at which the services of the medical attendants receive an acknowledgment, amounting ere to 40*l.* annually.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 12.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

HUNTERIAN SOCIETY.—Council Meeting, 7½ p.m.—Dr Daldy, "On Cases of Hemiplegia, without Structural Lesion," 8 p.m.

NORTH LONDON MEDICAL SOCIETY.—Dr Hillier, "On Two Cases of Diphtheria, in which laryngotomy was performed," 8 p.m.

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—Prof. Leone Levi, "On Italian Commerce and Industries," 8 p.m.

Thursday, December 13.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

KING'S COLLEGE MEDICAL SOCIETY.—Dr Duffin, "On Perforations of the Peritoneum."

Friday, December 14.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 15.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—Clinical Lecture on "Epilepsy and Paralysis," by Dr Brown-Séquard, 3½ p.m.

Monday, December 17.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON.—8½ p.m.

Tuesday, December 18.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Diphtheria. By Edw. H. Greenhow, M.D. London: John W. Parker and Son, West Strand.

Introductory Addresses at the Ledwich School of Medicine. By J. H. Warton, F.R.C.S.I., Dublin.

NOTICES TO CORRESPONDENTS.

Mr H. BAKER.—It is immaterial; the power exists, but can never be enforced.

Dr PHILLIPS.—Yes.

A PHARMACEUTIST calls our attention to the unintelligible scrawls in which physicians delight to write their prescriptions, and points out the danger to life that necessarily attends such a practice. He urges that, as one method of abating the evill, all prescriptions should be written in full, and in English. He observes that the chemical nomenclature now in use would be a sufficient blind to the curiosity of the public. These observations deserve consideration. There are already some physicians who write in English, and we should be glad to see the practice general. Whatever conduces to the safety of life should be more valued than an antiquarian adherence to conventional usages.

M.R.C.S. ENG. & L.A.C.—1st. Yes.—2nd. Dr Todd laid it down as an axiom, that *always* when there is a tendency to delirium in rheumatic fever, stimulants should be administered.—3rd. It is a matter of opinion.

MEDICUS (Ramsgate) is thanked.

I. O.—The proper parties to whom to apply are the Local Board of Health, or other local body acting in that capacity.

A SUBSCRIBER.—We think C.'s conduct, under the circumstances, highly discourteous; but it is one of those breaches of good manners that it is wiser to overlook, and pleasanter to forget.

Mr COX.—The Publisher will attend to it.

Mr IRVINO.—No.

A POOR-LAW SURGEON.—1st. Correct.—2nd. No.—3rd. We are unable to say.

Mr FLOWER.—Received and inserted.

Dr GASON'S communication on the Cholera in Tuscany, received. His requests shall be attended to.

H. B. S.—We cannot comply with your request, not having the agency necessary for the purpose.

CHIRURGUS.—Yes; under the new Act.

A METROPOLITAN POOR-LAW SURGEON.—It is not our province to express a positive opinion as adverse to the ruling of one of Her Majesty's Judges; but still we cannot believe that Chief-Justice Erle was right in stating that no lunatic can be confined unless proved to be "dangerous." We have commented upon the trial elsewhere. Dr Clarke has been, in our judgment, harshly treated. The girl was not sent to an asylum,—perhaps she ought to have been. That women may be insane to-day and sane to-morrow, is a matter of common experience. We have known many instances of women continuing in a state of lunacy for several days, and even weeks, and yet were no sooner placed under proper surveillance, away from the irritating influences of old associations, than they almost immediately recovered their sanity. The opinion of even an alienist is of no value in such circumstances, as against that of the Medical Attendant who had an opportunity of observing the case before removal.

Mr B. PHILLIPS is thanked.

A SUBSCRIBER.—The perchloride of iron is the best styptic: long-continued pressure is efficacious Awhere it can be applied.

"DOCTOR."—Received; you are right.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM.

32 SOHO SQUARE, LONDON, W.
October 22nd, 1860.

Notice.—The Copy of the MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Section of the Act, will contain those Names only which appear on the General Register as existing on the last day of January, 1861.

It is particularly requested that claims for the Registration of first or additional Qualifications, and Notices of Alteration of Residence, may be sent to this Office as soon as possible.

Flour — (Essex) — Warranted free from adulteration, to any part of London (not less than 14lbs.) carriage free. Whites, for pastry, per bushel (56lbs), 11s.; Households (recommended for bread-making), 10s. 4d.; Seconds, 9s. 8d.; Wheat Meal for brown bread, 9s. 8d. Best fine and coarse Scotch Oatmeal. Address HORSNAILL and CATCHPOOL, Bullford Mill, Witham, Essex, or 97 Goswell road, City road, E.C. Directions for bread-making gratis. Terms Cash. A half-sack delivered free to any rail station 200 miles. German Yeast.

Antimargaric Cod-liver Oil, OR COD-LIVER OLEIN,
Extracted by Messrs. WILLIAM and EBENEZER ROTTON, 112 Dale End, Birmingham, and at their Fisheries, Scotland.

Wholesale Agent—Mr J. W. N. BREWER, Pharmaceutical Chemist, 5 Liverpool street, Old Broad street, E.C., London.

This preparation is strongly recommended as containing all the active principles of Cod-liver Oil without its impurities. Olein will be found to agree with the most delicate stomach; and in those cases in which pain, nausea, or eructations are produced by the Oil, the Olein is an invaluable substitute. In order to prove its superiority over every other, it has been subjected to the most scientific analysis, as proved by testimonials received from the well-known Professors of Chemistry and Therapeutics, Wm. Herapath, F.C.S., etc. etc., Old Park, Bristol; Septimus Gibbin, A.B. and M.B. Cantab., 3 Finsbury square, London; John Postgate, A.C. and M.D.; Bell Fletcher, M.D., etc. etc.; D. W. Crompton, M.D., etc. etc.; Sands Cox, M.R.C.S., Senior Surgeon to the Queen's Hospital, Birmingham, etc. etc.

Pint Bottles, 2s. 6d.; half-pints, 1s. 3d.; quarter-pints, 8d.

CAUTION.—In order to secure the genuine Cod-liver Olein, be particular in the address, 112 Dale End, Birmingham (the original Establishment), having no connection with any other. None is Genuine unless Capsuled and Signed "WILLIAM and EBENEZER ROTTON."

Letts's Medical Diary, NOTICE arranged for Vaccinations, Accouchments, Nurses' Addresses, &c., Patients' Names with column for Daily Visits. Neatly bound in cloth, pocket book, flap, pencil, and clasp, 2s.; French Morocco Tuck, two pockets and pencil, gilt edges, 3s.; best Morocco or Russia Pocket Book, 10s. 6d.; with divisions for instruments, 17s. and 15s. (Double the substance, 1s. 6d. extra.) Instrument Cases for ditto, 4s. 6d.

The other Editions of LETTS'S DIARIES commonly used by MEDICAL MEN, are Nos. 1, 2, 5, 9, 10, 12, 14; the Professional Appointment Diary; the Monthly Professional Diaries; Medical Visiting Lists, etc.

LETTS'S READING EASEL for INVALIDS, from 20s. to 40s. Sold by all Booksellers.—Fully descriptive catalogues gratis.

LETTS, SON, and Co., STATIONERS, 8 Royal Exchange, London, E.C.

Washing, Drying, & Mangling Machines.
Williamson's Patent MACHINES are in use at numerous Public Establishments.—Can be seen in operation (daily) at WILLIAMSON'S, Patentee and Manufacturer, 133 HIGH HOLBORN.—Illustrated Lists free by post.

Jones's Flesh Soap, for the TOILET or NURSERY, One Shilling the Packet. Most beneficial for producing a CLEAR, SOFT, and HEALTHY SKIN. To be had of

STEPHEN JONES (late W. Jones and Sons),
Old Established Candle, Soap, and Italian Warehouse, Near the Turnpike, Islington.
Established 1794.

TEETH WITHOUT SPRINGS,

BY HER MAJESTY'S ROYAL LETTERS PATENT.

Newly-invented Application of PREPARED INDIA-RUBBER in the construction of Artificial Teeth, Gums, and Palates.

MR EPHRAIM MOSELY,
SURGEON-DENTIST, 9 GROSVENOR STREET,
SOLE INVENTOR AND PATENTEE.

A new, original, and invaluable invention, consisting in the adaption, with the most absolute perfection and success, of CHEMICALLY-PREPARED INDIA-RUBBER, in lieu of the gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features:—All sharp edges are avoided; no springs, wires, or fastenings, are required; a greatly-increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, are secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the Chemically-prepared India-rubber, and as it is a non-conductor, fluids of any temperature may be retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. Teeth filled with gold, and Mr Ephraim Mosely's Cement, the only stopping that will not become discoloured, particularly recommended for front teeth.—9 Grosvenor street (W), London; 14 Gay street, Bath; 10 Eldon square, Newcastle-on-Tyne.

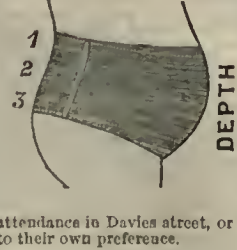
The London Home for SURGICAL DISEASES OF WOMEN, 16 Stanley Terrace, Notting Hill.—This Hospital is established for the treatment of surgical diseases peculiar to women, and combines the organisation of a hospital with the comforts of a home.

A weekly payment, regulated by circumstances, and varying from 10s. to 40s., must be made by each patient or her friends towards the household expenses, except in the case of those specially recommended by Life Governors.

There are 20 beds, 16 of which are appropriated on the above scale of payments to females of a better class than ordinary hospital patients; and four are reserved for poor patients recommended by Life Governors.

Donations and subscriptions are earnestly solicited, and may be paid to the Treasurer, R. Ruthven Pym, Esq., at the Western Branch of the Bank of England, Burlington gardens; and to the Hon. Secretary, or Lady Superintendent, at the Home. GEORGE FORBES, Hon. Sec.

Mr P. Bourjeaurd's Registered Spiral Elastic Compressional BANDAGES, to be obtained only at No. 11 DAVIES STREET, BERKELEY SQUARE, W., and No. 11 RUE DES BEAUX-ARTS, PARIS; and through the Profession.



Mr PHILIP BOURJEAURD, in submitting the accompanying diagrams, presents his best thanks to those Gentlemen who have, for some years past, prescribed his appliances in all cases indicating their necessity, and begs respectfully to assure others, who have not used them in their practice, that they will find them a most valuable assistance in most cases indicating the necessity of compression or support. The inventions consist of Abdominal Supporters, Hernia Apparatuses, Ankle, Knee and other Bandages, with various other Appliances, that the élite of the Profession have pronounced to be most ingenious.

N.B.—No. 11 DAVIES STREET, BERKELEY SQUARE, W., near Mivart's Hotel. The establishment is strictly private, not having any show of Bandages in the window. A highly-respectable married female to wait upon Ladies, who may insure her attendance in Davies street, or at their own establishments, by favouring Mr Bourjeaurd with instructions, according to their own preference.

AT HOME FROM TEN TILL SIX.

Classical and Mathematical.

—Dr STEGGALL (assisted by the Rev. L. J. Lovekin and T. Hogan, Esq., M.A.) Prepares Gentlemen for their Examinations at the following Boards:—Matriculation Examination of the London University; Preliminary Examination at Apothecaries' Hall; Fellowship Examination at the Royal College of Surgeons; Preliminary Examination at the Royal College of Surgeons.—For terms, &c., apply to Dr STEGGALL, before 1 and after 3 o'clock daily, at 2 Southampton street, Bloomsbury square.

N.B.—No Vacation during the Summer months.

Evening Demonstrations of

ANATOMY. — Mr CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT on Wednesday, during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, during the Winter Session, from Seven to Nine o'clock, at the Westminster Hospital. Entrance fee (perpetual) Five Guineas.

Mr Geo. Hind continues

his DEMONSTRATIONS and EXAMINATIONS, commencing on the 15th of September, at 29 Newman street, Oxford street.

Hours, from Ten to Twelve a.m., and Six to Eight p.m.

CHLORODYNE.

J. T. Davenport begs to

direct attention to the disgraceful and fraudulent practice of certain parties who apply the term "CHLORODYNE" to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is SPECIFICALLY applied to a remedy SOLELY DISCOVERED and INTRODUCED by Dr J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony published on the extraordinary properties of this remedy is exclusively applied to

Dr J. COLLIS BROWNE'S CHLORODYNE.

WHOLESALE DEPOT,

33 Great Russell street, Bloomsbury square, London.

Millikin, late Bigg and Millikin,

Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 0 St Thomas's street Southwark S.E.

Medical Fixture and Glass

WAREHOUSE. — W. HAY, 25 Little Queen street, Lincoln's inn fields, begs to inform the Profession that he Fits-up every description of Medical Shops and Surgeries, and has in Stock a large assortment of New and Second-hand Drawers, Counters, Desks, Dispensing Screens, Bottles, Jars, and every requisite for the above.—A large assortment of Medical Lamps.

Loan, Discount, and Deposit

BANK.

Established 1849.—145 Blackfriars road, S.

DEPOSITS.—Sums of £1 and upwards received, bearing interest at from 5 to 10 per cent., withdrawable as per agreement.

DISCOUNT.—Approved Trade Bills negotiated at two days' notice.

LOANS.—From £6 to £200, repayable by easy instalments, on approved Personal Security, Bills of Sale, Mortgages, Life Policies or otherwise.

Prospectuses, and every Information, may be obtained by letter or personal application.

EDWARD LEWIS, Manager.

145 BLACKFRIARS ROAD, S.

Liquor Castanea Equina.—

Messrs. REW and Co. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chesnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per pound.

The Oil of Horse-Chesnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chesnut are prepared only by REW and CO.

LITHIA WATER, LITHIA POTASH, and LITHIA AMMONIA WATER. These Waters are prepared according to the Instructions of Dr Garrod, and each bottle is guaranteed to contain the proper proportion of Lithia. 5s. per doz.

R. M. REW and CO., Operative Chemists, 282 Regent street, London.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 73 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE for Sale.

N.B. The largest stock of Second-hand Dissecting Cases in London. Also, A great variety of New and Second-hand Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

PULVIS JACOBI *VER.*, NEWBERY'S.

To the Medical Profession of Great Britain and Ireland.

GENTLEMEN,—We beg to call your attention to the following extract from a Paper by the late John Cheyne, M.D., F.R.S.E., M.R.I.A., Physician to the Hardwicke Fever Hospital, Dublin, and Physician-General to His late Majesty's Forces in Ireland, &c., &c., contained in "*the Dublin Hospital Reports*," *vol. i, p.* 320.

"The following very simple method of "exhibiting JAMES'S POWDER, in cases "of undue determination of blood to the head, "is that which I have generally pursued. The "patient is made to begin with a very moderate "dose, not more than two grains at bedtime, "and to increase the dose by half-a-grain every "night, until some sensible effect is produced "upon the stomach, bowels, or skin. Should "the stomach be affected with sickness, the dose "must be lessened, by one grain on the following "night. *By the addition of a little rhubarb "to it, a larger quantity of* JAMES'S "POWDER *may be administered than the "stomach could otherwise bear.* If the skin "is softened, or the bowels affected, the dose "should not further be increased, but it must be "repeated every night for a considerable length "of time: in several instances I have known "eighteen or twenty grains taken for a consi-"derable period without any inconvenience."

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the house of Newbery and Sons, in St. Paul's Churchyard, it is necessary to prescribe it as "PULVIS JACOBI VER., NEWBERY'S," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*) may be substituted for the original medicine.

This substitution must bring disappointment, and of course lead Practitioners to give up prescribing Dr. James's Powder altogether, or to regard it as a preparation on which no dependance can be placed.

FRANCIS NEWBERY AND SONS.
45, St. Paul's Churchyard, London.

Prices for Dispensing ½ oz. Bottle 3*s.* 4*d.*, 1 oz. 9*s.* Usual Discount to the Profession.

James's Fever Powder.

4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and sold by J. L. KIDDLE, 31 Hunter street, Brunswick square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

PULVERMACHER'S PATENT

GALVANIC ANTI RHEUMATIC CHAIN BANDS.

Unequalled as are the effects of the Chain-Bands in all kinds of Rheumatic Pains, Gout, Neuralgia, Indigestion, Epilepsy, and Female Complaints, still more extraordinary is the relief they afford in Sciatica, Lumbago, Head, Ear, and Tooth-ache, Bronchitis, Urinary Disorders, and all those Maladies attendant on Debility and Loss of Nervous Functional Force, &c. Persons interested in this Invention can convince themselves of the efficiency and certainty of the curative power of the Chain-Bands, by perusing the Book,

PULVERMACHER'S MEDICO-GALVANIC IMPROVED SYSTEM,

containing extracts from the learned Works of Physicians, Physiologists, and Philosophers, marked with the pages from whence they are taken; numerous private Testimonials of a most interesting character, with Reports of wonderful Cures from the Hospitals of England, France, Germany, and America.

The Invention is adopted by the Académie de Médecine, Paris; the Royal College of Physicians, London; and by the Imperial Faculty of Vienna. It is also distinguished by the support of Sir C. Locock, Bart., Physician to her Majesty the Queen; Professor Oppolzer, Physician to the Emperor of Austria; by Dr Rayer, Physician to Napoleon III; and others of celebrity; and was rewarded at the Great Exhibition of all Nations in 1851.

Chain-Bands, 5s., 10s. 6d., 15s., 18s., according to power.

Messrs PULVERMACHER and Co., 73 Oxford street.

Human Osteology

from France.—RAGINEL, 38 Ludgate hill, City, E.C., London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser, so as to show that every bone of each set belongs to the same skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat-gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.

Splendid Pieces for Lecturers and Museums.

Elastic Supporting Fabrics,

of very superior textures, for Varicose Veins, Accouchement, Spinal Affections, Hernia, &c. Instructions for measurement, and prices on application to the Manufacturers, POPE and PLANTE, 4 Waterloo place, Pallmall, London, S.W.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever

TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided: a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 8d.

Price of an Umbilical Truss, 42s., and 52s. 6d.

Postage, 1s. 10d.

Elastic Stockings for Vari-

COSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s 6d. 7s. 6d., 10s., and 16s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,
228 Piccadilly, London.

Lateral and Angular Cur-

VATURES of the SPINE.

In calling the attention of the Profession and Public to the SUPPORTS made by them, WM. WHITING and SONS beg to state that their extensive experience (over twenty years) warrants them in asserting that the IMPROVED SUPPORT which they now manufacture will be found to be the most effectual of any in use. At the same time, they are LIGHT, COMFORTABLE TO WEAR, AND COMPLETELY INVISIBLE THROUGH THE DRESS, as experienced by the many hundreds of persons of every age and sex who are now using them.

W. W. and Sons would also invite attention to their IMPROVED EXERCISING MACHINES, SPINAL COUCHES, and their various other contrivances required in Orthopædic practice.

Manufactory, 28 High street, Camden town.

N.B.—Makers (by authority) to the Spinal Hospital, Portland road, Regent's park, founded by the late Dr Verral.

Surgical Instruments.—

J. ARNOLD continues to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under his own superintendence.

J. ARNOLD, 35 and 36 West Smithfield, E.C.

Established 1819.

Chiosso's Gymnasium and

SCHOOL of ARMS, 231, EUSTON ROAD, Corner of Gower street North (near University College).

Mr ANTONIO CHIOSSO begs to draw the attention of Parents, Guardians, and all those who have the charge of Youth, to his system of Physical Education, which has proved, through experience, to be the most invaluable means of rectifying Physical Defects in the human organisation, such as Curvature of the Spine, Contraction of the Chest, general Debility of Body, &c., &c. Classes meet every hour of the day, attended personally by Mr Chiosso, from 9 A M. till 10 P.M.

Fumigations of Sulphur,

Chlorine, Mercury, and simple Hot-Air and Vapour Baths, continue to be administered at No. 40 Great Marlborough street, under the guidance of Dr GREEN, commenced in 1822, and recommended for the majority of long standing complaints.

Nervous and Mental

DISORDERS.—Wyke House, Sion hill, Isleworth, Middlesex, W.—A Private Establishment for the Cure and Residence of Ladies and Gentlemen mentally afflicted.—Proprietor, E. S. WILLETT, M.D.

CLINICAL LECTURES.

ON DISEASES OF WOMEN.

DELIVERED AT ST THOMAS'S HOSPITAL,
BY CHARLES WALLER, M.D., Obstetric Physician to the Hospital.

LECTURE V.—THE USE OF THE SPECULUM—LEUCORRHŒA.

(Continued from page 372.)

I stated in my last lecture, gentlemen, when speaking of the comparative value of the simple tubular speculum as contrasted with that of Ricord's, which is divided into several portions, that in cases where the cervix uteri is much increased in size, its entire surface cannot be easily exposed to sight by the former instrument, unless it be of very large size throughout, as there are no means of expanding it after its introduction, and hence difficulty is experienced in its application. The patient must also necessarily suffer a considerable amount of pain.

Some of you have had opportunities of seeing cases of ulcerated cervix uteri whose boundaries could not be seen without great dilatation. Now, unless the vagina be very greatly relaxed, and the genital fissure of large size, it would be impossible to introduce a tubular speculum of the required magnitude. Some time ago, a case was under my care in Elizabeth's Ward, in which the ulceration extended over the entire surface of an enlarged cervix uteri, involving also a portion of the vagina: a comparatively small portion of this would have been seen through a common tubular speculum. The other form of instrument is free from all these objections. I now show you the speculum I have used for several years past: its size is moderate; indeed, it is comparatively small—composed of four blades and a handle removeable at pleasure: it is, consequently, very portable. The four blades of which the speculum is formed are so constructed as to allow a certain degree of overlapping; they are kept firmly together by this slender stem of wood, having at one extremity a smooth wedge-like process, and at the other a handle furnished with two portions of thin steel, which together act as a spring. The round, smooth portion of wood, you will observe, projects beyond the blades; and this arrangement renders the introduction of the instrument easy to the operator, and painless to the patient. By means of the spring, the four blades are kept in close contact, so that they are compressed into a small space: by pressing the handles together, the spring acts, the wooden stem is released, and when removed altogether, the required degree of dilatation may be effected without difficulty. It is supposed by those who have had little experience in the use of the speculum, that it cannot be effectively employed without much indelicate exposure. This is a most erroneous notion: not the slightest exposure of any kind is required; and as for indelicacy, there is certainly no more in a specular than in a digital examination, and probably not so much.

Mode of introducing the Speculum.—Some of you have seen the way in which these examinations are made; but as there may be others now present who have not yet availed themselves of the opportunities afforded them in the wards of the Hospital, I shall shortly describe the *modus operandi*. The female should be placed in bed, in what is called the obstetric position—that is to say, just as if she were about to be delivered, namely, on her left side, the body slightly curved, the knees being at the same time a little bent upwards towards the abdomen, the buttocks approaching the side of the bed. A digital examination is then to be made, by passing the index finger previously anointed with unctuous substance into the vagina, and rapidly carrying it onwards until the os uteri is reached. This is found in different positions in different individuals, as regards its relation to the pelvis: it is sometimes high up, and reached with difficulty; at others, and more generally, it is low down; sometimes it is found pointing forwards, but much more frequently it will be found at the posterior part of the pelvis. The uterus should be carefully examined, whether there be any alteration in position size, &c.; whether there be pelvic tumour, inflammatory or otherwise. If this examination be satisfactory, nothing further need be attempted; if the information thus gained be insufficient, the speculum, having been previously well oiled, is to be passed up the vagina until the wooden plug at its extremity rests upon the os uteri. When this has been accomplished, the handles are to be pressed together, and the necessary degree of dilatation effected without the bed-clothes being at all raised from the body of the patient: the sheet should then be wrapped completely around the instrument, and brought under the thighs in such a manner that when the coverlid is turned aside, nothing whatever is visible except the open extremity of the instrument; a lighted candle is then held in the right hand in such a position as to throw a light upon the parts required to be seen, when, if the speculum has been applied in the proper direction, the os and cervix uteri will be brought into view. In cases where the vagina is very lax and dilatable, the extremity of the instrument sometimes passes by the cervix uteri into the *cul de sac* of the vagina; and here the cervix will only be partially seen, the os being altogether pressed on one side. It is better in these cases to withdraw the instrument slowly; and if, when it has been thus moved and drawn down to a certain extent, the parts are not distinctly seen, then I advise you to remove the speculum altogether, and to re-apply it, taking care to avoid the difficulty experienced in the first introduction. There is generally a good deal of mucus besmearing the parts, which must be wiped away before you can clearly discover their pathological condition.

Although it is upon the whole better for the patient to be in bed, it is by no means necessary. If a female should call upon you for advice, and you think her case requires the use of the speculum, the examination may be conducted with the same freedom from exposure if she recline on a couch without being undressed. In these cases the under-clothing should be wrapped round the patient in the same manner as recommended with regard to the sheet; and thus she will not be subjected to the annoyance arising from an exposure which is altogether unnecesaary, and extremely revolting to the feelings of a right-minded female.

It is scarcely, if ever, necessary to use the speculum in an unmarried woman. Its employment ought never to be sanctioned where the hymen is perfect, or where there is great narrowness or extreme sensitiveness of the vagina; where there are fungoid growths or extensive ulcerations of the uterus, which bleed freely on being touched. In the latter cases the flow of blood would effectually prevent you from seeing the condition of the parts on the one hand, whilst on the other the introduction of the instrument might be productive of injury.

Some men have violently opposed the use of a speculum under any circumstances; whilst others, by its frequent and unnecessary employment, have created no inconsiderable amount of disgust, and have thus materially damaged the reputation of the instrument. Avoid both these extremes: use it where necessary, but never employ it when the information required can be obtained by the touch. The cases which imperatively demand the employment of the speculum, are those in which there has been long-continued leucorrhœal or sanguineous discharge: the former are often considered by the female herself to be of no importance, and she seldom applies for relief unless it becomes profuse and she feels that her strength is giving way. The common term by which it is designated—"weakness"—shows the popular idea which is prevalent; namely, that it arises from a debilitated and relaxed condition of the parts locally, or of the system generally, or both these causes conjoined: and, without doubt, in many instances this opinion is correct. A patient applies to you evidently in enfeebled health, complaining of general debility and want of power: the surface of the body is pale and sallow; her pulse is feeble, her appetite bad; she has "a weakness upon her," and tells you she is unable to pursue her ordinary avocations, that "she has no heart for anything:' she is hysterical and dyspeptic; complains of no pain: there are, probably, some uneasy bearing-down sensations, and a dragging feeling in the lumbar and inguinal regions, especially if the flow occurs in a person who has borne children. You make a careful digital examination, and you find the local symptoms correspond with the general. There is profuse leucorrhœal discharge; the parts are much relaxed, the canal of the vagina somewhat shortened from the descent of the uterus, which has occurred in consequence of the loosening of its natural supports (the ligaments above, and the vagina below). The introduction of the finger gives no pain, and there is no resistance to its onward passage. If the vagina has been distended by frequent child-bearing, the membrane is often thrown into loose folds. The state of the uterus, and especially of its cervix, should be ascertained; and if it be found healthy, the speculum need not be used: you have by the finger acquired all the information you need; there is no organic disease—the local symptoms are clearly the result of general debility; and whilst you make use of means calculated to moderate the discharge, you will look more to the general system, as the cause from which all these symptoms are proceeding: for although the general debility must of necessity be increased by an inordinate local discharge, recollect that *this* is the symptom, and not the disease itself.

Leucorrhœa arising from this cause is very common amongst the poorer classes of the community, who are ill-fed, and reside in crowded and badly-ventilated apartments, and, as might be expected, exhibit all the signs of defective nutrition. In such cases, the indication is clearly to build up the powers of the constitution, which have been broken down. This is to be effected by the various forms of tonic medicines, conjoined with a liberal diet and a moderate portion of stimulating drink. It is better to commence the treatment by giving a mild aperient to clear away any feculent matter or morbid secretion that may be detained in the intestinal canal. The following draught is generally sufficient for the purpose:

℞ Pulv. rhei, gr. x.;
Potass. sulph., ℈j. ad ℥ss.;
Tinct. zinzib., ℥ss.;
Aq. menth. piper., ℥j. Ft. haust.

When the bowels have been relieved, you commence the tonic plan, beginning with the more mild forms, and gradually increasing their strength. Where there is tendency to nausea, the following infusion is of great service. It may be made the vehicle in which some more powerful medicine may be administered:

℞ Flor. anthemid.,
Cort. aurant. exsicc., āā ℥ij.;
Cort. limon. recent., ℥j.;
Aq. ferventis, Oss.

Macera per horæ sextam partem, et cola.

The maceration must be continued no longer than the time specified (ten minutes), or the

liquid will become intensely bitter, and far less grateful to the taste, and, consequently, not so so likely to be retained on an irritable stomach. To this infusion an alkali or a mineral acid may be added, according to the state of the stomach. If there be vomiting, four or five minims of dilute hydrocyanic acid, with a drachm of compound tincture of cardamoms, may be given thrice a day with advantage in an ounce of the above infusion. The nausea or vomiting having been relieved, a more decided tonic should be employed, such as calumba or gentian, combined with a full dose of taraxacum if there be a sluggish condition of the liver. A few grains of hydrargyrum cum cretâ may also be required; but great caution is necessary in the administration of this remedy. Its effect should be very carefully watched, as some constitutions are very intolerant of mercury, in any form and in the most minute quantities. The diet at this period should be light and nutritious, and in quantities proportioned to the digestive capabilities of the stomach. As soon as the dyspeptic symptoms have been relieved, one of the various preparations of iron should be substituted for the vegetable tonic. This mineral has long been in great repute in the treatment of vaginal discharges; and in the cases now under our consideration, where they arise from an enfeebled state of the general health, the remedy is extremely serviceable. The tinct. ferri sesquichlorid. in large doses is often very beneficial. This preparation acts not only as a general tonic, but also as a local astringent, checking to a certain degree the leucorrhœal flow: sickness is, however, produced in some instances by the tincture, and some other form of the mineral must be tried, *e. g.*, ferri citras, or ferri ammonio-citras, dissolved in mist. camphoræ. One of the most elegant (if the term may be allowed) of the ferrugineous preparations is the liquor ferri acetatis prepared by Warner and Barclay of Fore street. It contains a large proportion of iron, and scarcely ever produces nausea, even in a very irritable stomach. Ten minims constitute a medium dose, and this may be repeated three or four times daily in any convenient menstruum. It is better to apprise your patient of the blackening effect of iron upon the alvine evacuations, or she might otherwise be somewhat alarmed at their appearance. If the nights be sleepless, 10 minims of Davenport's chlorodyne may be administered with great advantage; it produces a very soothing effect, and is seldom followed by sickness or headache, which, as you are aware, are not uncommon after the exhibition of the usual narcotic medicines. A moderate quantity of port-wine, or stout, if it be preferred by the patient, should be allowed; and the diet should consist, for the most part, of animal food. If the patient reside in an unhealthy locality, removal from it into a more pure atmosphere will greatly expedite the cure.

Thus far the constitutional treatment, which, as I have said, is the more important. Nevertheless, the local must not be neglected, as profuse leucorrhœal discharges are in themselves very debilitating, and tend to increase the unhealthy condition of system to which they owe their origin. You, should therefore, employ local astringents at the very commencement; and it will be found necessary to vary them from time to time. You may begin with a solution of alum or sulphate of zinc, in the proportion of eight grains of the former or five grains of the latter to an ounce of distilled water: ablution with cold water every night and morning should also form part of the treatment. Should this not succeed, the alum or zinc may be dissolved in a strong decoction of oak-bark, or tannin may be tried. The nitrate of silver is another very useful injection, beginning with a moderate degree of strength (gr. iij ad ℥j.), and gradually increasing it. Whenever the nitrate of silver is employed, the female should be informed of its effects upon her linen: you know it is used in the preparation of "indelible ink," and, consequently, will permanently stain the fabric upon which it drops: some of our hospital sheets afford a standing proof of the truth of this statement. If the uterus remain prolapsed after the patient has been restored to health, she should be recommended to wear a nicely-fitting and well-constructed abdominal support.

THE PARASITICAL DISEASES OF THE HEAD AND FACE.

By GEORGE ROSS, M.D., &c.,

Author of the 'Constitutional Relations of Diseases of the Skin.'

No. IV.

(Continued from page 390.)

BALDNESS,—PORRIGO DECALVANS, ALOPECIA.

Baldness is a consequence of disease rather than a disease in itself; and its causes are numerous. They may be either constitutional or local, congenital or accidental, physical or moral. In some instances the hair follicles and secretory cells are irreparably destroyed; in others they are only impaired in their functions by previous disease. Baldness may attack both old and young, but men more frequently than women; and it may occur in patches, called *alopecia areata*, or extend over the entire scalp.

Baldness arising from *local diseases* may be a secondary result of any of the maladies already described, viz.:

1. *Of Ringworm.*—When the baldness is rarely complete; the rough surface of the skin usually exhibiting young sprouting hairs of a weak texture and woolly appearance. The roots of the hair not being destroyed, the hair may be recovered.

2. *Of Scall Head.*—As a consequence of this complaint, the baldness is generally complete; the patch being quite bare, smooth, thin, depressed, and shining. In this condition the disease is sometimes irremediable.

3. *Of Eczema and Impetigo.*—The scalp is grey and crusty-looking in these cases; but the follicles of the hair not being seriously injured, the growth of the hair may be renewed.

4. *Of Pityriasis.*—In this case, like the foregoing, the baldness is usually of a temporary duration.

5. *Vitiligo.*—Baldness is also a consequence of another disease, which is not, however, very common, viz., *vitiligo*, so called from its resemblance to calves' flesh. It occurs in roundish patches of various sizes, the skin being white and shining, or dead-white in colour. Spots of this kind are often congenital on the chest and hairy parts of the body. When this condition occurs as a disease, it "creeps along in one direction," as Bateman describes it, and chequers the surface; on the scalp and other hairy parts the hair loses its vitality, turns white, and falls off. It may be considered incurable.

There is another and a usual form of baldness, which does not appear secondary to any preceding local disease, which we shall call distinctively

Alopecia.—This may occur in spots, or prevail over the scalp generally. It is characterised by undue dryness and gradual withering of the hair, the roots of which are, at first, a little raised, and the surface of the scalp itself dry and scurfy. It is attended with slight itching, especially when the body is heated by exercise, free living, or the warmth of the bed; and there are sometimes small pustules present. The hair at length loses its hold of the skin, and falls out, leaving a darkish spot on the site of the follicle. When this loss of hair is extensive, the scalp looks shrunken, being deprived of a considerable portion of its subcutaneous fat. In this affection there is a wasting of the hair follicles; but these may be stimulated to renovated vigour by appropriate local and constitutional treatment.

CONGENITAL AND SENILE BALDNESS.

Congenital baldness is rare, and is allied to albinism. In these cases, the follicles of the hair, as Cazenave has pointed out, are not destroyed; their functions only are altered, there being always thin woolly-looking hairs on the surface. *Senile* baldness is common to us all, and, like the congenital affection, is incurable. It commences either at the temples or the vertex, and leaves a fringe of grey locks extending from ear to ear. Sometimes, however, it exceeds these limits. The causes of greyness and baldness, though frequently identical, are not always so. In greyness—*Canities*—the disease chiefly attacks the pigment cells, the growth of the hair continuing; in baldness these cells may not be injured, but the bulb may waste with atony or be destroyed by disease, so that the hair perishes. As the loss of hair over the temples confers a sager aspect than is commonly deserved, it is frequently coveted; consequently the circumstance of its incurability is not much regretted.

SYPHILITIC BALDNESS.

This is not an infrequent cause of premature baldness. When the syphilitic poison has thoroughly impregnated the constitution, it debilitates the vital powers, and impairs the nutritive functions of various tissues. The structures which it especially attacks are the bones, the mucous membranes, the pigmentary tissues, the absorbent glands, and the skin. In the latter organ we include the hair. Coincident with the loosening of the hair, there will exist generally certain scaly or other eruptions of a secondary nature, but these are not invariably present. No disease, moreover, is ordinarily perceptible at the roots of the hair; nevertheless considerable quantities fall as often as it is brushed.

BALDNESS AFTER FEVERS, ETC.

Acute maladies of various kinds, fevers generally, pulmonary consumption, liver disease, and all other affections that impair the vital energy of the system, cause atony of the hair follicles, and consequent baldness. In these cases, the alopecia lasts only so long as the system remains debilitated, and the hair returns as soon as the strength is restored. In some cases, as in fevers, the hair is lost, like the cuticle, by a process of exfoliation, having been separated by the morbid actions that have been going on in the follicles; in others, as in pulmonary complaints, the hair drops out from sheer debility of the structures.

THE INFLUENCE OF EMOTION.

Many curious instances are recorded of persons becoming grey from shocks of grief or remorse, or from the lengthened continuance of depressing emotions. A gentleman watching all night by the bedside of his dying wife, rested his head upon his hand. When the light broke in the morning, the hair on that side of his head which was in contact with his hand was observed to be quite grey. Numerous instances of a similar nature have been recorded. It does not appear that baldness has been often so caused.

THE INFLUENCE OF COSMETICS, ETC.

I have no doubt that the habitual use of certain substances, to render the hair stiff and fix the curls, exerts a most injurious effect

upon the roots of the hair. The diurnal use of soap, for example, in dressing the whiskers, is highly pernicious. The caustic soda contained in the soap dries the hair and parches the follicles, premature greyness being the result.

The parts that first turn grey are the whiskers and short hair immediately in front of and above the ear; differing in this respect from the course observed in baldness, which is first manifested either on the temples or the vertex. The hairs that grow last are the first to lose their colour; so also that portion of the hair of the head which appears last,—viz, that on the temples, which is late in appearing,—is the first to lose its vitality. It would seem, however, that the body-hairs obey a different law of growth and decay from those that cover the head. I do not think that the custom of wearing hats induces either baldness or greyness to any extent, as is frequently alleged. Each description of hair has its own period of life,—of development, maturity, and decay.

Pathology.—What has already been said suffices to explain the pathology of baldness. Gruby, however, says that it is caused by a parasite which is found within the hair. This parasite is identical with the parasite of ringworm and favus, already described.

(To be continued.)

FIVE CASES OF RUPTURED PERINÆUM CURED BY OPERATION, AND SUBSEQUENT DELIVERIES WITHOUT LACERATION.

By I. BAKER BROWN, Esq., F.R.C.S.

(Read before the Medical Society of London.)

Case I.—Ruptured Perinæum, complete—Operation—Cure—Subsequent Delivery without Rupture.

H. M., æt. thirty-eight, a lady from Essex, sent to Mr Brown by Dr Cape (who had not attended her in labour), mother of two children. The perinæum was torn in her first confinement, which extended over seventeen hours.

On Examination, Mr Brown found one-half of the sphincter gone, and some portion of the recto-vaginal septum; the anus was drawn upwards by the action of the levator ani.

June 18th, 1835.—Mr Brown operated, Dr Cape and Mr George Brown assisting.

21st.—Deep sutures removed.

28th.—Bowels moved.

July 11th.—Dr Cape saw the patient with Mr Brown, and on a careful examination the perinæum was found to be perfectly sound and entire, and the sphincter power restored.

This lady was, two years afterwards, attended in her confinement by Dr Cape, when the perinæum escaped quite uninjured.

Case II.—Rupture, complete—Previous Operation—Second Operation—Cure—Subsequent Deliveries without Rupture.

E. J., æt. twenty-eight, from Manchester, recommended to Mr Brown by Mr G. C. Jonson, of Grosvenor street, Eaton square, was admitted into St Mary's Hospital in July 1835. The perinæum was torn in her first confinement, on the 5th of May, 1835. Two months after the accident her usual surgeon in Manchester operated upon her, but only partially succeeded, as she did not recover control over the evacuations when they were loose, and she also suffered from partial prolapsus.

On Examination, Mr Brown found that the operation had succeeded in restoring the anus, but not the perinæum. The patient was weak and low, and complained of some difficulty in passing her water, especially if she retained it for long. This, Mr Brown found, arose from weakness of the anterior wall of the vagina, and consequent prolapse of the bladder into the vagina.

July 21st.—Mr Brown operated on her in the usual way. Union took place without one bad symptom, and in a fortnight she left the hospital to stay with a friend in the vicinity until her health should be quite re-established. Mr Brown subsequently heard from her in September, when she wrote that she was in the enjoyment of excellent health and strength. This patient has since been twice attended by his friend, Dr G. Stephens, of Manchester, and no injury has resulted to the perinæum on either occasion.

Case III.—Rupture, complete—Cure—Subsequent Deliveries without Rupture.

Mrs T., æt. thirty-five. The perinæum was torn during her confinement with her first child, eight years ago, the forceps having been employed; but the laceration was extended at the birth of her second child. The perinæum and sphincter were torn through, and the control over the sphincter ani lost.

Oct. 9th, 1856.—Mr Brown operated at Birkenhead, where this lady resided, and at this time she was advanced to the second month of pregnancy.

11th.—Dr Walker, her usual medical attendant, removed the deep sutures.

The bowels were moved on the 25th, and on the 20th of November she was reported as perfectly cured. She has since been twice delivered at the full period without any injury to the restored perinæum.

Case IV.—Rupture, complete—Cure—Subsequent Delivery without Rupture.

Mrs M. S., æt. twenty-five, from Surrey, came under Mr Brown's care, at Sir Chas. Locock's recommendation, in March 1837, who stated that her case was the worst he had seen. Four years before, she had been delivered, by the aid of forceps, of her first child, after a tedious labour. Two years after, she had a second child; but ever since the birth of the first, suffered from a rupture of the perinæum, which deprived her of the proper control over the action of the bowels, and, indirectly, seriously affected her health; she had been almost always obliged to maintain the horizontal posture.

Examination showed a complete rupture of the perinæum, about an inch of the recto-vaginal septum being also destroyed.

March 21st.—Mr Brown operated in his usual way, in the presence of and assisted by Dr Handfield Jones, and Messrs Britton, Staples, and Philip Harper; the late Dr Snow administering chloroform.

On the evening of 23rd, removed the deep sutures; and on the 26th, the superficial.

April 2nd.—When the bowels were suffered to act, a small recto-vaginal fissure was discovered, but this perfectly healed up in another week by the daily application of acetum lyttæ. From this time her recovery advanced rapidly; she regained her health, and was once again enabled to enjoy horse exercise, which she had not been since her first confinement.

Sir C. Locock examined the patient, and found the integrity of the perinæum restored in the most perfect manner.

In August, 1860, this lady was delivered at seven months and a half, by the advice of Sir C. Locock, by Dr Gream, who wrote to Mr Brown subsequently, stating that so perfect was the perinæum, and the absence of all traces of previous laceration, that he felt unable to credit the lady, that she had been so seriously injured as she stated: moreover, he added that the perinæum continued uninjured throughout the labour, although no special precaution was taken to prevent injury. Mr Brown had also since heard from the lady herself, that she is in all respects as well now as before her confinement.

Case V.—Ruptured Perinæum, extending two inches up the Rectum—Two Operations—Cure—Subsequent Delivery without Rupture.

Mrs R., æt. twenty-two, residing in Essex, forty miles from London, was delivered, after a tedious labour, by forceps, of a living child, on June 30th, 1858. Two days afterwards she had no control over the action of the bowels, produced by castor oil.

July 5th, 1858.—Mr Brown examined her, and found that the laceration of the perinæum was complete, and also of the rectum itself, for two inches. The rectal tear Mr Brown at once closed with silver sutures and a leaden plate, which was removed on the tenth day; and Mr Brown performed his usual operation for ruptured perinæum, being assisted by Messrs Parkinson, Taylor of Bocking, and Dr Bozeman of Montgomery, U.S. The deep sutures were removed on the third day; and in a fortnight she had control over the sphincter, and was quite convalescent. In six weeks from her delivery, she was down stairs.

Remarks.—This was only the second case in Mr Brown's experience where such a complete laceration had extended so far up the bowel; and yet it will be seen that such a rapid and complete restoration resulted from the operations, even whilst the lochial discharge was going on for the first two or three weeks. Dr Hodges, of Rochford, has since attended this lady at the full period, and no rupture of the restored perinæum took place. Dr Hodges lately related this case at the Obstetrical Society; but as the notes of the transactions of that Society, published in all the journals, do not mention Mr Brown as the operator, Mr Brown considered himself justified in publishing it himself, especially as Dr Hodges wrote to him, expressing his surprise and regret at the omission of Mr Brown's name.

THE SPIRIT OF THE PERIODICALS.

We extract from the 'Dublin Quarterly Journal' the following article, by Mr Clay, of Birmingham, on a

NEW SIGN OF POST-PARTUM DETACHMENT OF THE PLACENTA:

"The rules usually given in obstetric manuals and text-books for the management of the placenta, after the birth of the child, are—to wait for a pain, or to carry the finger along the cord to the os uteri, and, if its root can be felt, it may be fairly assumed that the placenta is thrown off, and may be easily extracted by gentle traction of the cord, with the aid of external manipulation. If these instructions be faithfully carried out, can we rely upon the facts elicited as infallible proofs that the placenta is separated from the uterus? Pain may mislead, as it frequently arises from other causes than contractions of the uterus; and even if the insertion of the cord can be felt, it is not always conclusive on this point, as the root of the cord may sometimes be felt when the uterus is in a flaccid condition, by using moderate traction on the cord, and yet the placenta be not thrown off. Besides, the patient often lustily complains of the smarting pains caused by the frequent examinations deemed necessary to ascertain the fact; and often she positively forbids such a mode of interference.

"Four years ago I was led, from these causes, to investigate the subject, with the view of improving, if possible, upon the old mode of managing the deliverance of the after-birth. I thus ascertained certain facts, from which I came to the conclusion that a very simple sign existed by which the separation of the placenta, after the birth of the child, might be indicated; and, having tested it in upwards of nine hundred cases, I hope I may be considered to be fairly entitled to lay the results at which I have arrived before the Profession.

"Before dividing the umbilical cord, I always apply two ligatures, and make both sufficiently tight to prevent the occurrence of hæmorrhage. If the maternal part of the cord is now examined, it will be found to be in a flaccid condition, and almost free from blood; but if it be again examined, at an interval, say from one to three minutes, it will be found to have acquired increased specific weight, and that the vessels are more or less filled with blood. The one fact may be ascertained by poising the cord on the fingers; the other, by slightly grasping the cord near the vagina, with the thumb and forefinger of the left hand, and, with the fingers of the right hand, suddenly compressing it, when a well-marked sense of fluctuation is perceived underneath the

fingers of the left hand,—a kind of resilience similar to the feeling produced when an elastic tube filled with fluid is suddenly compressed.

"When the placenta is thrown off, or sufficiently detached to give rise to a tolerably free hæmorrhage, the cord loses its increased specific weight and the hydrostatic property just mentioned. These phenomena occur so invariably, that the loss of the previously-acquired hydrostatic properties of the cord after the birth of the child constitutes the sign of detachment previously referred to.

"The whole of the phenomena are manifested in three stages, viz. :—1st, a state of flaccidity ; 2nd, a state of repletion ; 3rd, a state of flaccidity.

"If the umbilical cord be tightly grasped by a spasmodic contraction of the os uteri, or by irregular contractions of the body of this organ, the loss of the particular hydrostatic properties may be delayed for a brief interval ; but in a few seconds the spasm subsides, and those phenomena are produced which indicate the separation of the placenta, and that this structure may be safely extracted. These signs are, not, of course, always equally marked in every case,—often requiring experienced tactile management, in order to detect their presence. When the uterus is in a flaccid condition, the phenomena are manifested in a very slight degree, but are still perfectly reliable. On the other hand, when the uterus is contracted, with some degree of firmness, on the placenta, they are so well marked that the most inexperienced may readily detect them. In cases of partially-adherent placenta, the disappearance of the hydrostatic properties, after being once fully developed, and the failure to deliver the placenta by the usual manipulations, have always indicated to me the necessity for promptly adopting artificial detachment by the introduction of the hand. In twin cases, if the cord is firmly tied, I have invariably found that the signs persisted until the birth of the second child. In one case, where the hydrostatic properties disappeared, after being well marked, before the birth of the second child, I found, on examination, that the corresponding placenta was detached, and I at once removed it, which, otherwise would probably have been suffered to remain. Neither mother nor child incurred any risk.

"It sometimes occurs that the placenta is separated simultaneously with the birth of the child. In this instance, the first series of phenomena may be absent ; and it may be prudent to wait before proceeding to extract the placenta, although it may be generally effected with safety.

"The practical value of the application of these facts to obstetrics is obvious, as by merely compressing the cord in the manner previously indicated, the precise time of separation may be easily ascertained, the placenta at once extracted, and the patients thus freed from those frequent annoying examinations usually employed. The prompt delivery of the placenta, on the first efforts of the uterus, is very important, as this organ contracts then more efficiently, and the risk of hæmorrhage is not so great, and it may be fairly assumed that the puerperal convalescence is not so protracted as under a more dilatory proceeding.

"To students, or inexperienced practitioners, it might be a safe instruction to impart,—not to interfere in the extraction of the placenta so long as the hydrostatic properties herein defined are persistent."

The 'American Medical Monthly' opens with a continuation of Dr PEASLEE'S articles

ON DISPLACEMENTS OF THE UTERUS.

In this number the Author treats of *Inversion*. After some remarks to the effect that the inversion may be partial or complete, and that partial inversion may be of three kinds—viz., *depression*, implying convexity of the fundus towards the cavity of the uterus ; *introversion* or depression into the cavity of the uterus, and *perversion*, in which the fundus projects through the *os tincæ*, to which Mad. Boivin and Dugès add inversion of the body and cervix,—he says that inversion usually occurs immediately after the expulsion of the fœtus ; but it may also happen some days later, and it may be induced by a polypoid growth. The causes of inversion following labour are :

"A very prompt delivery (implying powerful contractions of the uterus), especially if it occur while the patient is standing or rising from stool ; rash pressure downward of the fundus uteri by the hand applied over the hypogastrium ; powerful straining efforts of the patient after the fœtus is expelled ; and all causes of irregular uterine contraction. But, doubtless, the most common cause is careless traction upon the cord, in order to remove the placenta after the fœtus is expelled. Still, it should be added that inversion may occur under the most judicious management. If the uterus be in a state of atony for a time after the fœtus is expelled, we may easily conceive that if an irregular contraction should take place, it might cause a depression of the fundus at first ; and this may finally become a complete inversion, independently of any error on the part of the practitioner."

The Author then continues :

"*Symptoms of Recent Inversion.*—If the inversion be *complete*, the following grave, rational signs present themselves. The patient suddenly becomes exhausted and deadly pale, even though there be no hæmorrhage. Generally, however, but not always, profuse flooding occurs, provided the placenta is detached. It is, however, far more frequently attached when the uterus is inverted. The pulse becomes small and rapid, and the voice weak, and nausea and vomiting usually supervene. If hæmorrhage attends, syncope soon follows, and in some cases death ensues almost immediately. On the other hand, if the patient rallies, she does so almost as slowly if there has not, as if there has been hæmorrhage ; the shock to the nervous system being the main source of immediate danger. Violent uterine contractions accompany, and also sometimes succeed, the displacement.

"Such symptoms should at once induce you to make a thorough local examination. A large tumour will be found hanging from the vulva, larger than the contracted womb should be ; at first flaccid, and sometimes extending half way to the knees ; but anon becoming rigid, from the supervention of contractions. This is the completely inverted uterus. If the vagina is also completely inverted (as it usually is not), there will be a firm constriction towards the top of the mass (the os uteri), and the portion above this is the inverted vagina. The cavity formed by the inverted uterus, and which is, of course, continuous with the peritoneal cavity, contains the ovaries and Fallopian tubes in all cases, and sometimes, also, portions of the small intestines, of the bladder, and the rectum. Thus, the size of the tumour will vary much, according as it does or does not contain the latter viscera. It is of course larger also, if the *placenta* is still attached.

"On inspecting the protruded mass, it presents a rough, fungous-looking, bleeding surface (if the placenta is detached), and we can distinguish the orifices of the uterine sinuses. The mass is spheroidal or ovoid, and larger above than below, and is sensitive to the touch ; and should, of course, be at once recognised if the placenta is still attached. On attempting to examine *per vaginam*, the latter may be found to be completely inverted. If not, the finger passes only a short distance into that canal, and can be carried completely around the upper end of the tumour without finding the os uteri. Examining *per rectum*, also, the uterus is not found in its place. And finally, search being made for it by palpation over the hypogastrium, it is thus found to be absent from the position it should occupy immediately after parturition.

"If the inversion be *partial*, the rational symptoms will be less pronounced proportionally to the degree of the displacement, and some of them will be entirely wanting. If mere depression exists, we may merely recognise a cup-shaped depression in the fundus on applying the hand to the hypogastrium. In introversion, this would be still more marked. In perversion, the fundus might not be reached at all by this manipulation, and there would be graver accompanying symptoms. But a vaginal examination would discover the fundus projecting more or less through the os, into the vagina, it being encircled as by a firm ring, by the os above. But even if the whole uterus except the os be inverted, the tumour may still be so small as to be retained in the vagina, since, unless there be complete inversion, nothing but the ovaries and Fallopian tubes, and not the whole of these, is contained in the cavity formed by the inverted organ ; and in this case, the tumour in the vagina has been mistaken for the breech of a second child.

"In regard to the comparative frequency of complete and partial inversion, I should add that most writers regard the former as comparatively quite rare. It is my own opinion, that of those cases occurring at once after the fœtus is expelled, the greater number are cases of complete inversion ; while those occurring subsequently are mostly cases of partial inversion.

"*Prognosis of Recent Inversion.*—Inversion is a fearful accident, unless treated at once, and the uterus reposited. But if judiciously and promptly treated, it is not usually fatal. There is, however, danger of a relapse for several days after, even to the 10th (Leblanc), and after a subsequent delivery. If overlooked or maltreated, it may prove suddenly fatal (in one or two hours), or death may occur a few days subsequently, from pain and exhaustion, syncope, or convulsions.

"On the other hand, if the patient survives an unreduced inversion for two or three weeks, she may probably for months or years, though still a great sufferer. Repeated and almost uninterrmitting hæmorrhage, however, generally limits the life of the patient two or three years after the accident (Boivin and Dugès, p. 123). Some, however, after a few months or years, experience but comparatively little inconvenience from this accident. At the end of from three to six months, the uterus will have been reduced to nearly its normal size, and will frequently no longer protrude from the vulva ; and if not, life is prolonged with much less discomfort. Levret and Delamotte were consulted by patients who had had inversion of the uterus twenty and thirty years, respectively. And Levret mentions the case of a woman seventy years of age, who had a complete inversion of the womb and vagina, and, of course, the mass was entirely external—which contained a portion of the rectum, of the bladder, and of the small intestine, besides the ovaries and Fallopian tubes.

"*Complications of Recent Inversion.*—Distension of the bladder and subsequent inflammation may be expected, if not guarded against, as complications. Sometimes, also, the uterus, if unreduced, becomes strangulated, and finally sloughs off ; and in a few instances, the patient has survived even this result. Inflammation soon supervenes of the displaced organ in all cases ; and this must, in cases where treatment has been delayed for a short time, be removed, before reposition is attempted.

"*Diagnosis of Recent Inversion.*—It might be supposed that the diagnosis of recent inversion, when complete, presents no difficulty ; but it has, in practice, often been found otherwise. The sooner after the accident occurs, however, the easier the diagnosis.

"1. From a *polypus*, complete recent inversion is distinguished by its rough, bleeding, and sensitive surface, and its form (larger above than below), and the greater immobility of the tumour. In polypus also the os encircles the tumour ; not so in inversion when complete.

"2. From *prolapsus*, inversion is distinguished by the absence of the mouth of the uterus at the lower part of the tumour, as well as by the blood-red and bleeding surface presented.

"3. From *prolapsus of the vagina*, by its rough bloody surface, and firmness, and difficulty of reduction.

"The history of the case in either prolapsus or polypus will also, of course, be inconsistent with the idea of recent inversion. Moreover, the absence of the uterus from its normal position in the hypogastrium, and the placenta also, if attached, will distinguish inversion from all the preceding ; and in polypus and prolapse of the vagina, the finger may be passed above the tumour into the vagina.

"*Partial* recent inversion (in the third degree, or perversion), may be mistaken for (1) polypus. But here, again, the tumour is sensitive, while polypus is not ; the surface is rough and bleeding —that of polypus is polished and smooth. Sometimes, however, the inverted uterus, whatever the degree of inversion, is not decidedly sensitive. (2.) It may also be mistaken for *prolapsus ;* but here, again, the surface of the latter is smooth, and the os uteri at the lower extremity of the tumour.

"The diagnosis of the first degree of recent inversion (depression and introversion) is made out especially by searching for the fundus uteri by palpitation of the abdomen above the pubes.

"*Treatment of Recent Inversion.*—Evidently the first thing to be done in a case of recent inversion, whether complete or partial, is to return the uterns to its normal position as promptly as possible. A delay of a few minutes may be fatal to the patient, and the difficulty of reposition is also much enhanced as the time passes. Denman thought the lapse of four or five hours might render the reposition impossible. This is, however, a mistake, as will appear further on.

"If present, therefore, when the displacement occurs, we should not lose a minute before attempting to restore the uterus to its normal position. There is, however, an important practical question to be settled in each case, provided the placenta is still adherent (and it is so in a majority of cases), viz.: Shall the placenta be detached before the attempt is made to reposit the womb?

"Blundell, Burns, Clark, Carus, Denman, Gooch, Newnham, and others are opposed to the removal of the placenta before attempting the reduction; though Denman and Carus advise to complete the detachment, if it be already partially detached. On the other hand, Baudelocque, Boivin, Capuron, Gardien, Radford, Meigs, and others, advise previously to detach the placenta. Obviously the reduction will be greatly facilitated by its previous removal, and in this way we also avoid any trouble from it subsequently to the reposition; but those who would return it with the uterus are deterred from detaching it by the risk of hæmorrhage. Dr Radford has, however, shown that this risk has been overestimated. Avoiding all discussion, I should say, that our practice, in case the placenta is still adherent, may be safely based on the three following precepts:

"1. If the placenta is partially detached, complete the detachment before attempting the reposition.

"2. If the placenta is adherent, and you are present at the moment when the inversion occurs, attempt to replace the uterus at once, without detaching the placenta. You would generally succeed at once, and the placenta will be expelled by the uterine contractions afterwards.

"3. If not called till an hour or more has elapsed, or until the uterus has become rigid, detach the placenta before attempting to replace the womb.

"To effect the reposition, the patient should be placed on the back, with the pelvis higher than the shoulders; and if the uterus has become rigid, it will be necessary to administer an anæsthetic. In case of a few hours' delay, the bladder and rectum should also be previously evacuated. In respect to the manipulations to be resorted to, different directions are given by different writers. But first apply oil or glycerine to the hands. Mr Newnham advises to attempt to replace first the portion of the mass which last descended, and therefore to commence at the upper part of the tumour. Some advise to compress the whole mass between the two hands, to diminish its size, and then to force the mass upwards, and thus effect reposition. I should compress the tumour in this way only in case it contained portions of intestine, and for the purpose of forcing them back into the peritoneal cavity before reposition is attempted.

"I should endorse the practice of those who first apply the end of a single finger to the lower extremity of the tumour with the intention of indenting it like the bottom of a bottle, by forcing it upward, and then other fingers, and finally the whole hand, when the indentation becomes sufficient to receive the latter. It will generally require a firm, continuous pressure, for several minutes before the lower part of the tumour yields at all; and when at length it does so, and the whole hand is applied in its turn, we must expect to meet with resistance again, when the inverted fundus is raised to the level of, and before it is returned through the os. A steady pressure will, however, at last overcome this, and the uterus is then at once replaced; the fundus sometimes starting from the hand, at last, like an elastic bottle when turned wrong side out. The hand must, however, (now within the uterus,) be carried as high as possible, to make it certain that no depression of the fundus remains. It should also be retained in the cavity of the uterus until expelled by the contractions of the latter; since, otherwise, the contractions may reproduce the inversion.

"We must, however, know when to attempt this manipulation. And Dr Meigs has decided this point. He observed that after-pains (*i.e.*, contractions) occur in the inverted uterus, as after parturition under normal circumstances. During them, of course, the uterus becomes rigid and firm, but the contraction ceasing, it again becomes flaccid. It is only when in the flaccid condition, of course, that we are to attempt the manipulation just described. If we find the uterus rigid, therefore, we have only to wait until relaxation ensues.

"Since, however, continued pressure with the finger becomes at length quite fatiguing and painful, we may use with the same result a piece of cork an inch in diameter (a cork stopper, for instance), made convex at its extremity and attached to a piece of whalebone or wood of sufficient firmness, instead of the finger; and when the tumour becomes indented below by the pressure thus applied, the hand can be used in turn.

"If reduction is found to be impossible by the preceding process, and the principal resistance is afforded by the os uteri, it may be proper to divide the latter. Belladonna ointment may be previously applied, as recommended by Chaussier. If the uterus is inflamed when we first see the case, the inflammation should be diminished by bleeding, the application of leeches, &c., as may be required, before attempting the reduction.

"If all the preceding means fail, I should still be disposed to vary and repeat the procedure, since I think that but very few cases of recent inversion should be abandoned as irreducible. A few cases of partial, recent inversion have been spontaneously reduced; but we have no right to expect this termination in any given case.

"After the reduction has been effected, a recurrence of the accident is best prevented by keeping the patient longer than usual, after confinement, in a recumbent position. I have said nothing of brandy and ammonia, or other stimulants which the patient may require, according to her condition, before commencing or during the reduction."

The Author then considers the subject of inversion of long standing, to which we will revert in our next Number.

Dr Pavy's Lectures on *Diabetes* are continued in the present number of the 'Lancet.' We will reproduce an extract in our next Number.

Dr William Pirrie continues in the same journal his observations on *Favus*, from which we will make an extract next week.

The following Case of

TYPHLO-ENTERITIS

is reported by Dr W. P. Harris, of the Punjab Infantry, in the same journal.

"Usgar, a Malay, aged forty-five, employed as a lamp-trimmer on board the 'Viscount Canning' transport steam-ship; has flabby muscles, and the expression of a man who continually indulges in some intoxicating substance. He states that for the last two months he has occasionally suffered from constipation, though in other respects he has enjoyed his usual state of health.

"On the 5th of June he applied to me, stating that he had almost constant vomiting, much pain over the epigastrium, and was constipated; pulse quiet; tongue clean. Calomel and opium, followed by castor-oil, afforded much relief. He returned to his work, and on the following day stated that he felt quite well, with the exception of a little pain over the epigastrium, which was immediately relieved by the application of a mustard poultice. His bowels acted the same day.

"On the 7th he came back to me in a much worse state than he was on the 5th, though the symptoms had undergone much modification. He was suffering from severe pain and tenderness over the abdomen, aggravated towards the cæcal region, in which part there was a distinct fulness and hardness of the abdominal walls perceptible. He had no vomiting, and instead of his bowels being constipated, he was now afflicted with somewhat profuse diarrhœa, of a slightly slimy character. The expression of his countenance denoted much suffering; though, as usual amongst Orientals, the ordinary condition of health of his tongue, skin, and pulse, was not materially altered. Not, being possessed of leeches, which were clearly indicated, I gave him mercury with chalk and Dover's powder, in repeated doses, with fomentations and poultices to the cæcal region.

"June 8th.—A defined hard tumour to be felt this morning in the cæcal region, of about the size of a large orange, exceedingly tender to the touch, more so than yesterday. A couple of cupping-glasses were applied over the tumour, and the powders and fomentations continued.

"7th. The pain was much less this morning; the gums slightly affected, and the man expressed himself as feeling considerably relieved. The powders were reliuquished; fomentations to be continued as before.

"After this date there was a daily improvement up to the 28th, on which day I disembarked with my regiment. During this period the diarrhœa continued, though less profusely than at first, being kept in check by means of dilute sulphuric acid and tincture of opium. No strong astringents were given to check this flux, as nature appeared to use it as a means of diminishing the size of the tumour, which slowly reduced in bulk without the patient being weakened by the relaxed state of the bowels. To assist nature, compound iodine ointment and mercurial plasters were applied, and hydriodate of potass with decoction of bark given internally.

"On the 28th, when I gave up the treatment of the case, the man had returned to light employment, and the tumour was inconsiderable in size.

"I lost sight of the man for about one month, at the expiration of which time I found that nature had perfected what I had left incomplete; as, on examination, I could find no trace of a tumour, or even of any hardening of the textures, and the man had gained more flesh than any of his friends had seen him possessed of before. The patient told me that the diarrhœa had continued until the whole of the swelling had disappeared. The improved state of health over that he had enjoyed for some years past may, perhaps, be referred to the fact of his having lately been unable to obtain opium, which, for the last two years, he had been in the habit of eating."

The 'Medical Times and Gazette' contains the tenth Lecture of Dr Goodfellow

ON DISEASES OF THE KIDNEY.

He treats of the process of formation of the *small hard, contracted kidney*. He thinks it a combination of the processes of degeneration and inflammation. He observes:

"In this form of kidney there is a great increase of the connective tissue, and not only an increase, but an alteration of the tissue. It is coarser, and is sometimes, I believe, more or less mixed with fibres of the yellow fibrous element. The normal connective tissue, or matrix of the kidney, is extremely delicate; and this, I suppose, has led some Histologists to deny its existence altogether. It is very easily destroyed, and it is so extremely transparent that unless considerable care is taken in the management of the light in looking at specimens of healthy kidney tissue as transparent objects, and, therefore by transmitted light, all appearance of fibres will be lost.

"The atrophy and destruction, partial or complete, of the Malpighian bodies, and convoluted tubes, which produce the contracted state of the organ, is, in a great measure, owing to this increase and alteration of the fibrous elements. Not altogether, however; for it is probable that, for the reasons assigned in my last Lecture, there is, at the same time, and from the same cause, a degeneration and actual wasting of these structures, independently of the mechanical effects of this increase of fibrous tissue. It is more than probable, as I there hinted, that the delicate anatomical elements composing the walls of the capillary blood-vessels, both Malpighian and secondary, and of the uriniferous tubes, are directly injured by the irritating influence of the alcohol, and other allied substances."

The increase of the fibrous tissue having taken place, how is it likely to affect the true secreting structures?

"It produces it in two ways, both mechanical in their operation,—First, by pressure upon them, leading to absorption, and secondly, by pressure

upon and obliteration, partial or complete, of the blood-vessels, and in this way cutting off the supply of nutritive blood-plasma. This interception of blood-plasma may probably be induced in another way,—by the peculiar mode of action of the causes of this form of kidney disease, either from actual coagulation of the albumen and fibrine in the blood-vessels, or from the mechanical influence of the separated or precipitated fats in a non-saponifiable form.

"But, as I said before, I do not think that the atrophy and destruction of the true gland structures are entirely due to these mechanical influences, certainly not, when the cause is alcohol. I repeat that the mere contact for any great length of time of an irritant with the delicate gland-tissues will lead, under certain conditions, to their degeneration and ultimate destruction, somewhat in the manner described in my last lecture. The mere contact, more or less continuous, of an irritant, such as alcohol, in the form of brandy, gin, and such ardent spirits, will produce something resembling a shock upon the tissues, alter or annihilate their inherent properties, impair or destroy the play of their normal chemical affinities, and consequently deprive them of their assimilating powers. They die, and cease to be renewed, from inanition, much in the same way as they lose the same properties of development, growth, and conservation, from general impairment of all the functions of the body in old age."

Dr Goodfellow then considers the mode in which the mixed varieties are produced; but having given that of the typical forms, we shall not follow him in this part of his disquisition. He then speaks of the fatty and amyloid forms. On the *fatty* form he remarks:

"We should, consequently, expect to find this superabundance of fatty matters in the body, and the tendency to the replacement of protein principles by fat in elderly people, in whom the respiratory changes are deficient, who take but little exercise, and take more food than they can possibly convert and assimilate into the higher proximate principles and protein-tissues. In drunkards this conversion probably is more nearly allied to a form of inflammation, and owes a complex causation. As I have already stated, alcoholic drinks are a much more frequent cause of this fatty kidney. It is impossible that the separation of fatty principles, which was observed by MM. Lallemand, Perrin, and Duroy, after the administration of alcoholic compounds, can take place in the blood without obstructing the circulation through the minute capillary blood-vessels, interfering with the transudation of blood-plasma through the interstices of their walls, and leading to a superabundant admixture of those fatty principles with the plasma itself, even if it were otherwise normal in composition, which it very probably is not. How can it, indeed, remain in the normal state? This separated fat most probably comes chiefly, if not entirely, from the red blood-corpuscles, if it be true, as Lehmann asserts, that the fats of the blood are principally deposited in them. It is not surprising, then, that tissues, whether composed of fibres, molecules, or cells, or of all of them, should undergo changes which ultimately end in fat. Old age, too much food, too little exercise, residence in an impure atmosphere, but above all, an intemperate use of ardent spirits,—one, or more, or all, are the true causes of the fatty form of kidney when occurring as an independent form of Bright's disease, and also, in great part, when it is an engraftment upon the others."

Again of the *amyloid*:

"Virchow was the first to discover the true nature of the metamorphosis that the tissues undergo in this condition of the organ. Those parts of the kidney, and of other organs which have undergone this metamorphosis, seem to be converted into a substance analogous in its reactions with iodine and sulphuric acid to substances of the amylaceous group. On brushing over parts affected with this metamorphosis, they assume in a few minutes a deep red-brown colour. This seems to be distinctive, for it is very different from the colour produced by iodine on organs in any other condition, and when once seen, is represented by Dr Harris not to be mistaken. It is not cellulose, for iodine does not produce the red-brown colour with this substance, and it offers less resistance to alkalies, and is convertible into sugar, which the amyloid substance is not. For the same reason it is not actual starch. The reactions with cholesterine with the same agents, for which it might otherwise have been mistaken, are essentially different. It is therefore not allied, probably, in any way to this substance. The process by which the presence of this amyloid substance may be detected is very simple, and of easy application. 'When a solution of iodine is brushed over a liver which has undergone this change, the affected parts in a few minutes assume a deep red-brown colour, very different, as before stated, from the colour produced by iodine on organs in any other condition. When to these parts, thus reddened by iodine, sulphuric acid is added, a change to a bluish-red or violet-red, or deep-blue purple, or even to an indigo-black, speedily commences; in some cases this colour quickly passes into a deep reddish-brown. In the Malpighian bodies, and arteries of the kidney, the bluish coloration is most marked, and in these the dilute acid is sufficient to produce it. In the liver the stronger acid is necessary, and the colour is observed with greater difficulty. Now, cholesterine, when treated with strong sulphuric acid and iodine, shows a very similar blue colour; but with iodine alone it is unchanged in colour. It is necessary, in order that the iodine shall produce its characteristic blue colour, that it undergo some amount of oxidation by the sulphuric acid.' The following are Virchow's views as to the nature of the substance, its anatomical seat, and the character of the constitutional symptoms, as quoted by Dr Harris, from his work on 'Cellular Pathology:'—

"'Almost all parts of the body are capable of undergoing this process of degeneration. The affected parts become enlarged, somewhat indurated and anæmic; the cut surface is semi-transparent, but dull; the natural colour of the parts is lost, but the colour of the neighbouring parts and vessels being seen through, gives them a yellowish or brownish tinge. The coats of the small arteries are the most frequent primary seat of this infiltration, and from them it spreads to the parenchyma of the organs; the walls of the arteries become thickened, and their calibre reduced, and hence the anæmic condition of the organs. The muscular fibres of the middle coat are the parts first affected. In the place of each muscular cell a compact homogeneous body is seen, in which, in the earlier stages, the centre of the nucleus appears as a hole; this afterwards disappears, so that a kind of spindle-shaped body remains, from which all trace of cell-structure has vanished, no distinction being left between cell-wall, contents, and nucleus. When the infiltration has reached this point, it commences to invade the parenchyma of the organs. In the liver, the cells in the immediate neighbourhood of the hepatic arteries are first affected; the liver-cells gradually become homogeneous; nucleus and cell-wall gradually disappear; and at last nothing is left but an absolutely homogeneous shining body; the cells are thus coverted into a kind of corpora amylacea. In the kidney, the vessels of the Malpighian bodies and the afferent arteries first undergo this change. In the earlier stages but little alteration is perceptible to the naked eye; the kidney appears merely indurated and anæmic, and only when a solution of iodine has been applied to it, does the change it has undergone become apparent; then, throughout the cortex numerous fine red dots appear, corresponding in their size and position to the glomeruli, and fine red streaks running from them indicate the afferent arteries.'

"'The disease is constitutional; one organ alone is rarely affected; the only spot where as yet an independent development of this change has been remarked, was in the permanent cartilages. The organs thus affected cease to discharge their functions; the patients assume a cachectic appearance, and gradually waste away; dropsy frequently supervenes. Sometimes, too, the whole digestive tract is affected by this degeneration. During life this is rendered manifest by continued diarrhœa, and by diminished powers of absorption.'"

Dr Goodfellow then discusses the formation of cysts, which he regards as an almost inevitable condition of Bright's Disease. They are of two kinds; one about the size of a walnut, and the other of a microscopic character. He observes:

"They are represented (and I believe truly) to be formed in three ways: First, and most frequently, in the way described by Dr George Johnson, which is so palpable as to occur to the mind of every one who is in the habit of examining attentively the kidney when so affected; and secondly, that suggested by Mr Simon; and thirdly, by spaces formed in the fibrous structure, which become filled with fluid. There is no doubt that cysts are formed in other parts of the body, according to this third mode of development; but whether they are in like manner formed in the kidney is very far from being proved, although it is certainly probable. There are much stronger grounds for our assent to the two first modes of formation."

The Author then briefly explains these processes of formation.

In the same journal, we observe a continuation of Mr Le Gros Clark's Lectures.

STRICTURE.

The Author reports two cases, and makes some remarks. Speaking of the formation of abscess, extravasation, and gangrene, he says:

"More usually, however, when time is given, Nature makes provision to obviate this wholesale destruction from diffused extravasation; and this is apparently accomplished, as in the cases I have narrated, in the following way: A diseased condition of the urethral mucous lining, consequent on gonorrhœa, and entailing stricture, is usually the antecedent state and history. A small point of ulceration in the urethra, possibly at one of the numerous lacunæ, extends outwards into the submucous areolar tissue, and is followed by a minute drop of urine. Inflammatory deposit takes place around this small fistulous opening, which is thus, as it were, walled in, as an ordinary abscess frequently is. But still the irritation of the urine, combined with the *vis a tergo*, gradually forces a passage onwards, and the centre of this indurated deposit at length softens down into a circumscribed abscess, to which the urine has access. At this stage the patient may come under our care, suffering from a hard swelling in the perinæum, often conical in form, with its apex directed forwards, and acutely tender; perhaps attended by complete retention of urine, or at any rate by difficult micturition. There is no fluctuation in this swelling; but on cutting through hard gristly texture, generally of considerable thickness, an abscess, containing, it may be, only a few drops of matter, is reached, and relief is afforded. If the case runs on to a later stage, as in the two instances mentioned, the pus and urine mixed finds a way out for itself; and this may be without extension of the infiltration, as in the first case, or with it, as in the latter. Still, the treatment must be the same—viz., free incision into the seat of abscess. But by this step we reach the urethra, and thus have it in our power to relieve the cause of the existing mischief, as well as the mischief itself. Now, it is to this point that I wish particularly to direct your attention; for I think this *desideratum* is best fulfilled by the non-interference plan which I adopted in the cases I have narrated—abstinence, I mean, from further interference after the abscess was freely incised, and the urethra laid open behind the point to which the staff was passed down. I have tested this plan for a long time now, and have no hesitation in recommending it for your adoption as a general rule, in preference to passing a catheter on into the bladder, even if you can accomplish this often difficult task, and leaving it there. Theoretically, the latter course seems to be the most appropriate, and I believe many Surgeons regard the introduction of a catheter as an essential part of the treatment. I used to think so, but am now satisfied, and have long been so, that, as a general rule, the presence of an instrument under these circumstances is not only superfluous, but positively mischievous. There may, doubtless, be accidental conditions which demand it, such as stricture farther back, which is, however, very rare, or a paralytic and distended state of the bladder; but even with dribbling incontinence this is not essential, as Case 1 proves. If the urine do not flow readily at once, it very soon finds its way

through the artificial opening; and we may then trust safely to Nature's modelling power, as we do, for instance, in lithotomy, without supplying a mould for the new material to be modelled upon. This reparative power was well illustrated in the case of extensive sloughing after extravasation to which I have referred. But, beyond this negative recommendation, you save the patient much inconvenience, if not suffering; and I have repeatedly seen the presence of a catheter create so much irritation, that healthy action has been retarded, and even arrested, and its removal thereby imperatively demanded. As the case advances towards a cure, then an instrument, either bougie or catheter—I prefer the former—may be introduced from time to time, to assist in enlarging the calibre of the urethra, but it need not be left in.

"You will not, however, understand me as advocating the treatment of burst urethra from violence in this way. In such cases it should be the Surgeon's first duty to introduce an instrument, and to fix it in the bladder. This can generally be accomplished by careful and patient manipulation, and of course without an external incision, unless the mischief resulting from infiltration require it. Indeed, it is the Surgeon's business to anticipate such mischief, and to pass a catheter, where he suspects the urethra is ruptured, before he allows the patient to attempt to micturate unaided. A case in point occurred under my care a few months since, and I commented upon it in a former lecture. A similar case came under the notice of several of you at an earlier period, in which a railway-guard was struck by the buffer of an engine, and had the ramus of his ischium fractured, and his urethra torn; both of these patients recovered without extravasation, from careful attention to this precaution; and thus, by allowing the urine to drain off through the instrument, so as to prevent the bladder from becoming distended, a ruptured urethra is not necessarily followed by extravasation."

Mr GREENWAY, of Plymouth, contributes a paper to the same journal on a

NEW OPERATION FOR IRIDECTOMY.

He says:

"Notwithstanding the various contrivances which have been devised for operating on the iris, I am not aware that any method has been adopted whereby a circular incision can, with certainty, be produced. In whatever part of the body Surgical aid may be required, it is, doubtless, the duty of the Surgeon, to the best of his ability, to leave the part affected in a condition to fulfil, as nearly as possible, the purpose for which Nature intended it. With this belief, I have been led to devise an instrument, the nature of which I believe to be entirely new, for producing an artificial pupil in the natural position and of a circular form.

"The instrument somewhat resembles a syringe, but, instead of being furnished with an ordinary nozzle, a canula is screwed on to the end of the cylinder, or body, and, there being no piston, the rod, which would otherwise be the piston-rod, is continuous with a blade which lies within the canula. This rod passes through an air-tight fitting at the upper part of the cylinder, and has a spring action. The canula is plano-convex transversely, its bore being one-twelfth of an inch by one-fifth; the plane surface presents near the extremity a circular aperture, about one-eighth of an inch in diameter, for the admission of a portion of the iris; that small portion of the tube beyond this aperture is filled with lead, which serves not only as a plug to completely obstruct the extremity, but as a point of resistance for the blade. On the convex surface is a small mark which indicates the position of the aperture on the plane surface.

"The blade is kept in close contact with the floor or plane surface of the canula by means of a spring which is interposed between it and the roof or concavity of the canula. Communicating with the upper part of the cylinder is a metal tube, about an inch in length, on which is fixed an india-rubber tube, which is furnished with a mouth-piece at its free end. This may be termed the suction-tube. On the opposite side of the cylinder is fixed a ring to receive the finger of the operator.

"It will be evident that if a person placed the mouth-piece between his lips, and caused suction, a current of air would pass in at the circular aperture of the canula, and that if this aperture were placed in apposition with a thin structure, such as the iris, a small portion of it would be drawn into the canula in the form of a cup. If, now, the blade be pushed forwards by pressing the head of the rod, the enclosed structure, answering to the shape of the aperture, would be excised, immediately the edge of the blade came in contact with the piece of lead which fills the extremity of the canula beyond the verge of the aperture.

"The experiments I have made on the eyes of animals, supplied from the slaughter-house, have been most successful. I found that I could, without fail, excise a perfect disc from the iris in its natural state, thereby leaving a corresponding aperture. In some cases, I produced an aperture so near the pupiliary margin as to leave only one-twentieth of an inch of iris, and that in an uninjured state, between the natural pupil and the artificial one. I may, therefore, fairly presume that in cases of closed pupil, for which the instrument is intended, the results will be equally satisfactory."

Mr ZACHARIAH LAURENCE continues in the same journal his papers on the *Utrecht School of Ophthalmic Surgery.*

We continue this week our quotation from Dr SIMPSON'S Lectures on the Diseases of Women, which appeared in the 'Medical Times and Gazette' of the 8th inst. On the subject of

PUERPERAL HYPOCHONDRIASIS,

Dr Simpson remarks:

"Before closing these observations, allow me to direct your attention for a minute or two to a morbidly-depressed state of mind which you will sometimes meet with in practice, weeks or months after the patient has been confined. When a patient has been much pulled down by hæmorrhage, or becomes exhausted by nursing, a state of anæmia or chlorosis, attended by more or less mental depression, want of energy, and loss of memory, particularly of proper names, will supervene, requiring the administration of an improved diet, wine, and tonics, such as iron and quinine. But occasionally an analogous degree of mental misery and depression comes on without any preceding hæmorrhage, and when the mother has not acted as a nurse at all. These cases are generally cured by the tonic means I have just alluded to; by change of air and scene, when that is practicable; and in some obstinate instances, where these measures fail, you will find Dr Seymour's plan of steadily giving an adequate opiate every night, to be a mode of treatment followed by the best results. Of this type of disease I lately saw a very marked case that had utterly defied all the proposed modes of treatment, and that yielded at last with a rapidity which astonished both the patient and myself, under the use of the tincture of the black snakeroot, or actea. This plant, the *Actea*, or *Cimicifuga racemosa*, has been long spoken of as a remedy for rheumatism, and particularly in the more acute forms of the disease. In the edition of Gray's Supplement to the Pharmacopœias, published in 1821, you will find the use of it in rheumatism stated. Latterly it has been employed by some American Physicians as their most valuable remedy in acute rheumatic fever. My very intelligent and excellent friend Dr Voris, of Rochelle, New York, told me, two years ago, that since employing the tincture of actea in rheumatic fever—and it is a very common disease in his district—he had seen the disease almost always cut short before the eighth or tenth day; the drug acting apparently as a simple antidote to the rheumatic poison, and curing without diuresis, diaphoresis, or any other discharge. The American Physicians give a strong tincture of the root in acute rheumatism in doses of thirty to sixty drops every two, three, or four hours. It may be given, if you choose, along with alkaline salts, or other anti-rheumatic drugs. I have found it, in my own case, repeatedly cure an attack of lumbago with wonderful rapidity. Some of the American Practitioners who have written upon actea, have spoken of its use in terms that are, no doubt, exaggerated. Thus, Dr Davis, of Chicago, says that, after much experience, he has no more doubt of the efficacy of actea in the early stage of acute rheumatism, than he has of the power of vaccination as a preventive of small-pox. But our American brethren have used actea also in chorea and other anomalous forms of nervous disease. However unlike rheumatism and chorea may look to the superficial observer, yet the able investigations of Dr Begbie and other pathologists have shown, as you are aware, an analogy, if not an identity, between the blood-poison which produces rheumatism and that which produces chorea. Dr Physick, of New York, and Dr Jesse Young, of Pennsylvania, about thirty or more years ago, recommended actea strongly in chorea. Latterly, Drs Lindsey, Kirkbride, Otto, and others have published their experience in favour of the same drug in this disease. In a case of anomalous and severe chorea of long standing, which was under my care some months ago, the actea was given with excellent effect. The patient had been previously treated, both in France and in this country, with zinc, iron, arsenic, and all the usual remedies employed in this malady.—But I have made all this long episode regarding the actea, not so much to speak of its use in the preceding diseases, as of its use in puerperal hypochondriasis and depression. A lady, the mother of several children, was twice the subject of the most painful mental despondency a month or two after delivery. On one of these occasions she was confined in London, and had the advice of several eminent physicians; but the disease took a very long and tiresome course, seemed to defy entirely all remedies, and gradually and very slowly terminated. On the last occasion on which the attack occurred, this patient was confined under my care here, and went home to England some weeks subsequently, perfectly well. She returned, however, in about a month to Edinburgh in the lowest possible state of depression, a perfect picture of mental misery and unhappiness. I tried many plans to raise her out of this dark and gloomy state. All failed. At last, fancying from some of her symptoms and complaints that there might be a rheumatic element in the affection, I ordered her fifty drops of tincture of actea thrice a day. After taking one dose she refused to continue it, as the drug had a taste so similar to laudanum, and as all opiates had always made her worse. On being reassured that there was no opiate in the medicine, she recommenced it, without any faith, however, in the results, as she had in a great measure lost faith in all remedial means. When I saw her next, some eight or ten days afterwards, she was altered and changed in a marvellous degree, but all for the better. On the third or fourth day, as she informed me, the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel; and in a day or two more she felt perfectly herself again in gaiety, spirit, and energy. But nothing would induce her to give up the actea for six or eight weeks longer; and the last time she passed through Edinburgh, she told me that she had prescribed her own remedy to more than one melancholic subject with nearly as great success as she had used it in her own case. Will it be of use in many such instances? I know not. But *nous verrons.*"

A NEW OPERATION FOR AMPUTATION OF THE FOOT.

Dr George Mann, Newfane, N. Y., says: "I noticed in your September No. an article from Dr A. P. Smith, taken from the 'Maryland and Virginia Medical Journal,' recommending a new operation on the foot, viz. that of cutting though the metatarsal bones, instead of disarticulating, as usually recommended.

"It particularly attracted my attention, having assisted Dr A. M. Helmer, of Lockport, N. Y., to perform this operation in July last, with perfect success. Up to that period, we had never seen or heard of the operation. Dr Helmer had occasion to make an amputation above the digital extremities of the metatarsal bones; it was determined to save as much of the arch of the foot as possible, consequently he sawed though the bones about one-quarter their length above the digital extremities, cutting the first and fifth a little shorter than the rest, thereby leaving a slightly convex surface. This plan enabled him to cover the stump with a generous flap, which healed kindly, and the patient, a man aged about forty years, an inmate of the Niagara County Poor-house, is now able to walk nearly or quite as well as in many instances where the entire bone is left.

"Why has so simple, and, in my estimation, so judicious an operation, not been recommended before?"—'American Medical Monthly.'

AN ADDRESS

TO THE

MEMBER OF THE MEDICAL PROFESSION.

The Eighteenth Volume of this Journal commences January 2, 1861.

In accordance with our custom, we address a few sentences to our Professional brethren at the conclusion of the year, on our past labours and future prospects. Our first words must be expressions of gratitude for the generous and rapidly-extending support which the MEDICAL CIRCULAR has continued to receive, notwithstanding the vigorous competition of the old journals, and the feverish emulation of a brood of new ones. We fear neither: our plan is so unique, so comprehensive and original, and our scientific and political departments so characteristic, that we hold a position apart from all antagonism, and fill a place that no other journal can possibly occupy. Though we deem it right frankly to express our convictions with respect to the peculiar excellences of the MEDICAL CIRCULAR, yet we desire that the Journal should speak for itself, and owe nothing either to our professions or our prejudices. It is natural that we should think it the best Medical Journal ever published, because we have resolved that it shall be and have tried to make it so. That it *is* so, is to be judged from the evidence of its own pages.

One of the chief advantages of the MEDICAL CIRCULAR consists in its being the most perfect reproduction of the scientific literature of Medicine that is now published. Under the heading

SPIRIT OF THE PERIODICALS,

the British Isles, Europe, and America are laid under contribution to provide us with their varied experience, and numerous periodicals are exhausted of their wealth to enrich our columns. We also make a point of collating together in one number as many articles as possible from various sources, so that our readers may have a complete view of the opinions that have been expressed within any given period upon any important or temporarily interesting disease. On the subject of *Glaucoma*, for example, we have reproduced, in a more or less copious form, the articles of Messrs BOWMAN, HANCOCK, HULKE, DIXON, and others—in short, every article that has been published on the subject in the periodicals. *Vesico-Vaginal Fistula*, as represented by Messrs BAKER BROWN, EDEN WATSON, Dr SIMPSON, &c., has been dealt with in a similar manner, without any bias as to peculiarities of doctrine or practice. So also with reference to *Resection of Joints*. It cannot, indeed, be denied by a careful reader of the journals, that the MEDICAL CIRCULAR is the only one that gives a complete and impartial representation of current scientific literature.

The explanation is easy. Each of the other journals is limited to its own connection or clique for its sources of interest and information; the MEDICAL CIRCULAR alone comprehends all the journals, and deals with their contents without prejudice or affection.

FOREIGN SCIENCE.

In addition to these sources of intelligence, we publish, with as much regularity as is attainable, *Translations* from foreign journals; taking care that none but the most important articles are thus reproduced. Thus, to quote only a few, we have given translations of lectures and articles on *Thoracentesis*, by M. ARAN; *Fractures in Children*, by M. GUERSANT; *General Palsy*, by M. BRIERRE DE BOISMONT; *the Expulsion of the Placenta*, by M. LIZÉ; *Laryngeal Phthisis*, by M. PIORRY; *Hepatic Colic*, by M. TROUSSEAU; *Disease of the Brain*, by M. BOUILLAUD; *Epidemic Dysentery*, by M. LERICHE; &c. &c.

To these departments must be added OUR NOTE BOOK, which gives the cream of the fugitive notices of science that appear in the numerous periodicals that come under our eye. Thus it is scarcely possible that any fact or statement of importance to science can be promulgated in any periodical without being at once reproduced in one or other of these departments.

ORIGINAL CONTRIBUTIONS.

We can point with equal pleasure to the original articles that have been contributed to this Journal during the year. Among these we may briefly enumerate the admirable practical Course of Lectures on the *Diseases of Women*, by Dr CHARLES WALLER, and the articles on *Diseases of the Skin*, by Dr ROSS, now in progress of publication; the ingenious dissertations on the *Sympathetic System*, by Dr RORIE; the Lectures on *Ophthalmic Diseases*, by Mr HAYNES WALTON; the valuable contributions on *Vesico-Vaginal Fistula*, by Mr BAKER BROWN; the copious papers on *Spermatorrhœa*, by Mr MILTON, and on the *Spinal Cord*, by Dr BURGESS; and the numerous Clinical and other Lectures by Messrs HILTON, STANLEY, SKEY, BOWMAN OWEN, HUXLEY, and Drs CARPENTER, PARKES, LANKESTER, &c. &c., which have successively appeared.

HOSPITAL REPORTS.

The excellent and graphic series of Hospital Reports, which also form a conspicuous department of the MEDICAL CIRCULAR, will bear favourable comparison with any that are published by other journals, whether as regards accuracy, saliency, or fulness of detail. Our REPORTS OF SOCIETIES, also, are not second to any in our contemporaries.

REVIEWS.

In the Reviewing department of the Journal, our readers are provided with an analytical criticism or descriptive exposition, as the character of the book may make necessary, of all the important works that are published, as well also of the various *brochures* which, though unassuming in size, frequently contain suggestions both new and valuable. It would be idle to attempt an enumeration of the numerous Treatises that have been reviewed during the year, but we may instance TODD on *Acute Diseases*, MARKHAM on *Diseases of the Chest*, WINSLOW on *Obscure Diseases of the Brain*, BRYANT on *Diseases of the Joints* and *Clinical Surgery*, PIRRIE'S *Surgery*, COMBE on the *Management of Infancy* and CHAVASSE'S *Advice to Mothers*, INMAN'S *New Theory of Medicine*, ACTON on *Diseases of the Urinary and Generative Organs*, SMITH on *Hæmorrhoids*, HABERSHON on *Mercury*, among many others.

EDITORIAL.

In our Editorial department, we have exercised the same vigilance over the interests of the Profession and maintained the same liberal principles which have from the beginning characterised the MEDICAL CIRCULAR. Some years ago we originated the idea of the establishment of COTTAGE HOSPITALS, and this year we have had the satisfaction to find our advocacy bearing fruit in the institution of such domestic charities in provincial districts. We hope to see, ere long, our original idea carried out in all its detail and amplitude. We have also been instrumental in raising a discussion on the merits of the stimulant method of treating disease,—known as the BRANDY controversy,—and, we believe, have been the means of recalling thinking men to

NOTICE.—This Number of the MEDICAL CIRCULAR is sent free to every Member of the Profession whose name appears in the 'Medical Directories.'

*** **The subjoined Form of Order applies only to Gentlemen NOT already Subscribers, who will have the goodness to fold it in the form of a Letter, with the Address outside, and return it to the Office.**

FORM OF ORDER.

To the Publisher.

Sir,

Please to send me the MEDICAL CIRCULAR weekly until countermanded.

Name _____

Address _____

Date _____

Post-office Orders to be drawn in favour of Thomas Rolfe, 20 *King William street, Strand, payable at the Branch Office, Charing cross.*

TERMS OF SUBSCRIPTION.

Annual, 19s. 6d. Single copy, 5d.; Stamped, 6d.

THE MEDICAL CIRCULAR,

And General Medical Advertiser,

PUBLISHED EVERY WEDNESDAY MORNING.

Price 5d.; Stamped, 6d. Annual Subscription, 19s. 6d.

The Medical Circular, on account of its cheapness, as well as the varied nature of its contents, has obtained a position unexampled in the history of Medical Periodical Literature. Being the only weekly *résumé* of the other Medical Journals, and containing Original Articles and Communications, brief but practical, it has become indispensable to the Medical Practitioner, and enjoys a large and influential circulation. It is, therefore, a most suitable medium for all Announcements addressed to the Medical Profession. Besides having a large surface size, it possesses a great advantage over its contemporaries, as the Advertisements are in all cases well displayed, and can hardly escape notice.

RELATIVE STAMPED CIRCULATION.

The following Return, being the last printed by order of the House of Commons, shows the Stamped Circulation during the six quarters as therein stated of the Medical Circular and 'Lancet:'—

MEDICAL CIRCULAR	103,900	**LANCET**	110,500

The Unstamped Circulation is probably in the same ratio. Approximating so closely to our old contemporary the 'Lancet, we may look forward to our future with confidence and satisfaction.

RELATIVE SCALE OF SUBSCRIPTION.

MEDICAL CIRCULAR	**£0 19 6**
LANCET	1 14 8
MEDICAL TIMES AND GAZETTE	1 14 8

TERMS FOR ADVERTISING IN THE MEDICAL CIRCULAR.

Six Lines and under	£0 3 6	One Column	£2 2 0
Per Line extra	0 0 6	Three Columns, or One Page	5 5 0

Advertisements should be delivered and paid for at the Office before Twelve o'clock on the Monday preceding publication; or if not paid for at the time, should be accompanied by a respectable reference.

Post-office Orders are to be made payable to Thomas Rolfe, 20 King William Street, Strand, London.

To the Publisher of

THE MEDICAL CIRCULAR,

20 KING WILLIAM STREET, STRAND, W.C.,

LONDON.

SAMPLE OF THE CONTENTS OF THE 'MEDICAL CIRCULAR,'

As shown during the Four Weeks of November.

NOVEMBER 7, 1860.

Scientific: — On Polypus Uteri. By Dr Waller. — Two Cases of Purpura Hæmorrhagica. By Dr Gason.—The Non-Digestion of Fat. By Dr E. Ancelet.—Cases of Placenta Prævia. By Dr Fleming.—Lecture. By Dr Brinton.—Two Cases of Concealed Accidental Uterine Hæmorrhage. By Mr H. James.—Recovery after Apparent Death by Chloroform. By Mr Broadbent.—Description of a Monster. By Mr Beale.—New Instrument for Vaccinating. By Mr Spratty.—Rupture of the Liver. By Dr M'Millan.—Turkish and Roman Baths. By Mr Wells.—Partial Turning. By Mr Sedgwick. —Transmission of Syphilis by Vaccination. By M. Viennois. — Protracted Natural Labour.—Two Cases of Paraplegia and Paralysis.—The Thermo-Electrical Bath. Dr Tucker.—Constipation.—Clinical Remarks on Tumours within the Cranium. By Dr Brown-Séquard.—Treatment of Epiplepsy. By Dr Brown-Séquard.—A severe Burn treated with Alum. By Dr Turner.—A New Operation for Amputation of the Foot. By Dr Smith.

General:— Case of Evan Thomas the Bonesetter, Poor-law Medical Reform Association, Medical News, Appointments for the Week; Births, Deaths, &c.; Notices to Correspondents, Pass Lists; Soldiers, Philosophers, and Beards; Female Industry.

NOVEMBER 14, 1860.

Scientific: — Pathology of the Sympathetic Nerves. By Dr Rorie.—On the Non-Digestion of Fat (continued).—On Sub-Maxillary Adenitis resulting from Dentition. By Dr Gouriet.—On Paralysis. By Dr Brown-Séquard.—On Pain. By Mr Hilton.—Fissure of Rectum. By Mr Le Gros Clark.—Medicine in China. By Dr Hobson.—On Fibroma, Typhoid Fever. By M. Aran.—Lingering Labour. By Dr Nelson.—Removal of Sequestrum.—Removal of Lower Jaw.—Removal of Tumour on Thigh.—Hemiplegia on Left Side.—Clinical Reports of Cases under the care of Mr Baker Brown.—Menorrhagia treated with Cream of Tartar.—Constipation treated with Colchicum. By Dr Bates.—Lupus. By Dr White.—Coffee in Delirium Tremens.—Bismuth in the Treatment of Burns. By Professor Richardson.—The Oil-Wells of Pennsylvania.—Linear Crushing and its Application to the Treatment of Hæmorrhoids. By M. Chassaignac.

General: — The Turkish and Roman Baths, Bad Times for Doctors, The Medical Society of London, More Arsenic-eating, The Medical Staff in China, The Editorship of the Association Journal, Reviews, News, Pass Lists; Births, Marriages, and Deaths; Appointments for the Week, Notices to Correspondents.

NOVEMBER 21, 1860.

Scientific:—Pelvic Inflammation and Abscess. By Dr Waller.—Pathology of the Sympathetic Nerves (continued).— On the Frequency of Morbid Alterations of the Uterine Appendages in cases said to be Uterine.—Diseases of the Kidney. By Dr Goodfellow.—Action of certain Substances upon Phthisis. By Dr Cotter.—Medicine in China (continued). — Eleven Cases of Vesico-Vaginal Fistulæ. By Mr Baker Brown.—What is commonly called Rigidity of the Os Uteri. By Dr Arnott.—Radical Cure of Inguinal Hernia. By Dr Aitchison. — Antagonistic Action of Opium and Belladonna.—Statistics of Diphtheria.—Constipation connected with Fibrous Tumour of the Uterus.—Resection of Elbow-joint. By Mr Erichsen.—Exploratory Operation upon Buttock of Right Side.—Fatty Tumour.—Malignant Tumour of Thigh.

General:—Medical Remuneration, Legal Intelligence, Medical Society of London, Letter of Dr Day, Testimonial to Mr Belfour, The Thames Embankment, Death by Fire, The Abolition of Newgate Market, The Apothecaries' Dinner, A Patent Way of Poisoning, Pass Lists, News; Births, Deaths, &c.; Appointments, Notices to Correspondents.

NOVEMBER 28, 1860.

Scientific:—The Parasitical Diseases of the Head and Face. By Dr G. Ross.—Certain Points connected with Diabetes. By Dr Pavy. —Eleven Cases of Vesico-Vaginal Fistulæ (continued).—Phthisis Pulmonalis. By Dr Richardson.—Scarlatina and some of its Sequelæ. By Dr Turner.—Diseases of the Kidney. By Dr Goodfellow.—Cases of Aneurism of the Thoracic Aorta. By Dr Egan.—Fibrous Polypus of the Base of the Skull. By Dr Moore. —Visit to Graefrath. By Dr Lee.—Clinical Reports of Cases under the care of Mr Baker Brown. —Removal of Necrosis from Head of Femur. By Mr Fergusson.—Removal of Breast. By Mr Wood.—Tracheotomy. By Mr Fergusson.—Carcinoma of Breast. By Mr Cock.—Excision of Elbow-joint. By Mr Hilton.—Amputation of Breast. By Mr Erichsen.—Cure of Hernia (New Mode). By Mr Thompson.—Removal of Tumour on Parotid Gland. By Mr Hewitt.—Epidemiological Society.—Glycerin Lotion.—Hypodermic Medication by Sulphate of Quinine. On Retention of Urine in the Fœtus, as a Cause of Obstructed Labour.

General: — Homœopathy, Hydropathy, and Mesmerism, in Relation to the Sciences; Ellis *v.* Kelly, The Powers of the Medical Council, A Market for Second-hand Diplomas, Death of Dr Wall of Dunmanway, Dr Maekesy and the Waterford Coroner, Death of Dr C. Coote, Death of James Howell, Legal Intelligence, Pass Lists, News; Births, Deaths, &c.; Appointments, Notices to Correspondents.

The Eighteenth Volume (No. 444) will commence January 2, 1861.

more moderate and reasonable principles of practice. We may observe here, that, following up our attacks on quacks and quackery, we exposed the pretensions of the Rev. HUGH REED, the Cancer-curer, and were the cause of his removal from his clerical duties. To arrest his medical practice is, we fear, beyond our power, so great is the difference in the internal administration of the two professions. The interests of our friends the POOR-LAW SURGEONS have also had our best consideration. Knowing the responsibilities of our position in connection with this question, we have been careful to examine every proposition relating to it with a single thought directed to the interests of all parties; so that, whilst the underpaid may receive justice, the moderately-paid shall have no cause of complaint. We yet hope to see a simple and useful measure of reform carried through Parliament.

We shall not expatiate further upon these topics, but occupy the little remaining space left to us with remarks on two or three points which, in the estimation of approving Correspondents, give us a pre-eminence over other journals. One says, "My time is so much occupied, that I am unable to wade through the columns of your contemporaries: and why should I, when I find everything worth reading in them carefully collated and reproduced in your valuable CIRCULAR? At the end of the year, too, I find that I have only half the subscription to pay which others demand." Another writes, "My Wednesday evening is the pleasantest I pass in the week; and I owe it to the MEDICAL CIRCULAR, which regularly arrives by the morning post. Shut out as I am from the great world, practising in this remote village, your Journal is a regular God-send to me, for without it I should know nothing of what is passing in my Profession. The sovereign I annually send you is the best investment I ever make."

Success so unequivocal stimulates us to renewed exertions not only in the improvement of the literary food we offer, but in the vehicle by which it is disseminated. Thus, in the new volume commencing January 2nd, the MEDICAL CIRCULAR will be printed on a thicker and better paper, and will be in no respect inferior to any one of our contemporaries.

DEGREES AND DIPLOMAS AT THE WAR-OFFICE.—The College of Physicians of Edinburgh has drawn up a memorial or protest, addressed to the Secretary at War, respecting an encroachment by that Minister on what were conceived to be the privileges and rights of Colleges. In the consideration of the qualifications of Candidates for the Army Medical Service, it is intimated that a preference will be shown for those who possess degrees in Medicine. This the Edinburgh College resents. It represents to the Minister that its Licentiates are worthy of equal consideration with University Graduates. We understand that Mr Secretary Herbert, having duly weighed the objections of the College, adheres to his opinion, and is not disposed to accord to Licentiates the same place in his esteem as Graduates.

SUMMARY OF THE WEEK.

THE LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.

When the Edinburgh College of Physicians opened its portals to the General Practitioners, it was angrily assailed by the London College, and by each of our contemporaries. We alone advised the latter institution to imitate the example of the Scotch College, and to liberalise its constitution. We assured it that it must necessarily come to this, and hoped that it would cease its recriminations and reform itself without delay. We gave this advice in no taunting spirit, but with a sincere desire to uphold the College, whilst we promoted the peace and dignity of the Profession. The College has since seen the wisdom of our advice, and is now about to grant its Licence under the terms of its new By-laws. The Apothecaries' Society is wroth, and threatens law; but it is understood that in the event of the Society prosecuting any of the new Licentiates, the College will defend them in order to maintain its rights. We heartily approve of this determination of the College. If it should be successful, of which we have no doubt, all the junior members of the Profession will obtain the Licence of this College, instead of the Certificate of the Hall, and there will soon be an end of an enforced corporate association with the trade in drugs. This result has been our undeviating aim, as the most important practical means of elevating the social character of the Profession.

THE 'MEDICAL DIRECTORY,' 1861.

In a few days, and for the first time, the three Medical Directories for England, Scotland, and Ireland will appear in one handsome volume, at a price but a trifle more than subscribers have hitherto paid for one 'Directory' only. This pecuniary advantage has been mainly brought about by the increased extent of patronage and support accorded to the work by the Profession and by the public. We have been favoured with a sight of an early copy, and we venture to say that the book, when published, will be held to be alike remarkable for its comprehensiveness, its cheapness, and its general utility—a book of which the Profession may be justly proud.

The amount and variety of information given are truly surprising. It contains a brief biographical memoir of every Practitioner, distinctly marking, as far as collegiate and honorary distinctions, appointments, and bibliographical productions can do, his status in the Profession. This feature alone would stamp it as an invaluable work of reference; but when we turn to its multitudinous subjects of information, extending to 1000 pages of closely-printed matter, all bearing on the Profession, it is impossible to over-estimate such a work, not only to every one whose name is enrolled in its pages, but to the public at large.

The 'Directory' has been not inaptly designated one of the bulwarks of the Profession; and if viewed in that light only, it well deserves the continued support and good wishes of every man whose name appears honourably in its pages. May it flourish for ever!

THE ROMAN BATH IN LONDON.

We are glad to find by a letter from Dr Tucker, of Sligo, printed in another column, that Dr Barter, the indefatigable promoter of the Roman Baths in Ireland, is about to act upon our suggestion, and is coming to London to establish one in our Metropolis. We heartily wish him success in his undertaking. We have no doubt, if it be carried out with spirit, with ample means, and on a liberal scale, that it will receive the patronage both of the Profession and the public. Most of the London Baths for the use of the better classes are conducted in a paltry style, and are more costly than the accommodation warrants. They are also incomplete in their arrangements for Medical purposes.

PUBLIC BANQUET TO DR COPLAND.

We last week adverted to a proposal to honour Dr Copland with some public testimony of the Profession's respect for his character and genius. We now publish a letter from Dr W. V. Pettigrew, who offers his services as Honorary Secretary in aid of efforts to organise a Public Banquet for this purpose. No doubt, a Committee will be speedily formed, and full consideration given to this proposal. Dr Copland is held in general esteem, and is deservedly regarded as the chief of British Medical literates. No more suitable period for this demonstration could be chosen than that afforded by the completion of the *magnum opus* of the redoubtable Doctor.

To the Editor of the Medical Circular.

SIR,—One of the most learned and practical works achieved by any Medical man in modern times is universally acknowledged to be Dr Copland's 'Medical Dictionary,' a work that has occupied the energetic attention and labour of the Author no less than thirty-two years. Why not show the public that we justly acknowledge and honour this ornament to our Profession? I would suggest that we invite Dr Copland to a Public Banquet; and I strenuously call upon my Medical brethren to assist in this undertaking, and shall be only too happy to take upon myself the onerous task of acting as Secretary.

I am, Sir, &c.,
W. VESALIUS PETTIGREW, M.D.
7 Chester street, Grosvenor place,
December 6th, 1860.

THE CASE OF EVAN THOMAS.

Some time since, Evan Thomas, a bone-setter, was committed for trial by the Birkenhead Magistrates on the charge of having caused the death of a boy named Francis Timlin by maltreatment. The child was suffering from an abscess of the thigh, which, it was alleged, Thomas mistook for a fracture, and accordingly bound it up with bandages and splints. The question was, whether the pyæmia which was observed after death had been caused by such treatment. Since then,

Evan Thomas has been tried at the Crown Court, Chester, before Mr Justice Blackburn, and has been acquitted. In the course of his charge to the Grand Jury the learned Judge said, "It appears that Thomas has not been regularly trained to the Medical Profession; *still* he practised as a bone-setter '*in the regular way.*'" What does Mr Justice Blackburn mean by 'the regular way?'

THE ELECTION OF A NEW EDITOR OF THE 'BRITISH MEDICAL JOURNAL.'

The election of Dr Markham as Editor of the 'British Medical Journal' is likely to prove another bone of contention to the peace-loving Members of the Association. A long protest against the dismissal of Dr Wynter has been sent to the Committee of Council by sixteen of the leading Metropolitan Members, no doubt personal friends of the late Editor,—and a reply has been returned by the Committee of Council—also numbering sixteen at the Meeting,—asserting their right to elect or dismiss, and affirming that they had sufficient grounds for their recent act of authority. Thus, the Metropolitan Sixteen and the Provincial Sixteen have had their first innings. The lookers-on are likely to see some fine play at the next Meeting. The Hull Members, on their part, protest against the appointment of a permanent Editor, as they desire to see the Journal abolished as a weekly periodical. We think these gentlemen have formed a judicious opinion. The Journal is utterly unworthy of the present state of Medical science and journalism, and has become to a considerable extent a vehicle for the lucubrations of second-rate Metropolitan Practitioners, who are anxious for the patronage of the Provincial Members of the Profession. The Association, with such a poor literary affair as its organ, never can attain the scientific status which it ought to enjoy, and which its Members are well qualified to confer upon it. The more numerous the Association, the more apparent and gigantic its failure. It is not creditable to British Physic, that two thousand well-educated men should be represented by so inferior a publication. For two or three years we have taken no notice of the Association or its Journal; and we now revert to the subject when one Editor is going out of office and another coming in, because at this juncture we cannot be charged with a desire to embarrass the Editor, whoever he may be, in the discharge of his difficult duties.

THE TITLE OF DOCTOR.

A most important opinion has been given by Mr Deasy, Her Majesty's Attorney-General for Ireland, with respect to the right of the King and Queen's College of Physicians to confer the degree of Doctor of Medicine. The point is not simply whether a Licentiate of the College can use the prefix "Doctor," but whether he is a full M.D. The opinion is as follows:

"The two Charters of the College, and the several Acts of Parliament bearing thereon, having been submitted to the Attorney-General, his opinion was requested on the following query:

"'Whether the Licentiates, as such, of the King and Queen's College, are entitled to the Degree and Title of Doctors in Medicine, and to use the abbreviation or initial letters M.D. after their names?'"

Answer.

"'I think the Licentiates and Fellows, as such, of the King and Queen's College of Physicians, are entitled to the Degree and Title of Doctors in Medicine, and to use the letters M.D. after their names. (Signed) "'R. DEASY.

"'November 21, 1860.'"

This opinion throws a new light upon this disputed question. We have been aware that the right of this particular College to confer the Doctorate has been always positively asserted; and we should like now to know whether, if the right be proved in this instance, it can be held to justify, by fair and reasonable inference, the same right assumed for the sister Colleges in England and Scotland.

HOMŒOPATHY IN CHELTENHAM.

The Homœopaths are now making an attempt to introduce their method of practice into the Cheltenham Hospital. They require one ward to be given up to them for their ministrations, and the Governors are about to be convened to decide upon the claim. Surely Cheltenham will not disgrace itself by giving public sanction to such an absurd system of empiricism. Common sense in relation to physic is in more danger in watering-places than elsewhere, but we trust that it has strength enough left, even in Cheltenham, to resent this insult.

HARVEY'S REMAINS.

It is reported that the College of Physicians are in communication with the descendants of Harvey, with the object of obtaining the removal of his revered remains to Westminster Abbey. The Profession will be gratified by the accomplishment of such an intention. Where could Harvey's dust lie so appropriately or honourably as next the ashes of John Hunter in our national Walhalla?

REVIEWS.

Chemistry in its Relations to Physiology and Medicine. By George E. Day, M.D., &c.

The rapid development of animal chemistry during the last few years has made it difficult for any ordinary student to master the multiplicity of details that constitute this branch of science. The connection between the several facts and their relations to states of health and disease are neither clearly comprehended nor remembered; and it unfortunately happens that so much theory is usually intermingled with every fresh increment of fact, so much ingenious hypothesis interwoven with every new exposition of function, that the mind is rather embarrassed than enlightened by the majority of essays upon this subject. The Profession was, therefore, in want of a clear and systematic exposition of this branch of science—an exposition that should not be encumbered with useless speculations, and that should convey all that was known or proved without being overlaid with conjecture and hypothetical explanations. Such a work Dr Day has now produced. The Author's acquaintance with the subject of physiological chemistry is not of yesterday; and, perhaps, there is no member so well acquainted as he with the labours of the French and German chemists in this department. His present work is a reproduction of the most advanced stage of German science. With such men as Lehmann, Scherer, Vogel, Frerichs, Bidder, and Schmidt—to whom must be added Robin and Verdeil—as his guides, we may feel assured that nothing is wanting to make Dr Day's book the most complete work of its kind in the language.

The work is divided into Three Books. After some introductory observations, the Author commences the detailed portion of his work with a description of the Non-nitrogenous Organic Acids, including the Fatty Acids, the Succinic-acid group, the Oleic-acid group, the Benzoic-acid group, the Lactic-acid group, and, lastly, the Non-nitrogenous Resinous Acids.

Next in order come the Nitrogenous Basic Bodies; following these, the Nitrogenous Conjugated Bodies; then the Haloid Bases and Salts, the Carbo-hydrates, the Animal Pigments, the Protein Bodies, the Proximate Derivatives of the Protein Bodies, and, finally, the Inorganic Constituents of the Animal Body. This ends the First Book.

The Second Book treats of the Chemistry of the Animal Juices and Tissues, commencing with the Digestive Fluids, then the Blood and its allies, followed up with the Fluids of Generation and Development, and the Secretions, Exudations, and Solid Tissues.

The Third Book treats of the Zoo-chemical Forces—the Metamorphosis of the Tissues, Digestion, Respiration, and Nutrition.

Such is a brief outline of the classification of subjects in Dr Day's work. It would be impossible to give a minute analysis of this valuable work; but in order that our readers may obtain an idea of the lucid and succinct mode in which the Author treats his subjects, we select some paragraphs from the article on Urea:

"Our information on the effect which diseases produce on the amount of urea is not very satisfactory. Heller observed the greatest quantity of urea in meningitis, the whole urine solidifying in a few minutes into a crystalline magma on the addition of concentrated nitric acid. According to the same observer, the urea is in excess during the stage of exudation, but diminishes during resorption, in pneumonia, in pleuritis, and in acute rheumatism, especially if endocarditis be simultaneously present: in the beginning of typhus there is an augmentation of the urea, but not so great as in the above-mentioned diseases. In most renal disorders, and in the chronic neuroses, there is a diminution of this constituent. Dr A. Vogel, in an excellent memoir 'On the Augmentation and Diminution of Urea in Diseases,' which is based upon 182 analyses, conducted according to Liebig's method, states that he found the largest amount, eighty grammes, in a case of pyæmia, and the next greatest quantity, sixty-nine grammes, in a case of typhus fever. It appears, from his investigations, that in typhus fever the excretion of urea is increased only so long as the febrile symptoms continue, and that when the fever is over the quantity of urea falls below the normal amount, notwithstanding the increased quantity of nitrogenous food. In Bright's disease (affecting both kidneys) the urea often falls to one-third or one-fourth of the normal quantity; and in polydipsia hysterica (although the amount of urine is very great) the total quantity of urea is much diminished. The smallest quantity observed by Vogel occurred in a case of carcinoma of the liver with great atrophy, when it was once found to fall below seven grammes.

"It is only recently that the presence of traces of urea in healthy blood has been satisfactorily established; the rapidity with which it is removed by the kidneys rendering its certain detection, even in five or six pounds of blood, by no means easy. It is abnormally increased in cases in which the functions of the kidneys are imperfectly executed, especially in Bright's disease, renal ischuria, and cholera.

"It is a normal constituent of the fluids of the eye (Millon, Wohler), and of the liquor amnii (Scherer).

"Urea has been in vain sought for in healthy muscular tissue, where, if the theory be correct that it is mainly formed by the disintegration of that structure, we should especially expect to find it. It has, however, been found by Buhl and Voit, and likewise by von Bibra, in considerable quantity in the muscular tissue of cholera patients. In one case von Bibra found 0·317% of urea in the dried tissue of the gluteal muscles.

"Whenever the urea is not duly separated by the kidneys we find it in most of the animal fluids, especially in the sweat and in serous exudations:

under these circumstances it likewise occurs in lesser quantity in the saliva, the bile, and vomited matters.

"It is well known that the origin of urea is still a *quæstio vexata* amongst chemists and physiologists; one party, including the names of Liebig, Bischoff, and others, holding that the urea is solely a product of the metamorphosis of the nitrogenous tissues; whilst the other party, which ranks amongst its supporters Lehmann, Frerichs, and (more especially) Bidder and Schmidt, maintain that the formation of urea is dependent upon two factors, one of which is variable, namely, the amount of assimilated histoplastic or albuminous food; while the other is constant, namely, the necessary consumption of the albuminous tissue when the animal is fasting.

"It admits of no doubt that urea is formed from the nitrogenous constituents of the organism, its artificial production from such substances affording the strongest evidence on that point: in addition to which we may add the facts observed by Lassaigne, Scherer, and others, of urea being contained in the urine excreted after nearly three weeks' starvation. As the metamorphosis of tissue occurs with the greatest activity in the muscular system, and as, further, increased bodily exercise augments the amount of urea, we are justified in regarding the urea as formed for the most part from the worn-out muscular fibres, although it is most probable that other vital tissues may contribute to the general amount. Whether it is formed in the organic particles at the moment of their disintegration, or whether it is first formed in the blood, is a point which cannot be considered as decisively established; but it is most probable that the latter is the correct view, because Liebig, in his experiments on large quantities of muscular juice, could not detect in it any trace of urea, although he found substances from which he could produce it artificially. It seems, therefore, almost certain that these substances (creatine, creatinine, and probably inosic acid) are decomposed in the blood, by the action of the alkalies and of free oxygen, into urea and other matters to be excreted. Moreover, the view that the urea is formed in the blood is supported by well-known experiments, showing that gelatin, glycine, alloxantin, theine, and other substances, which it is impossible to suppose can form tissue, are converted into urea and other matters, as is evidenced by the fact that this substance occurs in a perceptibly increased quantity in the urine, soon after any of the above-named substances have been swallowed.

"Lehmann's view that the urea is in part formed from assimilated nitrogenous food which has never entered into the substance of the tissues, is chiefly based on the following facts: (1) on the extent to which its amount is increased by the free use of animal food (nature in this way getting rid of the superfluous plastic material along with that which has become unfit for use; and (2) on the circumstance first noticed by Frerichs, but mainly established by the investigations of his opponent, Bischoff, that the use of gelatin and and gelatinous food so rapidly increases the quantity of urea, that we are compelled to believe that these nitrogenous matters are at once directly oxidised in the blood, without having entered into the composition of the tissues; and if these, why not the protein-bodies also? (We should observe that Bischoff himself fully grants that the gelatin is directly converted in the blood into urea, but, he adds, it is never a natural article of food, nor is it ever found as a normal constituent of the blood.)

"When treating of uric acid we shall show that in all probability a great part of the urea, separated by the kidneys from the blood, had previously existed in the form of that organic acid.

"Whether urea exerts any special influence on the fluids of the eye is a question that no one has yet attempted to answer."

It is with much pleasure that we recommend this work to our readers, who will find it an indispensable adjunct to their studies in the science of the Profession.

PARIS HOSPITALS.—In the annual budget of the city of Paris, charitable establishments figure for the amount of 9,319,078 francs of expenditure, being nearly the same sum as is annually expended in that city on the National Guard and Guard de Paris.

ANIMALS AND THEIR WANTS;

We should like somebody to write the biography of a Doctor's Horse. It would be an interesting story. Saddled or harnessed at half-past ten in the morning, he commences his daily round of duty, climbing steep hills, or trotting over broken roads, in wind, rain, or snow; taking a short nap while he stands, and knocking his nose against the gate-post at which he is tied; then home in the evening for his hay or corn—unbruised corn, we fear; out again at night for a cross-country excursion. Alas! poor horse! There is not much to choose between his trials and those of his master. Still, a country Doctor is generally fond of his horse, and treats him as well as Fate will let him. We are, therefore, glad to find that the claims of our useful dumb companions are not overlooked in this age of advancement and philanthropy, and that they have found a champion and friend in the person of Mr Thorley; and that, too, not a lean friendship, as every one who has visited the cattle show in Baker street will have perceived.

There are few, possibly, who read these remarks, who would like to eat their steak badly dressed, or without those additions in the shape of salt, mustard, and pepper, so grateful to the palate; and Mr Thorley maintains that suitable condiment is equally grateful to dumb creatures, and also that it is absolutely necessary to their health and comfort. Doubtless, in a state of nature, instinct directs them to these things, as it induces the horse to disturb the water before drinking. This is singularly shown in the fact that the mineral springs at Cheltenham were discovered by the flocks of pigeons which were attracted to them, possibly, on account of the salt they contained. But in the crowded city, cattle, like ourselves, live artificially, and require to be provided for accordingly.

We venture to think that this subject is not unworthy the notice and investigation of our readers, with whom the horse is an inseparable necessity; nor, we imagine, will any horse object at least to give the food in question a trial, as it is by no means ungrateful even to the human palate. It appears to have been carefully analysed by Dr Hassall, who remarks:

"First. That the ingredients used are all of excellent quality, and are purchased without regard to expense.

"Second. That the receipt or formula, according to which the food is prepared, is an admirable one, no ingredient being selected on account of its cheapness, but those only being chosen which are best adapted to fulfil the objects intended.

"Having regard, thus, to the composition of Thorley's Food for Cattle, I find that it possesses the following properties in an eminent degree: It is highly nutritious and fattening—it is a tonic and gentle stimulant, aiding, when mixed with other descriptions of food, materially the digestive powers of an animal; a point of great consequence, since it is an undoubted fact that much of the nourishment contained in the ordinary food given to cattle is lost in consequence of the impaired or defective action of the digestive organs."

Mr Thorley's urbanity will, we feel certain, secure any Medical Gentleman a sight over his extensive Mills in the Caledonian road, or provide further information as to the properties and advantage of using his preparations.

GENERAL CORRESPONDENCE.

THE LONDON LIFE-BATH.

To the Editor of the Medical Circular.

SIR,—Your important leading article on Roman or Turkish Baths of the 14th of November, in which you point out the superior scientific merits of these thermo-electrical baths, and suggest such a temple of health at the Crystal Palace, and in every town of any importance in the kingdom, has, it would seem, produced its influence upon Dr Barter, the founder and patentee of the new and improved form of hot-air baths, who is my companion in the Sligo Life-bath, which is just now being constructed here, and will be open in a few weeks. Dr Barter is resolved to act immediately upon your suggestion, to establish a first-class Roman or hot-air bath in London—one worthy of the city of Medical Science, and of the Medical Profession, of which he is an honourable and worthy member, and also of the Royal College of Surgeons, England. Mr Urquhart imported the bath idea from Turkey, and wrote a very eloquent work upon its merits, which remained unnoticed: "for nearly twenty years he (Mr Urquhart) had been labouring to get some one to carry out that system which was at once a mark of civilization and enlightenment among Eastern nations." His exertions had not the shadow of success until he received from Dr Barter an intimation that he would place land, workmen, and materials at his disposal. "When he (Mr Urquhart) stated that for twenty years he looked in vain for a man to make this experiment, he paid the highest compliment in his power to Dr Barter." The foregoing are words taken from Mr Urquhart's speech, delivered at Blarney, and reported in the 'Cork Constitution' of June 7, 1856. Dr Barter, who is a man of deep thought and practical mind, found himself beset with many difficulties in bringing this new project to perfection; he saw many defects and ample room for improvement, which obliged him to consult with an eminent engineer, and the result was the construction of a perfect hot-air bath upon the most improved scientific principles—the fruit of his own inventive genius—for which he obtained a patent, and under which he has already built baths in Dublin, Cork, Limerick, Blarney, Bray, Belfast, and Killarney, and is now building in Sligo and Waterford, and about to commence on the Curragh of Kildare—and, though last, not least, in London! a grand one. Dr Barter has accomplished in three years what the Emperors of Rome took three centuries to accomplish in that ancient city of five millions. While Dr Barter is reviving these ancient Roman baths in Ireland, and about to do so in London, it appears that others are exhuming them from the tombs of centuries in England—at Wroxeter, for example.

He is, therefore, worthy of the patronage and support of the Crown and Government, of the Medical Profession, and of the public generally. Dr Barter, after examining the remains of a Roman bath—one of those of ancient Britain—was enabled to introduce the mode of heating anciently used, and to abandon the Turkish innovation of admitting vapour; so that his patent life-bath is essentially the same as the Roman bath of ancient Britain. The great fact that 300,000! persons have taken these baths already with benefit to their health, establishes their fame as a vital necessary. I fully concur with Dr Barter in their beneficial influence in diseases of the lungs, heart, liver, kidneys, skin, &c. I believe that the frequency of sudden deaths from heart disease will be unknown amongst those who take the bath regularly; for "the skin is the safety-valve of the heart," and, indeed, of all the inner vital organs, provided it be kept clean and in healthy action. Invalids, of course, should take them under competent Medical advice. The Medical man, possessed by the one idea, drugs—who is so governed by the pride of his own intellect that he cannot bring himself to take a bath, or to study the subject—will have to yield to the pressure of public opinion when directed by the higher light of Medical Science. He should be governed by that scientific sentiment of yours, expressed some months since, "that disease is not to be cured by drugs alone, but by whatever influences the varied functions of the human frame." "We are on the threshold of great improvements." We should respect and observe the philosophy of that Divine precept, the physical virtue of personal purification by perspiration—"In the sweat of thy face shalt thou eat bread." The foregoing text would seem to be the first authority for this bath, the antiquity of which is unknown—antediluvian. In this life-bath we breathe caloric, the propelling power of all steam machinery, and circulate it in the blood, where it develops the life of the flesh—animal electricity, that vital agent of all which works within us, which is the source of animal heat, of psycho-

physical sensation, of all the electro-chemical functions that are in being in the laboratories of our animal life. Caloric stimulates and warms the animal body, expands and dilates the lungs, opens and ventilates the whole system, purifies the blood, kills all animal poisons, flushes off the whole cuticular sewerage of the citadel of life from within outwards. In the outer world, caloric and electricity seem to act and react upon, and reproduce each other, and magnetism, and light under favourable circumstances. The same thermo-electrical influences seem to be developed within us—probably light also, though it be invisible. The inner psycho-physical constitution of man—a duplicate or living testimony of two worlds, not to be divided—seems to be a magneto-electric and electro-magnetic steam-engine, which develops and circulates caloric, electricity, magnetism, invisible light, and steam—these grand vital, physical, chemical, and mechanical powers of man's machinery, which our immortal but imprisoned essence the Soul animates and commands. It is the noblest of Medical pursuits to teach our fellow-men self-knowledge, the letters of life, the alphabet of their own existence; how to prolong life in health, to extinguish maladies by physical education; to be the philosopher of Nature, to ask her questions, to interpret her replies; to study that book of books—Nature—for all other books are second-hand to Her; to look through Nature up to Nature's God, be her minister and not her master, and be also the right arm of the Church—make scientific truth subservient to Divine truth and to Divine laws, while we practise the pure patriotic poetry of Christian charity towards our fellow-men in their sufferings from disease. If one man were submerged in the sea, should we not risk our life to save him? But, when we see hundreds of human beings deluged in a sea of preventible disease, on the brink of the ocean of eternity, is it not a glorious mission to try and teach them how to save and to prolong their lives? In the former case we take one man out of the water, in the latter we provide the means—the Life-bath—to take the water out of many men—by profuse perspiration—and thus remove those peccant humours that drown them in disease. It was such glorious work that induced Hippocrates to decline royal honours and favours from an Eastern king, rather than desert his fellow-countrymen in time of pestilence, and said to the Ambassador—

"Tell him that these pageants of King
Can never to my heart such raptures bring
As those I feel when, as I journey on,
Some pale youth from the wayside stone
Rises recovered, and, with arms outspread,
Calls down bliss on my unworthy head."

These are the noble works that call forth the Scripture words of Ecclesiasticus: "Honour the physician for the need thou hast of him, for the Most High hath created him."

I am, &c., J. Tucker, M.D.

Sligo, Dec. 6, 1860.

SCOTTISH MEDICAL GRIEVANCES AND THE 'MEDICAL TIMES.'

To the Editor of the Medical Circular.

Sir,—It is curious to observe the inconsistencies and vacillations of mankind. As an instance, on Saturday last, the 8th inst., the Editor of the 'Medical Times and Gazette' produced a really good article on "Two Scottish Medical Grievances;" but, *cui bono?* for unfortunately it has appeared too late to afford any benefit to the Profession in Scotland. Had such an article been written nine months ago, when we were struggling, by petitioning Parliament and other legal means, to obtain redress from the insulting penal clause of the Medical Registration Act (Scotland), it possibly might have been serviceable. Instead, however, of affording us assistance at the proper time, the aforesaid Editor treated our complaints in a somewhat cavilling manner, as may be seen from the following extract:—"After a second perusal of the Circular of the 'Glasgow Faculty of Medicine to the Profession,' we are quite at a loss to understand it. The Glasgow Faculty are not at all singular in having to send certificates of the cause of death to the Registrar free of charge. There is no such 'invidious distinction between him and his co-practitioners in England,' as the Society called the 'Glasgow Faculty of Medicine' seem to imagine." (See 'Med. Times' of March 24th, 1860, page 307.) Mr Editor must have greatly modified his opinions since he wrote the above quotation; for it strikes me, Sir, most forcibly, that if the Circular of the 'Glasgow Faculty of Medicine,' which was circulated in the same month of March, and for which the Faculty merits the deepest gratitude of the Profession in Scotland, were compared with the above-mentioned leading article, the latter would be deemed by any unprejudiced person as a reflex of the former in many of the arguments. At the time, I considered the Editor of the 'Times and Gazette' treated us rather scurvily, and I must confess my astonishment on perusing his manifesto of last week in our favour: indeed, it seemed a wonderful change for the better! Let us hope he will keep in the right path, and attend to the true interests of the Profession, instead of opening his columns to so many unprofitable debates on Medical Titles.

M.D.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

Dec. 8th.—Lithotrity—Removal of Enlarged Tonsils—Necrosis of Tibia—Resection of Elbow-joint.—Mr Fergusson. Necrosis of Head of Tibia.—Mr Bowman.

Lithotomy.

We described the first operation performed last Saturday by Mr Fergusson upon this patient. He was again, to-day, placed under the influence of chloroform. The proceedings incident to the introduction of the lithotrites were very interesting, and highly instructive. The facility of sounding and of breaking the larger fragments by the advance of the rack-blade of the lithotrite in the palm of the right hand, conveying leverage upon the lithotrite crusher under entire tactile guidance, left no room for hesitation, delay, or doubt. Two or three rapid rotatory movements at the distal extremity of the lithotrite sounded and discovered the fragment, and the advanced movements of the anterior blades by means of the rack held in the palm of the hand secured it. If not too large, it was directly brought away with a free and facile movement, between the blades of the lithotrite scoop. The rapid introduction of the lithotrite four or five times left nothing further to be done, and we believe the bladder was cleared of every fragment. Mr Fergusson dwelt on the advantage and success of this plan of immediate removal in preference to so-called spontaneous expulsion, or removal at different periods by injecting warm water into the bladder. All irritation from fragments remaining a longer or shorter period in the bladder after being broken down was avoided. He said, in elucidating the advantage of our present instruments and practice, that many years ago Sir Astley Cooper very justly gained great approbation for discovering an instrument to remove calculi from the bladder through the urethra; but it was not constructed so as to be able to break the stone in the bladder, as in the case of these instruments, to a suitable size fit for extraction. This triumph was left for lithotrity to accomplish. In the subject operated upon to-day, a very favourable case was witnessed. This patient, Mr Fergusson said, would be very easily relieved from his long sufferings, and cure be effected without resorting to lithotomy, or, indeed, to any painful process, since under chloroform he experienced no pain, and would be speedily quite restored to health.

Mr Fergusson said he had recommended lithotrity in this case, as he believed the stone to be small, the patient a good subject, and there existing an entire freedom of the parts from disease.

Enlarged Tonsils.

Mr Fergusson removed a considerable portion of hypertrophied growth with a cutting forceps which he recommends and uses for the purpose. Were Mr Fergusson to see the facility and precision with which an enlarged tonsil is removed by Mr Yearsley with his knife and forceps, we think that gentleman's procedure would be preferred to the method adopted on this occasion.

Necrosis of Tibia.

This patient, a girl about sixteen years of age, had been afflicted a long time with diseased tibia. It commenced with abscess forming under the periosteum, and destroying it: in consequence, the tibia, on its anterior aspect at the upper third, became necrosed. This condition had existed for a long time, and a considerable thickness of new bone had formed over the dead bone. The removal of the necrosed bone required the pincers to be applied for that purpose with considerable force, from the hardness of the bone. To effect this, Mr Fergusson enlarged the open ulcer which existed over the diseased bone, and gonged away portions of detritus and caries cold applications being applied to the wound.

Resection of Elbow-joint.

This patient had suffered from extensive disease of elbow-joint for seven years, and anchylosis had formed, with a straight arm. Some time since, from the stiff and unuseful condition of the limb, Mr Fergusson endeavoured, under chloroform, to obtain a better position of the joint, which he accomplished by its flexion at nearly a right angle. The patient went on well, and left the hospital. After a time the arm became neglected, and resumed its straight and awkward position. Mr Fergusson proposed to-day, by resection, to induce formation of a false joint. He made a longitudinal incision on the inner aspect of the joint, in the line of the ulnar nerve. This he easily removed on one side, but said he believed that it was not of much importance if divided. He then cut into the joint, the cartilages of which he found entirely destroyed by disease. With a small saw, the olecranon, with the extremities of the condyloid process of the humerus and a small portion of the head of the radius, were removed. In removing these portions of bone, some careful dissection was required, in consequence of anchylosis of the olecranon with the humerus being only partially effected, and fibrous exudation having completed the connection. Mr Fergusson remarked that this was one of those cases in which spontaneous cure was going on, and he had no doubt that, in time, a spontaneous cure might have been effected. This process would have required patience and long suffering; and although a cure would be ultimately obtained, it would be a bad cure and an unuseful limb. He therefore thought it better to recommend this operation, by which means a false joint would be formed, and a good limb preserved, by fibrous union.

Necrosis of Head of Tibia.

This patient, a child about eight or ten years old, was placed under the influence of chloroform. Disease had been in existence for five years. It was a case in which originally abscess had formed in the sheath of the muscles at the upper extremity of the tibia, and had travelled to a considerable distance, and several sinuses had formed upon the anterior aspect of the shaft of the bone. The tibia had in consequence become necrosed; but sinuses existed at a great distance, in consequence, from the seat of the disease. Mr Bowman made an incision down to the bone at the upper sinus, and removed portions of dead bone. He advised, in these cases, to make the incisions as small and as few as possible. Mr Bowman said, in these emaciated, worn-out subjects, it was a great object to avoid a large incision upon the hard bone, since great irritation and discharge were frequently the results, to the danger of the patient or delay of the cure.

ST GEORGE'S HOSPITAL, Dec. 13.

Removal of Large Fatty Tumour on Hip-joint.—Removal of Sebaceous Tumour on Face.—Mr Tatum.

Fatty Tumour.

This patient, a man sixty years of age, had a tumour formed on the gluteal aspect of the hip-joint, of large dimensions. It had existed twenty-five years, during which it had acquired this immense size. It was pendulous, and had a distinct neck. Under chloroform, Mr Tatum removed this tumour in the usual way.

Encysted Sebaceous Tumour.

This patient, a young man about twenty years of age, had a sebaceous tumour on the submaxillary bone, under the orbit. Two days before, an incision was made into it, when a serous fluid escaped. Upon making a longitudinal incision, a portion only of the tumour was dissected round and removed. Mr Tatum said it was not necessary to trace the connections of the cyst, which ran deeply into the sub-cutaneous tissues. He applied lint dressings soaked in a solution of sulphate of copper, which, he said, would induce healthy granulations to be produced at the bottom of the cyst, and fill up the wound. A case similarly treated had, a few days since, left the hospital cured. Chloroform was not administered in this case.

OUR NOTE BOOK.

ON THE ESTIMATION OF SUGAR IN DIABETIC URINE BY THE LOSS OF DENSITY AFTER FERMENTATION.

Dr William Roberts says: — When a diabetic urine is fermented with yeast, its specific gravity, previously ranging from 1030 to 1050, falls to 1009 or 1002, or even below 1000. This result is mostly due to the destruction of the sugar it contained, but partly, also, to the generation of alcohol, and its presence in the fermented product. As the diminution of density must be proportional to the quantity of sugar broken up by the ferment, the amount of loss evidently supplies a means of calculating how much sugar any urine contains, always provided that the remaining ingredients of the urine continue unchanged, or become changed in some uniform ratio.

To ascertain the relation between the density lost on fermentation and the sugar destroyed, experiments were made on the urine of diabetic patients on the following plan:—1. The amount of sugar per 100 parts was ascertained by the volumetrical method, with Fehling's test solution. 2. The density of the urine was taken. 3. Three or four ounces were then placed in a 12-oz. phial, with a drachm or two of German yeast, and having lightly covered the bottle, it was set aside to ferment. 4. In about twenty-four hours the fermentation was finished and the froth dissipated. The density was then taken a second time, and the loss calculated.

By operating in this way on a specimen of diabetic urine, sp. gr. 1038·60, the following results were obtained:—Sugar, per 100 parts, by the volumetrical method, 7·69; density before fermentation at 60° or D = 1038·60; density after fermentation at 60° or D′ = 1005·92: density lost, or D — D′ = 32·68.

The relation, therefore, between the density lost and the percentage of sugar in this instance was as 32·68 to 7·69, or as 1 to 0·235. By numerous trials with diabetic urines, of different strength, it was found that the most correct proportion was as 1 to 0·230. The corresponding formula, therefore, was:—

Sugar, per 100 parts, or S = (D — D′) × 0·23.

The accuracy of this method was further tested by operating on diabetic urine diluted with known volumes of water or non-saccharine urine, and on solutions of loaf-sugar in water and in healthy urine.

This method of estimating sugar is especially applicable to medical practice; and the following simple and most convenient rule expresses the result of the analysis:—*Each degree of "density lost" indicates one grain of sugar per fluid ounce of urine.*—'Transactions of Manchester Philosophical Society.'

ACCOUNT OF THE POISONING OF THENARD BY CORROSIVE SUBLIMATE.

M. Flourens read an interesting Eloge on Thenard, before the Academy of Sciences, January 30, 1860. We find in it the following account of the *sang-froid* of Thenard, when he had accidentally taken a large quantity of corrosive sublimate, and of the excitement incident to the occasion:

"During a lecture at the Polytechnic School, it happened, one day, that something necessary for the demonstration was wanting. Thenard called for it impatiently, and while the assistant ran with all his might to procure it, the Professor, by way of passing the time, put his hand on a tumbler and raised it to his lips without examination. Having taken two swallows, he placed it on the table. 'Gentlemen,' he said with *sang-froid*, 'I have poisoned myself.' An electric shock was immediately felt, and the faces of all became pale. Thenard stated that it was corrosive sublimate which he had swallowed, adding, 'White of egg will combat its effects: will some one get me some eggs? Scarcely had this sentence escaped him, when the doors and windows were not wide enough—they ran, they pitched headlong; the storehouses are forced open, the kitchens likewise—but no eggs: the neighbourhood, being put under contribution, was soon pillaged; each brought his share, and a mountain of eggs was reared. In the mean time a student flew to the Faculty of Medicine. Interrupting an examination, he cried: 'A doctor! Thenard has poisoned himself in the school while delivering his lecture.' Dupuytren arose. 'Do you understand?' he said, and ran out; a cabriolet is in the way—he mounts—whips the horses—arrives—leaps to the ground. However, thanks to the albumen, Thenard was already saved; but Dupuytren required the employment of the pump, so as to be sure that the stomach might not absorb any corrosive substance. The organ becomes inflamed, and, safe from the poison, Thenard is put in danger by the remedy."

"Thenard was carried home. There, all the doors were guarded; the students of all the schools united to surround the house with triple ramparts; advance sentinels were detached to keep off the troublesome; silent and mournful all awaited the news transmitted from within, where the most fitted were scarcely able to restrain their zeal: in the sincerity of their affection, they envied the privileges of the family. Day and night watch was kept without intermission, without fatigue, for this man, who swayed the whole realm of kindness, was the property of the youth, and they wished to save him. Every morning, accurate bulletins were affixed on all the large establishments; no one knew their authors. When Thenard reappeared in his chair at the Sorbonne, the excitement was so great that every one ran out without knowing precisely what he was doing; the Professor himself declared that he had no power of controlling his deep emotion."—L. H. S., in 'American Medical Monthly.'

Births, Marriages, and Deaths.

BIRTHS.

BRISTOWE.—December 9, at St Thomas's street, Southwark, the wife of J. S. Bristowe, M.D., of a daughter.

BRYANT.—December 3, at Clarendon House, Stewkley, the wife of Charles Bryant, Esq., M.R.C.S., of a son.

ELLIS.—December 4, at Colston parade, Bristol, the wife of R. W. Ellis, Esq., M.R.C.S., of a son.

PATERSON.—November 30, at Balbeggie, Perthshire, the wife of George K. H. Paterson, Surgeon, &c., of a daughter.

THANE.—November 21, at Park-place villas, Maida hill West, Paddington, the wife of W. D. Thane, Esq., M.R.C.S., of a daughter, still-born.

MARRIAGE.

BARNES—SMYTH.—December 11, at St Mark's Church, Regent's park, Dr George Barnes, of Newcastle, Staffordshire, to Elizabeth Frances, widow of the late Rev. B. S. T. Smyth, Incumbent of West Pinchbeck, second daughter of Thomas Bridges, Esq., of Marwood hill, North Devon, and niece of B. M. Wilcox, Esq., M.P. for Southampton.

DEATHS.

ANDERSON.—November 26, of fever, at Madeira, George Anderson, of Farnham, Surrey, Surgeon to H.M. Emigration Commissioners, aged 58.

BROUSSAIS.—December 1, of endocarditis, Dr François Broussais, last surviving son of the celebrated Broussais. He was himself author of many articles in the Medical periodicals.

CUMPSTONE.—November 30, John Cumpstone, of Market Rasen, Lincolnshire, L.S.A. Lond., aged 63.

GATES.—December 2, George John Gates, formerly of Northampton, aged 40.

GRANT.—December 6, suddenly, at Devonport, James Simpson Grant, of Durievale, Fifeshire, M.D., Surgeon 53rd Regiment.

HUNTER.—November 30, at Fermanagh, George Hunter, Lic. and L.M., R.C.S. Ire.

KEMP.—December 3, at Hamburg, Robert Horne Kemp, aged 38.

LANGSFORD.—December 8, after a short illness, Mr George Johnstone Langsford, of Hart hill, near Nuneaton, aged 38.

NUGENT. — December 6, Richard Nugent, L.K.Q.C.P. Dub., F.R.C.S. Eng., L.S.A. Lond., aged 42.

OWEN.—December 2, John Underhill Owen, of Landport, Portsmouth, M.D. Univ. Glasg., M.R.C.S. Eng., M.R.I.A., aged 53.

ROWELL.—August 20, Charles Rowell, late of Langtoft, Assistant-Surgeon in the Hospital ship 'Lancashire Witch,' in the Gulf of Pechili, China, aged 27.

SHARP.—December 4, Christopher Sharp, of Oldham, Lancashire, M.R.C.S. Eng., L.S.A. Lond., aged 26.

SIMPSON.—November 27, at Brompton, J. W. Simpson, late of the Medical Staff, Malta.

WALL—November 27, Robert Wall, of Dunmanway, Co. Cork, M.R.C.S. Eng., aged 39.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Dec. 6th, 1860:—John Christopher Armstrong, Gravesend; Edwaad Olive, Hellingley, Sussex; William Pitt, Willinghall, Staffordshire; Daniel Seaton, Chester; Edward Alfred Tyler, High street, Marylebone. The following gentlemen also on the same day passed their first examination:—Francis Agget, Drewsteynton, Devon; James Bendall, Trowbridge, Wilts; Herbert Cooper, Richmond terrace, Clifton; Daniel Gibson, Waverley street, Hull; George Harrison, juna., Grosvenor street, W.; William Lockwood, Gloucester st., W.C.; Thomas Newby, London Hospital; William Payne, Walingford, Berks; William James Tyrrell, King's College.

APPOINTMENTS.—At a Special General Court, held on the 6th inst., Mr Alfred Winkfield, M.R.C.S. and L.S.A., of St Bartholomew's Hospital, was elected House-Surgeon to the Radcliffe Infirmary, Oxford, in the room of Dr Gray, resigned.—Mr Jonathan Hutchinson has been appointed Joint Lecturer on Surgery at the London Hospital Medical College.—At a meeting of the Dispensary and House Committees, held on Tuesday in the Board-room of Barrington's Hospital, Limerick, Stephen M'Mahon, M.D., was unanimously nominated to the offices of Medical Officer to the Dispensary and to Barrington's Hospital, in room of Dr M. V. Bourke, resigned.

GLASGOW SOUTHERN MEDICAL SOCIETY.—At the sixteenth annual meeting of this Society, held on the 6th inst., the following gentlemen were elected office-bearers for the ensuing year:—*President:* Mr Bryce Rankin.—*Vice-President:* Dr Henry Dunbar.—*Treasurer:* Dr H. R. Howatt.—*Secretary:* Mr Edward M'Millan.—*Seal Keeper:* Dr James Stewart.—*Court Medical:* Dr Peter Stewart (Convener); Dr H. R. Howatt; Dr Jas. Morton; Dr James D. Newman.—*Officer:* Thomas Robertson.

IRISH PATHOLOGICAL SOCIETY MEDAL.—The subject selected for the gold medal of the Pathological Society of Ireland, to be awarded at the close of the ensuing session, is, "The Diagnosis and Pathology of Diseases of the Spermatic Cord, and of the Testicle and its Coverings."

MILITIA MEDICAL OFFICERS.—It has been notified by the Secretary of State for War, in reply to the memorial of the Surgeons and Assistant-Surgeons of Militia Regiments, that commissions will be given to them in the Line, provided they *pass the necessary examination.*

APPOINTMENTS FOR THE WEEK.

Wednesday, December 19.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, December 20.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

LINNÆAN SOCIETY.—Dr T. Spence Cobbold, "On Animal Parasites (Entozoa), with Experiments," 8 p.m.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—Dr Hyde Salter, "On the Stethoscope," 8½ p.m.

Friday, December 21.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—Practical Evening for the Narration of Cases and Exhibition of Specimens.—Mr Leggatt, "On a Case of Acute Glossitis," 8 p.m.

Saturday, December 22.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, December 24.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON.—8½ p.m.

BOOKS RECEIVED FOR REVIEW.

Physiological Chemistry. By E. Day, M.D., &c.

Practical Means for Preventing Adulteration. By H. Letheby, M.B. London: M. Lewands.

On Diphtheria. By Edwd. H. Greenhow, M.D. London: John W. Parker and Son, West Strand.

Introductory Address. By J. H. Wharton, F.R.C.S.I.

Epitome of Surgery. By J. Beadnell Gill, M.D London: H. Baillière.

On Hospital Accommodation in Manufacturing and Mining Districts. By Mr John Robertson.
Gonorrhœa and Gleet. By Thomas Weeden Cooke. London: Henry Renshaw.
Food Collection in the South Kensington Museum. By E. Lankester, M.D., F.R.S. Fifth Edition. London: Her Majesty's Stationery Office.

NOTICES TO CORRESPONDENTS.

VERUS, commenting upon a notice in our last Number, relating to the fine imposed by the Court of Common Pleas on Dr Clarke, of Staines, suggests that it must have been solely owing to his sending the woman to the workhouse, which was done in an illegal and unauthorised manner. We have no doubt of this; in fact, this was the charge. At the same time, it is necessary to caution Medical men against falling into the same mistake. Insane persons who are *not* "dangerous," are not infrequently sent to the workhouse to be protected. If so doing be illegal, we fear that the illegality is very general.

Mr S. BROWN.—1st. Yes.—2nd. Yes.

CHIRURGUS.—The use of a current of electricity in lead poisoning was first resorted to by M. Briquet about two years ago. He believed it to have a specific effect in arresting the pain and eliminating the lead. M. Becquerel's views are more moderate: he denies that a current of electricity can remove the lead from the system, though it will relieve the spasm and pain.

Dr WILLIAMS is thanked.

AN OLD SUBSCRIBER (Plymouth).—The Numbers shall be forwarded.

H. S.—Your objects may be attained by application to Mr Moore, Ship Agent, of Tower hill.

Mr WM. B.—Newspaper; with enclosures, received.

ERINENSIS, on the Medical Council, received. The subject will be soon resumed.

A CURE FOR SNORING.

To the Editor of the Medical Circular.

SIR,—I would feel greatly obliged to you for any information you could possibly give me on the subject of *snoring*, in the hope of preventing or alleviating it, as my health is suffering from the unmitigated snoring of my wife. An unfortunate Medico, after nights of such interruption, is after some time made to feel the effect of the disturbance during his daily employment. I think that, being one of your oldest supporters, you will allow me to trouble you on the subject. H. W. N.

[Not knowing any effectual remedy for the unfortunate domestic affliction to which our correspondent is subject, and which, we fear, is of an epidemic character, we invite our readers to favour him with their experience. We venture to believe that the man who may devise a cure for snoring, and patent the invention, will rapidly make his fortune. What would be the result if our correspondent should adopt the homœopathic principle—*similia similibus curantur*—and snore too?—ED.]

A PROVINCIAL SUBSCRIBER.—The non-existence of a written contract to pay the bill is of no consequence, if you can bring forward witnesses to prove that the master either agreed to pay you, or requested your attendance, and was aware of it during the time. Otherwise a master is not bound to pay his servant's account. An implied pledge to you is not sufficient evidence.

Dr MACDONALD.—We are obliged by your note.

AN ASSOCIATE.—We have not expressed an opinion on Dr Markham's capabilities for his new office. We wish him good luck and good temper.

ST BARTHOLOMEW. — The vaccination fee is, no doubt, an unjustifiable tax upon the student, for the benefit of the public. You and your fellow-pupils should sign the Memorial we published last week.

Mr MCCLELLAND is thanked for his note: his suggestion, however, has come too late to be of use for this volume.

UNREGISTERED PRACTITIONERS.

To the Editor of the Medical Circular.

SIR,—Whilst Medical Practitioners are lamenting the incongruities of the Medical Act, they should make full use of the advantages left to them. I believe no unregistered person could successfully carry on an Apothecary's practice, if the public were fully made aware that no unregistered person could demand payments for medicines or attendance. Many years ago I lived with a Scotch Surgeon in London as his assistant. He used to visit and supply medicines, as an Apothecary might. He sent in his Christmas bills to the amount of nearly 400*l.* a year. People paid their bills, not doubting but that he had a legal right to the money. Had they been aware that he had no right in law, not one-third of them would have paid him.

I therefore propose (and here is work for Secretaries of Registration Societies), that, by paragraphs in newspapers, advertisements, &c., the public should be told that unless the party they employ is registered, either for Medicine or Surgery, as the case may be, they need not pay a farthing of their bills. I am, &c.,

A REGISTERED PRACTITIONER.

Dec. 8th, 1860.

Dr TUCKER.—Received and inserted.

Mr PATERSSEN.—Received.

A CONSTANT SUBSCRIBER.—1st. Apply at the Admiralty.—2nd. Yes.

Dr MILLMAN.—Too much must not be expected from our contemporary, who is apt to be bewildered on important questions.

Messrs LEECH and GWYTHER.—We are obliged by your note.

Mr S. W. SMITH's interesting communication shall be inserted.

ALPHA.—The signature of M.D. is not *illegal*.

COUNTY-COURT DECISIONS.

To the Editor of the Medical Circular.

SIR,—I scarcely know whether I ought to apologise for writing concerning County-Court decisions, but really they are a subject of great importance to the Profession. Perhaps the two following cases may show the necessity for some protest against such injustice.

Some three or four years since, I attended a woman with choleraic diarrhœa, incessant vomiting, spasms, with lividity and coldness of surface, &c. I attended eight days. The person resided, according to their own measurement, half-a-mile and 140 yards from my house. My claim was, for medicines, 1*l.*; for eight visits, 12s.: in all, 1*l.* 12s. A few months since I put it in the County Court in this town, and Sir Walter Riddell said that he considered 3s. a day amply sufficient for medicines and attendance. I consequently received the sovereign for medicines, and the munificent remuneration of 6d. a visit

In another case, I tried to recover a bill that had been outstanding five years. I swore positively that I had not received it; the defendant swore he had paid it. I asked for the receipt; he said he had lost it: he had no witness to the payment. The judgment was in his favour, as the Deputy-Judge thought he was more likely to remember paying me than I was to recollect not being paid at such a length of time.

I am, Sir, &c.,

H. SCHOLFIELD JOHNSON, M.D.

Stoke-upon-Trent, Dec. 10, 1860.

M.D. EDIN.—None but Graduates of Universities are equitably entitled to the affix of M.D. and the prefix of Doctor. Fellows and Licentiates of the Colleges of Physicians are entitled to the prefix of Doctor by courtesy and legally; but it is a stretch of their prerogative, and contrary to etiquette, to affix the M.D. to their names. The same remark applies to Bachelors of Medicine.

C. H. N.'s letter on "Poor-law Medical Officers and their Grievances" shall appear as early as possible.

Mr R. D. (Yorkshire).—Next week.

Mr J. GELL.—1st. He would not be eligible.—2nd. We think not.—3rd. We do not think that the College would interfere; though it would be contrary to their By-Laws.

Mr SANDERS is thanked; but we have no room for the Report this week.

Thorley's Illustrated FARMERS' ALMANACK, 77 NEWGATE STREET, CITY. This Sixpenny-worth contains more valuable information to the Farmer than any other almanack at even double the price, and ought to be on every Agriculturist's Book Shelf throughout the Kingdom.

Thorley's Agricultural GLEANER. — This Weekly is published every Saturday, and contains everything new and beneficial to the Agriculturist. Price 2d., Stamped 3d.—77 Newgate street, City.

Now ready, price 5s. 6d.,
or free by post to any part of the United Kingdom, price 6s.
Fourth Edition, greatly enlarged and improved.

A Grammatical Introduction to the LONDON PHARMACOPŒIA, and a KEY to PHYSICIANS' PRESCRIPTIONS. By S. F. LEACH.

"This little work will be found extremely useful to students who have received but an imperfect classical education."—'The Lancet.'

Hughes and Butler, Medical Booksellers and Publishers, 15 St Martin's-le-Grand.

Twickenham House.—Dr DIAMOND (for nine years Superintendent to the Female Department of the Surrey County Asylum) has arranged the above commodious residence, with its extensive grounds, for the RECEPTION of LADIES mentally afflicted, who will be under his immediate superintendence, and reside with his family. For terms, &c., apply to Dr Diamond, Twickenham House, S.W.

NOTICE Letts's MEDICAL DIARY, arranged for Vaccinations, Accouchments, Nurses' Addresses, &c., Patients' Names with column for Daily Visits. Neatly bound in cloth, pocket book, flap, pencil, and clasp, 2s.; French Morocco Tuck, two pockets and pencil, gilt edges, 3s.; best Pocket Morocco or Russia Book, 10s. 6d.; with divisions for instruments, 17s. and 18s. (Double the substance, 1s. 6d. extra.) Instrument Cases for ditto, 4s. 6d.

The other Editions of LETTS'S DIARIES commonly used by MEDICAL MEN, are Nos. 1, 2, 5, 9, 10, 12, 14; the Professional Appointment Diary; the Monthly Professional Diaries: Medical Visiting Lists, etc.

LETTS'S READING EASEL for INVALIDS, from 20s. to 40s. Sold by all Booksellers.—Fully descriptive catalogues gratis.

LETTS, SON, and Co., STATIONERS, 8 Royal Exchange, London, E.C.

Washing and Drying MACHINERY.

WILLIAMSON'S PATENT MACHINES are in use at numerous Hospitals, Workhouses, Schools, and Private Establishments.—Can be seen in operation (daily) at WILLIAMSON'S, PATENTEE & MANUFACTURER, 133 HIGH HOLBORN.—Illustrated Lists free by post.

Allen's Port- MANTEAUS and TRAVELLING BAGS, with square openings.

LADIES' DRESS TRUNKS. DRESSING BAGS, with silver fittings.

DESPATCH BOXES, WRITING and DRESSING CASES, and 500 other articles for home or continental travelling.—Illustrated Catalogues post-free.

J. W. ALLEN, Manufacturer of Officers' Barrack Furniture, and Military Outfitter, (see separate Catalogue, post-free,) 22 and 31 West Strand, London, W.C.

Bailey's Concentrated Fluid MAGNESIA, prepared with great care, and strongly recommended by the Faculty for removing BILE, ACIDITIES, and INDIGESTION, restoring APPETITE, preserving a moderate state of the bowels, and dissolving uric acid in GRAVEL and GOUT; also as an easy remedy for SEA SICKNESS, and for the febrile affection incident to childhood it is invaluable.—On the value of Magnesia as a remedial agent it is unnecessary to enlarge; but this Fluid Preparation is the most valued by the Profession, as it entirely avoids the possibility of those dangerous concretions usually resulting from the use of the article in powder.

Prepared by WILLIAM BAILEY and SON, Horseley fields Chemical Works, Wolverhampton. In bottles, 1s. and 2s. 6d. each, with Patent Glass Stoppers, particularly adapted for Exportation, as it will keep good for any length of time, and in every climate; also put up in Half-gallon and Gallon bottles, for the use of Hospitals, Dispensaries, and Compounding Prescriptions, at 5s. and 9s. each.

THE ACIDULATED SYRUP, in bottles 1s. each.

Sold by E. SLEE and Co., 46 Piccadilly, London,—Corner of the Albany,—and all respectable Medicine Vendors throughout the world.

MEDICAL ELECTRICITY WITHOUT SHOCK OR PAIN

PULVERMACHER'S PATENT

Galvanic Chain Bands sur- PASS in efficacy all remedies hitherto known for Neuralgia, Rheumatism, Paralysis, Head, Ear and Tooth Ache, Asthma, Bronchitis, Spasms, Gout, Nervous Affections, &c., &c., by infusing permanently and gently into the part affected that most wonderful natural agent Electricity. Their unparalleled success has established their celebrity throughout the civilised world, as may be seen by the striking proofs given in the book "PULVERMACHER'S IMPROVED MEDICO-GALVANIC SYSTEM.'

The Invention is adopted by the Académie de Médecine, Paris; the Royal College of Physicians, London; and by the Imperial Faculty of Vienna. It is also distinguished by the support of Sir C. Locock, Bart., Physician to her Majesty the Queen; Professor Oppolzer, Physician to the Emperor of Austria; by Dr Rayer, Physician to Napoleon III.; and others of celebrity; and was rewarded at the Great Exhibition of all Nations in 1851.

CHAIN BANDS, 5s., 10s. 6d., 15s., 18s., according to power, forwarded post free, to be had through all respectable Chemists, or of Messrs J. L. Pulvermacher and Co., 73 Oxford street, (adjoining Princess's Theatre,) London; where can also be obtained every description of ELECTRO-THERAPEUTIC APPARATUS and APPLIANCES of the most improved construction.

For Correct Family Arms, CREST, or PEDIGREE, send name and country, and 7s. 6d., to J. LOCK'S City Heraldic Office, No. 2 Old Jewry, E.C., London, and in a few days you will receive a neat drawing of your Arms, &c., in Heraldic Colours, to be engraved on Seal, Ring, or Family Plate. On y parle Français, Italien, Allemand, et Hollandais. Wedding orders executed

Important to the Medical PROFESSION.

GLOVER and Co., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS of first-class quality at a very low figure.—Price Lists may be had on application.

CLINICAL LECTURES.

ON EXOPHTHALMIC GOITRE.

NEW FACTS TOWARDS A HISTORY OF THIS DISEASE.

Delivered at the Hôtel Dieu,

By M. TROUSSEAU.

(Continued from page 390.)

The woman in No. 34 Salle St Bernard is twenty-five years of age. She was born at Bagnolet, menstruated at thirteen, married unhappily, and is miserable. The nurse would have you believe that she is *cracked* in the head. She was delivered nine months ago; had then nothing resembling goitre, and was greatly astonished when told that her eyes were *droll:* they were, in fact, glistening and restless. Wishing to fasten her collar, she found that she was unable. The menses were next suppressed, the appetite became enormous, and the sight very short. At this moment, auscultation reveals an extremely soft bellows-sound, as in the chlorotic; the beatings of the heart are precipitous, the pulse varies between 110 and 130, and the patient's character is unequal and capricious. On applying the stethoscope to the goitre, there is perceived an expansive movement similar to that of an aneurismal tumour; and in the carotid artery you may perceive a purring tremor. This woman is emaciated, but not chlorotic. At first, martial preparations were given, and then all the symptoms became worse: iodine was next had recourse to, with cold applications, and leeches to the thighs and knees, under the influence of which menstruation was restored, and a very decided amelioration of the health became visible.

I have told you that in my practice I have met with nine cases of exophthalmic goitre. Furnished with these personal facts, and the cases recorded in the annals of science, I will endeavour to sketch for you an outline of this singular disease. Exophthalmic goitre is especially seen in women, and is certainly a neurosis. As the female sex is by far the most liable to nervous diseases, we may thus, perhaps, account for the predominance of this affection in women. I know but of two examples where it occurred in men, for the boy of 14½ years is but something intermediate between the two sexes. Certainly there are ages where the line of demarcation cannot be traced without difficulty. Stokes had under his care, in 1838, a man of lofty stature; and some other instances of this kind have been cited, but the majority is on the part of the women.

You are struck, when in the presence of such persons, with the singularity of their looks and the strange aspect of their eyes, the extraordinary lustre of which is equally observable in those who have black eyes and those that have blue. As the disease begins, the eyes enlarge, and become shining and prodident, even when there is not as yet any suspicion of goitre. At No. 27 Salle St Bernard, you may see a girl with exophthalmos, and who has, if you will excuse the expression, the eyes of a calf; but they are destitute of the lustre that characterises the eye in exophthalmic goitre, and are almost constantly shining, humid, and excessively restless.

In most patients, the organ of vision undergoes some modifications: such persons generally become myopic, but never strabismic. The woman seen by M. Labarraque, you remember, had *musca volitantes* and black points dancing before her eyes, and could no longer use her needle. Look at a person with exophthalmic goitre when asleep, and you see the eyelids half closed and but partially covering the sclerotica; yet in such patients ophthalmia is a rare occurrence. Such patients are not under conditions the same as persons affected with palsy of the seventh pair; for in this case the motive medium of the lid is lost, whilst in the morbid variety under consideration the patient may sometimes by an effort succeed in shutting the eyelids almost hermetically.

In palpitation of the heart, we have an unequivocal phenomenon. It is affirmed by Graves—that clinician so serious—that he saw a woman with exophthalmic goitre in whom the sounds of the heart could be heard at a distance of *four feet;* which is, in my opinion, one of the most extraordinary facts. Excepting on some rare occasions, I have never heard them beyond fifteen or twenty centimetres from the chest. Moreover, Graves, Stokes, Parry, Basedow, and several others, are convinced that in this case the affection of the heart is altogether nervous.

The goitre is equally the seat of similar beatings, and the lobes of the tumour are unequally swollen. The lobe usually most hypertrophied is the right. Stokes relates that, in one case, it was proposed to tie the common carotid, so much did the tumour by its pulsations and by its enormous size deceive the attendants as to be mistaken for aneurism. Fortunately, the error was discovered in time to prevent the operation.

When the stethoscope is applied over the apex or over the base of the heart, you hear vigorous beatings and a slight bellows-sound. If you place the instrument on the neck, you perceive a double *bruit de souffle*, resembling the sound noticed in aneurisms; but if on the goitre itself, you fail not to perceive an expansive bellowa-sound, quite distinct and defined. What is very remarkable, is the want of *solidarity* between the pulse at the wrist, in the arm, in the thigh and neck: when the pulsation of the carotid is strongly developed, the pulse at the wrist, in the arm and thigh, is nearly in its natural state. The epigastric pulse is sometimes more energetic; so that there is plainly a strange want of concordance in the vascular system.

In persons affected with exophthalmic goitre, in women especially, you remark nervous excitement, irascibility, and a degree of singularity altogether peculiar. M. Labarraque's patient, who, at his desire, came to me at the Hôtel-Dieu a few days ago, said that she could not bear the least noise or the slightest opposition. The woman at No. 34 Salle St Bernard has plainly now eccentric ways, such as did not before show themselves.

Exophthalmic goitre is not, therefore, a local affection, implicating only three points of the economy, but one that affects the whole system; and one of the phenomena that give the best evidence of a general disturbance, is the surprising hunger that has been remarked in so many cases. In Dr Gros' case, it is remarkable that the patient, when the disease was diminishing, gained in weight thirteen or fourteen kilogrammes in the space of twenty-eight or thirty days; an instance, surely, of extraordinary disturbance in the function of nutrition. Other patients, again, have shown a degree of emaciation that bore no relation to the quantity of food taken: but here a satisfactory explanation is possible; for, with profuse perspiration, intense diarrhœa, continued sleeplessness, and the frequent manifestation of nervous impatience, is it surprising that such patients should look wretched, and be pale and emaciated?

Lastly, you may sometimes witness the occurrence of some singular and inexplicable circumstances, as in the boy of 14½ years, who before his illness was exactly of a height the same as his mother, but in ten days he exceeded her by four centimetres. In the course of typhoid fever, but especially during convalescence therefrom, it is not unusual to see extraordinary increase of growth; but here, in a space of time so very limited, I own that this seems to me but little in conformity with all that we have hitherto seen. I shall speak, at our next conference, of the order in the evolution of the pathological triade, and will endeavour to prove, by numerous examples, that exophthalmic goitre must certainly have a place assigned it among the neuroses.

(To be continued.)

REMARKS ON THE CHOLERA WHICH RAGED IN TUSCANY IN 1855;

TOGETHER WITH AN ACCOUNT OF A NEW MODE OF TREATMENT.

By JOHN GASON, M.D.

In making the following remarks on the cholera which appeared at the Baths of Lucca in 1855, I shall state some ideas which an attentive observation of its progress has suggested to my mind. I purpose giving a hasty sketch of the non-infectious and non-contagious nature of that epidemic, the beneficial effects resulting from cleanliness and ventilation, and a novel mode of treatment which I used and found most efficacious.

The cholera at the Baths of Lucca was preceded for some weeks by looseness and an uneasy sensation of the bowels in numbers of the inhabitants. Its course was so rapid, that but little time was left for remedial agents, and it acquired the name of "Fulminante" from the Italians, who were so thunderstruck by its power, and even the native Physicians were so bewildered by its rapidity, that all attempts at cure were nearly abandoned, and the disease was almost left to take its course. From the month of February to October in that year, 25,950 persons died in Tuscany, out of a population of little more than 1,800,000: but it was somewhat remarkable that though there was a larger number of English and American visitors than usual at the Baths of Lucca during the time, but one case occurred amongst them, and that was under peculiar circumstances: this patient, however, recovered. Great confidence was entertained by the natives that this summer retreat would be spared; for in the previous year, when cholera visited Tuscany, numbers fled there from those places where the cholera prevailed, and still no case of it appeared. This cherished hope was, however, soon to be destroyed, as the cholera suddenly appeared, and the effect produced on the impressionable mind of the Italians was so great that they quickly succumbed to its power. The number of cases which occurred in the parts frequented by visitors (and which I shall alone refer to) was comparatively small; but in the immediate neighbourhood and the surrounding mountains, the aggregate number was great. The cases in the former amounted to 36, the deaths to 31, almost all in the stage of collapse, some few extending into the secondary stage, but these alike proved fatal. From four to eight hours was the usual duration of the attack. The symptoms so closely resembled those of Asiatic cholera, that I will not weary my readers by detailing them; only stating that the prostration was so great, that in the severest cases cramps were but seldom seen, and the discharges from the stomach and bowels exactly resembled bran mixed with water, the discharge being clearer than what is generally noticed in Asiatic cholera. The perspirations were copious and cold, and, with the exception of the dark-blue colour of the skin, the vomiting and purging, the general symptoms resembled those of persons dying from loss of blood. In many cases the bowels remained loaded, and lumbar worms were frequently discharged both from the mouth and anus. In one case which I treated, the alvine evacuations, on reaction, be-

came of a pinkish colour, resembling raspberry-juice mixed with water: later still the discharge from the stomach was green, and that from the bowels of a clayey colour. I shall now proceed to make a few observations on the nature of the disease as it came under my observation. The theories on its nature are so numerous and varied, that anything I may state may have been said before; but as I am not aware of this being the case, I shall give my ideas on the subject.

I have been led to look upon cholera in a different light from that in which it is generally considered, and that after weighing the objections which may be urged against my view of the subject. I believe that cholera is the result of hæmorrhage of the serum or white blood occurring under a peculiarly depressed state of the nervous system. The state of depression, I believe, is caused by loss of tone in the nerves supplying the mucous membrane and skin. The consequence of this hæmorrhage is the retardation of the red portion of the blood, which ceases to be propelled sufficiently quick to receive the necessary amount of purification from contact with the air: the result of this is the accumulation of a large quantity of venous blood, which poisons the system, and thus produces death by asphyxia. The combination of an unhealthy situation and various debilitating circumstances may tend to induce this loss of tone in the nervous system, and may predispose the individual to the epidemic which prevails at the time. The severity of the attack will, however, depend on the quantity of serum discharged, as well as on the nature of the epidemic, according as it may be typhoid in its nature or otherwise.

Having made these observations on the cholera which invaded Tuscany in 1855, together with some remarks on what I believe is its nature, I now pass on to some of the causes which appeared to favour its invasion and fatal progress. It was remarked, that during that summer there had been a great absence of wind, and that the air was very warm and moist, which depressed to a great degree the physical and nervous energy. This state of the atmosphere also favoured the decomposition of vegetable and animal matter in damp situations, and the gases so generated accumulated from the absence of wind to carry them off. Having formed a Sanitary Board at the Baths of Lucca, and having personally inspected the habitations of the poor, I am in a position to say that there was not a single case of cholera which did not occur in the midst of decomposing animal or vegetable matter. The police authorities lent every assistance to enforce the carrying out of our recommendations, and not a single case occurred afterwards in these parts where the cleansing was effected. Here I may mention a curious circumstance—that for many years previously to the invasion of the cholera, and particularly so in the preceding summer, there had been at the Baths of Lucca numerous cases of diarrhœa, some in a very severe form: since that time all tendency to the disease has ceased. How is this to be accounted for? Was the diarrhœa an accidental circumstance for at least five years previously, or did its exciting causes accumulate that year to such an extent that cholera was the result? The sanitary means adopted were the thorough cleaning of the houses both inside and outside, great attention being paid to the cleansing of the floors. Collections of all sorts were removed to a distance, and all the sewers in the neighbourhood were cleaned out. The bed-clothes were well washed, and great cleanliness of the person was enjoined. This physical exertion called off the mind from a state of apathy—which the natives appeared to be giving themselves up to—the poison which was polluting the atmosphere was got rid of, and with it the cholera ceased. I now pass on to the subject of contagion and infection in this disease. That all persons similarly circumstanced are liable to the disease, admits of no doubt; but why all persons in the same condition are not seized, is difficult of solution. In almost all the houses in which cholera occurred, there was but a single case; though there were instances to the contrary, and in one particularly, where a sewer communicated with a room in a basement story where the servants of the family used to assemble: in this house three of the servants died. In one of the cases which I attended, four of the children were constantly employed in rubbing their parent, who was ill of the disease; and though two of them were in the bed with her until she died, and notwithstanding that they washed all the clothes afterwards, still no other case occurred in the house. I could not detect any peculiar odour either from the body or the evacuations of the sufferers. Several cases of this description came under my observation, and have strengthened my conviction of its non-infectious and non-contagious nature. On my journey the same year from the Baths of Lucca to Rome, where it then was, I ascertained that the disease had in various cases passed over densely-crowded cities and towns, and attacked places situated on the summit (*a*) of lofty mountains which were at a distance from the high road, and not exposed to contagion or infection.

The treatment which I have been the first, I believe, to propose and adopt, which I tried in several cases in 1855, and which proved efficacious in all, I shall now mention. As soon as the serous evacuations commenced, I plugged the anus so as to prevent the further discharge of serum; at the same time I tightly swathed the bowels in flannel, and strictly enjoined that the patient should be kept in the horizontal posture. Some may object to the plugging of their anus, and in these cases I recommend a towel to be tightly rolled up and placed beneath the buttocks so as to compress the anus, the patient being warned at the same time of the absolute necessity of restraining every desire to go to stool, even though under the most urgent calls of nature. I found this treatment very efficacious in three or four cases. All liquids were strictly withheld, and gentle friction applied to the extremities; if vomiting or faintness continued, chloroform in small and frequently-repeated doses given on a lump of sugar proved of great service. Opiates appeared more injurious than beneficial, and seemed to aggravate the stage of reaction. The severity of the stage of reaction appears to depend on the severity and length of time of the stage of collapse. My object in writing this paper is to lay down a form of treatment which will be found, I believe, very efficacious in shortening and moderating the stage of collapse. I feel so sanguine of the result, that I only ask for a fair and unprejudiced trial to be made. The *rationale* of the treatment is very simple. We have a disease in which the system is being deprived of a large quantity of one of the vital principles of the blood: the object is to stop this, and what can be more natural than the means proposed? The bandage over the abdomen compresses the vessels, and by its pressure assists in preventing the discharge, at the same time that means are employed to cause reaction and produce absorption of what has been secreted. One more observation on the time of its employment. It should not be used during the stage of diarrhœa, when the bowels are discharging feculent matter, unless the symptoms appear urgent. Nor is there much use in trying it when the system is almost drained of its serum: it should be employed during the time that the serum is being discharged, and at as early a period as possible.

The power of testing the efficacy of this treatment was, I confess, limited; for having offered my Medical services to the authorities at the place, I was refused permission to practise on the natives, though it was well known that numbers were dying around to whom the native Medical men could not possibly attend: but in the cases which I did attend, I had recourse to the plugging of the anus, and in every case recovery took place. In one instance, the mother of a large family had for some hours frequent discharges of the "bran-water evacuations," which were continuing when I saw her. This discharge was immediately checked by the means which I have suggested. She was in a very listless and weak state; but reaction took place in the course of a short time, and she quickly recovered, though great debility existed for some weeks afterwards. This treatment I adopted within two or three days after the appearance of the cholera.

Rome, November 27, 1860.

(*a*) At Radicofani, a frontier town between Tuscany and the Roman States, situated about three hundred feet above the high road, the cholera carried off numbers at that time. The only source of infection alleged by the Italians was, that a cart of skins conveyed from Rome was opened at the Custom-house, and it was supposed that the poor may have caught it from these skins. This appears to me to be so far-fetched an idea, that it hardly deserves comment: for can it be reasonably supposed that the unloading of dried skins could have been such an object of attraction to the poor, as to induce them to remain close to these skins for any length of time, and that they, and not those engaged in the operation, should have carried the infection to this town? In all the places which I passed through, the mode by which the cholera was supposed to have been conveyed to the different localities was even more difficult of explanation.

CASE OF CONTAGIOUS SKIN AFFECTION,

RESULTING APPARENTLY FROM THE SCRATCH OF A KITTEN.

On the 21st of November, 1860, Mrs M. called to inform me that her little girl, æt. two years, was exceedingly ill from the effects of a kitten's scratch on the cheek, near the outer angle of the left eye. The accident happened about a week ago; the child had previously been in perfectly good health, and free from any eruption. The scratch for a day or two after it was inflicted, seemed likely to heal quickly; but the little girl picked off the scab which had formed, and a discharge appeared, purulent and thin at first, but it soon formed a prominent, irregular scab, under which the matter still continued to ooze for some time, and which at present is gradually dying away. The mother says that the matter sticks to the ends of the child's fingers, and being brought into contact by them with different parts of the skin, thus multiplies the number of sores.

Nov. 22.—I saw the little patient this morning, as she lay in her crib, almost as pale as a sheet. The face, ears, and neck were covered with red spots, pimples, pustules, scabs, and discharge. The ears were inflamed, and contained a good quantity of matter. The discharge, when brought into contact with any part of the surface of the body, although not previously abraded, caused in the first instance a small circular inflamed patch, in the centre of which a pimple could be distinctly seen, which gradually became converted into a pustule. The discharge soon appeared, followed by the crusts, under which it continued to ooze for some time. The sores, or rather eruptions, were plainly seen in their different stages of development. Before the parts got well, the discharge ceased, the crusts became drier and harder, and then gradually powdered away. Altogether it resembled a case of impetigo, so frequent in children teething; but the essential difference is that in this case the disease is clearly communicable by contact. The child is frequently in the habit of sitting on the lap of her sister, a healthy young girl of twelve years: wherever the child's fingers touch her, the disease appears on the spot, but the caustic application checks it. The little girl sleeps with her mother, whose neck she once touched with a finger, which Mrs M., in alarm, quickly pushed away; but the part soon felt irritable, and became slightly red. The nitrate of silver soon arrested its progress. Mrs M. says that the child was so feverish and restless, and in so much apparent pain, last night, that she did not expect her to live until the morning. Some sweet oil dropped into the ear seemed to relieve the pain. The oxide of zinc lotion was used.

Nov. 24.—The child appears to be in her usual good spirits; the discharge has ceased, and the scabs are disappearing. Her mother told me that she thought something burst in the little girl's ear, and she has been much better ever since.

Nov. 26th.—Much better; slept well last night, for the first time since she became ill. There is seldom any irritation during the day, but at night it is very troublesome. The back is affected, but the head scarcely at all, with the eruptions.

Nov. 27th.—The discharge continues from one or two scabs which the little patient had picked. The progress of the eruptions which break out on the mother and sister is invariably arrested by the nitrate of silver.

Dec. 5th.—The face is now quite clean, but there are a few scabs on the head. The lotion is still continued. The mother's forefinger and thumb have been much inflamed after dressing the child. She is much better now.

I may state that one of the little brothers, who is not allowed to touch the child, has not been

affected. It is a popular belief that the scratch of a cat is poisonous: this is obviously a mistaken notion. I attribute the little girl's rapid recovery in great measure to the application of the oxide of zinc lotion.

ANOTHER PHILO-CIRCULAR.

Pershore, Dec. 8th, 1860.

THE SPIRIT OF THE PERIODICALS.

Dr GOODFELLOW continues his Lectures

ON BRIGHT'S DISEASE

in the 'Medical Times and Gazette.' His special topic is *treatment*. He remarks that though bandaging is useful in certain cases, yet that it may produce disastrous and fatal consequences. When the anasarca is on the increase, a bandage ought never to be applied, the effusion being a temporary relief to the more important symptoms. He observes, also, that a spontaneous vesication, or even sloughing ulcer, is much less liable to spread than even an acupuncture with a lancet or grooved needle, which is often followed by erysipelas. He advises that the integument should be kept covered with flannel, to prevent chill; but he does not approve of hot-air or vapour baths in chronic cases. The Author then gives various suggestions on the treatment of scarlet fever, and the dropsy consequent to it.

The same journal contains a Report of a Lecture, by Dr RICHARDSON, on a Case of

CYANOSIS.

We extract the following remarks:

"Commenting on the physiological and pathological relationships of this case, we are first led to ask, What is the reason that the foramen ovale is left open in the manner depicted in these cases? Is it that there is congenital malformation? I think not. I look upon it as due to the deficient formation of that membrane, which, after birth, ascends from the lower margin of the foramen, and closes up, in the majority of cases, the foramen altogether. Why, in certain rare examples, this membrane should not form according to rule, it is not easy to explain at once; but I have given the subject considerable attention, and will narrate to you the matter of my researches. I would premise by stating, that the formation of the membrane is by no means a rapid process. In nine infants who died between the eighth and fourteenth days after birth, I found the foramen perfectly closed in no one instance, while in some the opening was not closed to a sixth of its extent: these children, nevertheless, were quite free from cyanosis. I followed out the subject further in inferior animals, especially in young pigs; and I deduce as the mean of those experiments, that, for the first three days of life, the foramen ovale remains patent, and that the closure is never completed under fourteen days. The last point that remains unclosed is a spot in the superior posterior border of the foramen. I show you a specimen where the membrane remains imperfect at this point, although the animal from which the heart was taken lived in perfect health for five weeks.

"We may accept, therefore, this view, that, for the first few days of life, the circulation is carried on, I may say normally, with a distinct opening between the right and left auricles.

"Is it strange that the two bloods do not intermix during this period? No; for if they did, no membrane would ever be formed in the presence of the intermingling currents; but the truth is, such intermixture is prevented by a simple hydrostatic law. You will remember that during fœtal life, owing to the fact that the lungs are impervious, a very limited quantity of blood passes by the pulmonary artery, and virtually none from the pulmonary veins into the left auricle; but the same current of blood before as after birth flows into the right auricle by the superior and the inferior cava: the result is, that as there is opposition to the current of blood through the right ventricle and pulmonary artery, while there is no opposition from the left auricle, the volume of the blood received by the right auricle is driven at once over from right auricle to left auricle, and then into left ventricle and aorta, when meeting with the little blood that flows from the pulmonary artery through the ductus arteriosus, it makes its way round the body to return to the placenta. But when the child is born, and the previously inactive lungs undergo expansion, then there is an immediate large demand of blood from the right ventricle and pulmonary artery for the pulmonic circulation, and with this there is an immediate supply of blood from the pulmonary veins to the left auricle.

"Thus there is established, on the one hand, a diversion of blood from the right auricle to the right ventricle, and, on the other hand, an opposition to the entrance of blood from the right auricle to the left auricle, by the fact of an independent current from the pulmonary veins being poured into the left auricle. In a word, a balance is established between the currents in the two auricles, and each current takes its course towards its respective ventricle. The two streams run side by side, but do not intermingle, and the membrane, which is ultimately to separate them, meets no opposition to its formation. The membrane itself is produced as an additional protection; for although in the first days of existence the risk is little of pulmonary obstruction, yet as time advances this risk increases; and were there no membrane there, any cause producing arrest in the pulmonary circulation would immediately lead to a diminished current of blood through the pulmonary veins, and to a transference of blood over from the right to the left auricle through the foramen.

"I once made a little instrument, of which I give you a drawing, in which the conditions of the fœtal circulation were imitated, by placing a diaphragm having a small hole in its centre through a glass tube. When fluid was pumped through the right side of this tube only, and the lower part of the right division was closed, a current of fluid passed freely through the hole in the diaphragm; but when the lower part of the right division was opened, and a free current of different coloured fluid was pumped through the upper part of the left tube, then the currents flowed independently of each other, and without admixture.

"If, then, we apply the above physical facts to the cause of cyanosis, I think that we are driven to the conclusion that the continuance of the patency of the foramen ovale is due in cyanosis to the persistence of the current of blood from the right to the left auricle; and that the continuance of this current is due, in its turn, to persistent obstruction in the lungs.

"The mode in which cyanosis terminates is a point of considerable interest: death ordinarily takes place, I believe, from pulmonary congestion, and unless there is some other lesion of the heart, such as valvular thickening, not from any other cause. Cyanotic patients are, by their peculiarity, almost exempt from inflammatory disorders; but they suffer readily from every depressing influence. Nevertheless, with the impure condition of blood to which they are subjected, with a portion of venous blood passing into the arterial capillaries, with deficient oxidation everywhere, and, *ergo*, with deficient warmth, they are supplied with nutritive force, with sensational force, and, as we have seen, with excellent mental faculties.

"In our patient, death took place from tubercle; but I would not attribute the tubercular deposit directly to the cyanosis. I would rather conceive that it arose from the imperfect hygienic conditions under which, from necessity, the patient was placed.

"Mark, however, how the cyanotic state modified the phthisical symptoms, took from them, if I may use such a term, all their activity, suppressed the hectic, prevented the local development of inflammatory products around the tubercular masses, and yet allowed the tubercular plasma to be deposited over a surface much larger than is met with, according to common experience, in ordinary cases of consumption.

"I fear I have omitted to comment on one diagnostic point in the case before us, which of all others should not be overlooked: I mean the physical diagnosis of the heart. In this child, notwithstanding the three openings in the septum, we learn that the heart-sounds were normal; and when no valvular lesion is present to produce an abnormal sound, this is, I believe, the case in all examples of cyanosis. It has been assumed, certainly, that there is something remarkable in this absence of abnormal sound in simple cyanosis; but if we accept the rational view that the normal cardiac sounds are produced purely by valvular tension, we can understand at once that the mere presence of an opening in the centre of the auricle can in no way modify the natural sounds when the valvular machinery is perfect."

Mr TURNER reports a Case of *Death from Hæmorrhage* after fracture of a rib without mark of external injury; and Dr HENRY OSBORN narrates some experiments and considerations on the *Detection of Lead in the Calcareous Deposits of Kettles and Boilers*.

The 'Lancet' contains the general conclusions of Dr BROWN SEQUARD on the diagnosis and treatment of *Paralysis*, which we will give in our next Number.

The 'Lancet' of the 8th. inst. contains the following remarks, by Dr PAVY,

ON DIABETES.

"Under the mode of procedure that used to be adopted, it certainly appeared satisfactorily proved, that whilst the blood in the arterial system was almost free from sugar, that in the right cavities of the heart—that, in fact, between the liver and the lungs—was highly charged with it. In obtaining these results, a specimen of blood was collected from an artery and examined. The life of the animal was then destroyed, and by an incision into the right auricle or ventricle their contents were procured. Now, unless certain precautions are observed, the necessity for which was not formerly known, such a method of experimenting must inevitably lead to a fallacious physiological conclusion. The knowledge required is of the state belonging to life, and this we fail to obtain unless we operate on blood, cardiac as well as arterial, that is collected before, or at the very instant of death.

"I was first led to observe this variation in the condition of the blood that takes place immediately after death, whilst conducting some experiments on the injection of blood through some artificially-inflated lungs, for the purpose of imitating what occurred during life. I had been in the habit at first of employing blood collected from the right side of the heart after death, but afterwards procured it from the living ventricle by a process, so to speak, of cardiac catheterism—an operation that is easily performed, without leading to any sensible injury to the animal. An instrument is used that is specially curved for the purpose. It is introduced into the right jugular vein, and passed down through the superior cava into the heart. I was astonished to find the blood thus collected present a totally different behaviour to what had hitherto been considered as belonging to it, from collecting and examining it after death. I had been accustomed to meet with a strong reaction of sugar as belonging to right ventricular blood; but in that withdrawn during life, I failed to discover more than a scarcely-appreciable indication of the presence of the saccharine principle.

"This observation, I must confess, did not at first receive from me the weight and attention it deserved. I was so strongly impressed with the notion that the gluco-genic doctrine was indisputably established, that I was for some time disposed to think there might be some fallacy in my experiment, rather than call in question the truth of our views. Seeking in vain for a source of fallacy, I afterwards found that what had been regarded as the natural state of the blood of the right side of the heart was not in reality such; that the blood collected, as had hitherto been done after death, did not behave like the blood removed during life; and, therefore, that an inference of the condition of the one from the examination of the other must be discarded as erroneous.

"I do not speak on this subject with any hesitation or doubt; as, to satisfy my own mind—to satisfy my own scruples in abandoning what I had so fully believed in, I was anxious that my experience should be sufficiently extensive to be

quite conclusive. I think I may say that it is now from an experience of nearly one hundred observations that my knowledge on this point is founded. When blood is collected from the right side of the heart, as in an ordinarily conducted examination after death, it yields a strong indication of the presence of sugar. In five quantitative analyses I found the proportion of sugar to vary from half a grain to nearly one grain per cent. in defibrinated blood. When collected, on the other hand, during life, under natural circumstances, the amount of sugar is certainly not more than is encountered in the arterial system. The reaction with the copper solution, which it must be remembered is an exceedingly sensitive test, is frequently so slight as to be liable to be overlooked altogether, unless special attention is given to it. I at first thought that the quantity of sugar would be too small to be susceptible of a quantitative determination. But I have since effected the examination. The greatest care was observed in the analysis, and the amount of sugar given me in the different specimens I have taken has varied from a proportion of $\frac{45}{1000}$ to $\frac{75}{1000}$ or $\frac{80}{1000}$ of a grain per cent. in the defibrinated blood.

"In conducting an examination of the blood belonging to life, it is necessary that the animal should be in a perfectly natural and tranquil state at the time of its removal. It is astonishing the immediate effect that a disturbance of the circulation produces. According to the behaviour of the animal, I can predicate, with confidence, the state of its blood as regards sugar. Should there be any struggling or embarrassment of the breathing, a considerable indication of the presence of sugar is certain to be met with. I consider that this unnatural flow of sugar into the circulation, under such circumstances, can be satisfactorily accounted for, and I shall refer to it further on when I am speaking of the liver.

"Under great disturbance of the circulation from embarrassment of the breathing, I had noticed so large an amount of sugar in the blood that I felt convinced it would be discoverable in the urine, if the condition were maintained a sufficient length of time. This is in reality the case, and even much more strikingly so than I had anticipated: for after muffling the muzzle of a dog, so that the supply of air is reduced, short of producing asphyxia, the urine in an hour's time is rendered very strongly saccharine.

"In comparing arterial blood with that of the right side of the heart removed during life, I have before now observed a stronger indication of sugar in the arterial than in the venous blood. This at first seems strange, but I believe it to be reasonably attributable to the effect of the difference in the operation performed for obtaining the blood. Catheterism of the ventricle is frequently effected without exciting the slightest disturbance; but in exposing the carotid—the artery usually selected for the removal of blood—a contrary result is the case, on account of the close connection existing between this vessel and the pneumogastric nerve. In picking up and isolating the former, the latter is always exposed to more or less violence or injury; and the pneumogastric does not bear irritation without causing strong muscular efforts at resistance on the part of the animal, which must occasion temporary congestion of the circulation and compression of the liver. Indeed, I have noticed that the blood is ordinarily found in a marked degree more saccharine when collected immediately after the exposure of the carotid, than when a short time, such as a quarter of an hour, is allowed to elapse after the isolation of this vessel, which may then be drawn out and its contents removed without producing any fresh disturbance of the animal's tranquillity.

"The administration of chloroform must be always avoided when a specimen of blood is required in a natural state as regards sugar. Chloroform not only reacts of itself with the copper solution, but through its influence on the circulation determines, as can be shown by experiment, to a more or less marked extent, an unnatural flow of sugar into the blood.

"The only point I know of in which Bernard's *results* and my own stand in opposition to each other is as to the blood collected from the right ventricle during life. In his 'Legons de Physiologie Expérimentale,' vol. i., p. 121, he records an experiment made before his class in which the blood removed from the right side of the living heart gave a neat reaction with the copper solution, whilst the blood of the carotid artery and jugular vein of the same animal gave no reaction at all. I do not doubt that we have here an accurate description of what was noticed, but it is in direct antagonism with the result I am confident in obtaining myself, and which I am frequently showing to others. If an extensive experience in this matter go for anything, Bernard's experiment is not to be taken as a representation of the natural condition. A fallacy may have arisen from the animal not having been in a tranquil state, and nothing was formerly known about the differences I have pointed out as observable in the blood under different conditions. Certain it is, according to my own experiments on the living animal, that sugar does not exist to a larger extent in the blood of the right side of the heart than what has hitherto been recognised as belonging to the blood of the arterial and the general venous systems; and that, should sugar appear to any amount in the right ventricular blood, it will also be found to a corresponding extent in that of the carotid artery and jugular vein.

"It is not absolutely necessary to resort to the operation of catheterism of the ventricle to obtain a specimen of blood presenting the natural character belonging to life. With the information now in our possession, the experiment may be so conducted as to display the physiological state after death, and I do not know that this is not the most preferable mode of operating, on account of the result being less liable to be influenced by accidental disturbing circumstances. Life is destroyed by pithing, and instantly afterwards the chest is as rapidly as possible opened, the heart seized, and a ligature firmly applied around its base. The blood is then collected from the right ventricle; and if the operation have been expeditiously effected, it will be found as free from saccharine impregnation as if catheterism of the heart had been performed under a tranquil state during life. The object is, to collect the contents of the ventricle before the blood has become contaminated with the sugar, which is produced in the liver with such astonishing rapidity after death. After the destruction of life by pithing, the circulation continues for a short time, whilst the process of respiration is instantly stopped. By this continuance of the circulation, the opportunity occurs for the impregnation of the blood with the sugar formed in the liver, as a post-mortem occurrence. Now, unless the steps of our experiment be quickly performed, the sugar will have reached the heart, and even have been carried through the lungs into the arterial system. There is nothing to be wondered at in this, seeing how quickly foreign agents introduced into the circulation have been found to be transported from one part of the system to another,—and seeing, as I shall hereafter point out, how quickly the saccharine principle is produced in the liver, as the result of the destruction of life.

"One of the principal arguments in support of the gluco-genic theory is, that, after the administration of animal food, the blood going to the liver is devoid of sugar, whilst that flowing from the organ is highly charged with it. I have touched upon one side of the question, and strenuously urged that the saccharine state of the blood which is found after death is not to be taken as a representation of its natural or physiological character. As to the blood on the other side of the liver, I have recently given it a careful comparative examination. In the experiments that I have made, and in which I scrupulously observed every precaution to obtain the specimens precisely in the condition that is natural to life, I could not perceive the slightest discoverable difference of behaviour between the blood of the portal vein and that of the right side of the heart. The portal blood gave the same trace of indication with the copper solution as I obtained with the cardiac contents. It was impossible, in fact, with the test reagent to recognise any distinction between the two.

"As far, then, as we learn from what has preceded, there is not, as a natural process of life, that flow of sugar into the circulation from the liver, for the purpose of destruction in the lungs, which the former mode of experimenting led physiologists to believe. After death, and under certain unnatural states during life, it is true, there is a large escape of sugar from the liver; but, as a normal condition, there is only a trace of sugar in the blood between the liver and lungs, and this trace is also met with on the other side of the lungs, in the blood returning from the system at large, and even in the blood on its passage to the liver. The blood, therefore—namely, that returning from the liver—which was formerly looked upon as affording evidence of the exercise of a gluco-genic function by this organ, has nothing special belonging to it. The same character is met with, as far as I can discover, to a precisely equal extent, in the blood of every part of the system.

"Quitting now the blood, I shall next direct my attention to the organ itself, which has for some years past been enjoying its reputed gluco-genic function."

The 'Lancet' of the 15th inst. contains an article, by Dr WILLIAM PIRRIE,

ON FAVUS,

We quote his conclusions:

"1. That favus is essentially characterised by the presence of a fungus, which is easily discovered by the microscope.

"2. That it is peculiar to the young, and confined to the poor and destitute.

"3. That it is most commonly met with on the scalp, but occasionally on other parts of the body.

"4. That the hair-follicles are only secondarily affected.

"5. That it is by no means a rare disease in Scotland, being exceedingly common in Edinburgh, and having been more so for several years past in Aberdeen than in Glasgow.

"6. That it is generally considered more common in Ireland than in England.

"7. That it is a blood disorder, and that the fungus is not the sole nor the original cause of the eruption.

"8. That many are insusceptible to it; and that it is feebly contagious, and very often arises independently of contagion.

"9. That the previous state of health has an important bearing on its outbreak.

"10. That it is intimately connected with the strumous diathesis.

"11. That want of cleanliness strongly predisposes to it.

"12. That, for its removal, general as well as local treatment is necessary."

The following Case of

ACUTE IDIOPATHIC GLOSSITIS

is reported by Dr GEOGHEGAN in the 'Dublin Medical Press:'

"M. K., a stout, healthy-looking man, æt. thirty-seven, of sanguine temperament, by occupation a cabman, admitted Oct. 9th, 1860. This patient is of regular habits, and not addicted to the use of tobacco. He cannot assign any definite cause for the present attack, except a late exposure to cold. Five days previously to his admission, Mr Woodroffe found him labouring under inflamed tonsils. Two days subsequently, enlargement of the tongue, accompanied by swelling of the soft parts beneath the chin, was visible, and has since steadily increased. Up to this period, the treatment had consisted in the employment of saline purgatives and antimony, but without mercury.

"On admission, the following conditions were observable: Tongue swollen to nearly twice its natural size, and filling the palatine arch; its edge infiltrated, translucent, and obtuse. The organ can be but very slightly protruded, when the raphe is observed to form a deep groove posteriorly. The back part of the left side of the dorsum is much more swollen than the right, and very sensitive on pressure; still greater tenderness is present at a corresponding point beneath the tongue where it joins the floor of the mouth. The crest of mucous membrane which runs forward along the latter towards the sublingual gland is vividly red, much swollen, infiltrated, and crested with opaque milky patches of fibrine of firm consistence and membranous aspect. There is a constant and copious flow of viscid, transparent, not frothy, fluid, (mucus?) from the mouth. Articulation and deglutition are much impaired. Breath heavy, but not fœtid. The gums present a narrow border of vivid red, and are slightly tumid. There is considerable swelling of the soft parts beneath the chin, with heat and obscure sense of deep fluctuation; skin somewhat hot; pulse 90, full. The fauces cannot be made visible. Symptomatic fever moderate.

"*Treatment.*—A narrow bistoury was introduced downwards and backwards beneath the tongue at the site of the sublingual tenderness above noted, and a

teaspoonful of greenish fœtid pus discharged. Six leeches were ordered to be applied beneath the tongue in the neighbourhood of the just-named opening, with frequent warm gargling of the mouth, and a poultice beneath the chin.

"Second day after admission.—Feels better; deglutition improved, and articulation somewhat so; much ptyalism, and breath has a *fœtid* and somewhat *stercoraceous* odour; tongue reduced in volume; swelling of left dorsum less, and tenderness there decidedly so. Sublingual mucous crest less prominent, and although the lymph of previous day had been then removed, is found again coated for one and a half inches by a layer of opaque white fibrine (under the microscope granular and not organised); the swelling beneath the chin more prominent and hot, with pain on deep pressure; pulse 96.

"Three only of the leeches took, but drew a large quantity of blood (estimated by the resident pupil from inspection of the vessel at *fourteen ounces*). Patient begs for a repetition of the leeches, owing to the relief experienced. Continue the poultice. Milk for food. Three more leeches beneath the tongue at left side.

"Third day.—Tongue generally less swollen and more moveable; swelling of left dorsum as before, but with scarcely any tenderness. The plastic matter on the sublingual crest, removed yesterday, has been reproduced. Fauces not yet visible, but anterior part of palate is seen to be healthy; edges of lower gums still redder than previously, and below the red margin is a milky looking film, interior of cheeks white and plastic; salivation still considerable, and breath fœtid; pulse 65; bowels confined; submental swelling still more prominent; an opening beneath the chin with the narrow bistoury evacuated a small quantity of healthy pus from a depth of at least three-quarters of an inch. Jal. et cal. 1 scrup., egg emulsion, with milk to be liberally supplied.

"Fourth day.—Still further improvement; tongue still diminishing in size; left dorsum continues swollen; fauces now visible. The sublingual fibrine has not been again secreted. State of gums and salivation as yesterday, but the fœtor has disappeared; submental abscess discharging a little healthy pus.

"Fifth day.—Salivation less, though still considerable; gums less tumid, but edge yet red; fulness of left dorsum continues; other conditions amended. Convalescent. Diet improved.

"Sixth day.—Salivation much less; much induration still beneath the chin.

"Seventh day.—Quite well.

"I availed myself of the present opportunity to investigate the condition of the salivary discharge, in reference to its normal ingredient, the sulphocyanide of potassium. Eight ounces of the fluid (the hematosine previously coagulated and removed) yielded by an appropriate procedure a spirituous extract, in which the presence of the sulphocyanide was at the best doubtful, whilst a *drachm* or less of *healthy saliva* gave marked indications of the salt. It thus appears that in other conditions beside *mercurial*, salivation of the sulphocyanide is absent, and hence that we cannot safely consider this negative character a distinctive criterion of the latter, as laid down by Dr Davidson. It seems to me, indeed, that it would be probably more correct to view the discharge, both in ptyalism and glossitis, and also in some secondary venereal and carcinomatous affections, as merely a mucous fluid, and not saliva, natural or otherwise."

The Author concludes with some remarks upon the case.

King's College Hospital.—The magnitude of the London Charities, their infinite variety, and the countless benefits which they confer on the sick and friendless poor of this vast Metropolis, have often excited the admiration of foreigners; but the most extraordinary part of their history is the fact that they have almost exclusively been founded by private benevolence, and, with few exceptions, are supported by the voluntary subscriptions of the charitable public. In a prominent place among these institutions stands King's College Hospital. The building, which covers an area of nearly an acre, and is in the Italian style, will contain accommodation for 200 patients, and will be replete with all the conveniences and appliances which, in this philanthropic age, are considered essential to the comfort and welfare of even the poorest patients. It is six stories in height, and, from the great extent of the building, the roof forms one of the conspicuous objects to be seen from the bridges, overtopping, as it does, both of the great theatres in the neighbourhood. When completed, it will have cost no less than 100,000*l.*, every shilling of which has been raised by voluntary subscriptions.

REVIEWS.

On Diphtheria. By Edward Headlam Greenhow, M.D.

From his official connection with the Privy Council, Dr Greenhow has had opportunities of studying Diphtheria on a large scale and under diversified conditions that cannot be enjoyed by other practitioners. He has also written after all the experience that was gained during the recent epidemic by practical men has been recorded: he has, therefore, the additional advantage of a comparison of their observations and suggestions to guide his judgment. We cannot be surprised, then, that our Author has produced a good book.

We have adverted to an epidemic, diphtheria; but, in reality, diphtheria cannot be regarded as exclusively epidemic. The conditions of its propagation are yet undefined; whether it be communicated by contagion or not is uncertain; and if due to atmospheric influences, these must be partial in their operation, as many cases may be observed in one locality, and few or none in another immediately adjacent. If local causes produce the disease or aggravate its intensity, these also remain in obscurity; and Dr Greenhow admits that he was unable to trace the occurrence of certain outbreaks of the affection to any deleterious influences arising from local pollution or domestic privation. There can be no doubt, moreover, that sporadic cases of the disease frequently occur. At this moment in the Metropolis there is prevalent a form of sore-throat, with a tendency in the buccal and tonsillary mucous membrane to secrete a pellicle of whitish exudation. These symptoms are accompanied with glandular swellings at the angle of the jaws,—in short, with the characteristic signs of diphtheria of a mild type. We believe this form of diphtheria to be not uncommon; though, on the other hand, it is pretty certain that numerous cases of scarlatina anginosa and maligna have been grouped under the new and fashionable phrase diphtheria.

Dr Greenhow commences his work with a chapter in which he gives a definition of the disease: we do not think, however, that either here or in other parts of his work he takes sufficient notice of one or two characteristic symptoms. We allude especially to the enormous swelling of the sub-maxillary glands, associated with infiltration of the cellular tissue of the neck, which prevails in some bad cases. He has very accurately described the condition of the inside of the throat, with the peculiar exudation; but he has nearly overlooked one symptom, at least, which in our experience has been one chief cause of the fatality of the disease. At page 203, indeed, he says, "More or less swelling of the glands at the angle of the lower jaw may be said to exist in every case. Sometimes it is very slight, at others very considerable;" and he adverts to a case where an incision into the tumour was made in his presence, and was followed by a "discharge of bloody sanies mixed with streaks of pus." This swelling deserves more important notice. We have seen several fatal cases of diphtheria, and we have formed the conviction that the mere mechanical pressure upon the nerves and bloodvessels of the immense swellings we have noticed has been sufficient to induce death. These indurations also present a mechanical impediment to deglutition, which has not been sufficiently considered. Dr Greenhow has properly described the sanious kind of fluid which occasionally issues when they are incised, or which may be discharged into the throat and cause instant suffocation, an instance of which we have seen. Pus it is not. These indurations feel and cut like a piece of brawn. We should like to have seen more attention bestowed upon this remarkable symptom in this work.

Towards the end of the work, Dr Greenhow describes the various sequelæ of diphtheria, and adverts to the nervous affections—paralysis particularly—that have been observed. The attention of practitioners was first called to the occurrence of paralysis after throat affections in connection with diphtheria; but latterly the same symptom has been noticed as a sequel of cynanche without the diphtheritic exudation. Does it follow, however, that the disease of the throat with false membrane, and that without, are two diseases different in essence? May they not be due to the same poison modified by circumstances? Whilst writing these lines, we have a young girl under treatment for facial paralysis on the left side, occurring immediately after an attack of sore-throat unattended with plastic exudation; yet we are inclined to think that the peculiar poison has been present in this case, as we have other cases where a thin greyish pellicle has been observed.

A considerable part of this work is occupied with a history of the various epidemics of diphtheria that have been recorded from the seventeenth century to the present time; so that a complete review of the disease is presented to the scientific reader.

Letts's Medical Diary for the Year 1861.

This useful Diary is so well known to the Profession, that our approbation of it is needless. It provides forms for registering daily visits, accouchements, vaccinations, and other engagements incidental to general practice.

The Cholera.—A letter received from Teheran at Constantinople on the 25th ultimo states that "the cholera which appeared at Yezd some little time back has reached Cashan, six or seven days from here. The Porte has, since the abolition of the frontier quarantine, determined on stationing a medical officer at Teheran in connection with the Intendance Sanitaire of Constantinople, as a kind of medical advanced post to watch the progress of any epidemic in this country, and has named Dr Binsenstein, late sanitary physician at Trebizond, to this important post. Dr Binsenstein was formerly sanitary physician at Van, Larissa, Heraclea, and the Dardanelles, and is a great acquisition to our medical world here." It thus appears that the Porte has commenced the institution of Medecins Sanitaires, as the French have done for the last ten or twelve years in all these quarters.—(Correspondent of the 'Lancet.')

Prize Subjects at the Paris Academie de Medecine for 1861, 1862.—The Academy Prize of 1000 francs for 1861—Disinfectants and their Therapeutical Application; for 1862—Determine by means of clinical facts, 1. What is the natural course of the various forms of pneumonia, considered with respect to the different physiological conditions of the patients? 2. What is the relative value of expectation in the treatment of these diseases? The Portal Prize of 1000 francs for 1861—Purulent Inflammation of the Lymphatic Vessels, and its Influence upon the Economy; for 1862—Vascular Obstructions of the Circulatory System of the Lungs, and the Practical Applications which may be deduced: that is to say, expound by means of positive observations the various species of sanguineous concretions which may obstruct the vessels of the pulmonary circulation, appreciating their causes, immediate effects, and ulterior consequences; investigate the mechanism of the cure of these morbid conditions, determine the signs which lead to their recognition, and indicate the treatment they call for. The Civrieux Prize of 2000 francs for 1861—Angina Pectoris; for 1862—Determine the Place of "Moral Medicine" in the treatment of Nervous Diseases. The Barbier Prizes of 4000 francs for 1861 and 1862, for Assured Means of Curing Diseases hitherto deemed Incurable; as, Hydrophobia, Cancer, Epilepsy, Scrofula, Typhus, Cholera, &c. Encouragements to be awarded to those who, without attaining the aim proposed by the prize, make some approach to it. The Itard Prize of 3000 francs for 1861 for the best work on Practical Medicine or Applied Therapeutics—such work having undergone the test of publication for at least two years. The Amussat Prize of 1000 francs for 1861 for the author of the work which, based on anatomy and experiments, shall have realised or prepared the way for the most important improvement in Surgical Therapeutics—such work not having already received any prize. The Orfila Prize of 4000 francs for 1862—Poisonous Fungi. The memoirs to be sent in by the 1st of March of the respective years.

NOTICE.

The MEDICAL CIRCULAR is published every TUESDAY morning for WEDNESDAY. Price, Unstamped, 5d.; Stamped, 6d. A Stamped Copy sent regularly, per post, for Twelve months, for 19s. 6d. Post-office Orders should be drawn in favour of THOMAS ROLFE, 20 King William street, Strand, and made payable at Charing cross.

N.B.—The MEDICAL CIRCULAR is duly registered for transmission to the Colonies.

TERMS FOR ADVERTISEMENTS.

Six Lines or under	3s.	6d.
Per Line Extra		6d.
A Column	2l.	2s. 0d.
A Page or Three Columns	5l.	5s. 0d.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 26, 1860.

REFORM IN THE BARRACK-ROOM.

The spirit of improvement has, undoubtedly, taken possession of the higher Military Authorities, who, since the Crimean war, have become convinced of the paramount necessity of improving the moral and social condition of the soldier. His Royal Highness the Duke of Cambridge has been foremost in this laudable work; and, following his example, Sir Hugh Rose, the present Commander-in-Chief in India, has devoted himself with enthusiasm and energy to diversify the monotony of the barrack-room, and to meliorate the condition of military life. It is with extreme pleasure we advert to a General Order issued by him, in which he has required information as to the means already available at the several Indian Stations for the instruction of the troops. He also wishes to know the amount of accommodation for workshops and gymnastic exercises. This Order is so judicious and well-timed, that we quote it *in extenso*:

"Head-quarters, Calcutta, Oct. 6, 1860.

"The Commander-in-Chief wishes to place on a regular and permanent footing, and to render general, the means of recreation, instruction, and employment in useful trades, of the soldiers of the army.

"In this sense, His Excellency calls on officers commanding divisions to transmit to the Adjutant-General of the Army, reports, carefully drawn up, on the means in question which are actually in existence at the stations under their command, specifying their description and capability of improvement.

"For example: Whether there are barrack accommodations for schools; soldiers' reading and coffee rooms; workshops for instruction and practice in trades; gardens for growth of vegetables; gymnasia; single-stick practice; and cricket-grounds, skittle and ball alleys.

"The reports should also specify the capabilities which each station, and the country around it, afford for the practice of the various trades which in the soldier's hands may be the source of pastime and profit to themselves, and of essential use to troops in the field.

"Workshops, as a system, may be said to be unknown in this army. The Commander-in-Chief is most anxious that they should be introduced into it, and developed to the greatest possible extent; that not only soldiers, but their children also should learn trades.

"Sir Hugh Rose can speak from his own experience as to the advantage of soldiers knowing trades. It would have been a material advantage to the force under his orders in the late campaign, as well as to the service, if there had been soldiers in its ranks who worked in iron and wood; who could have repaired damaged rifles, saddlery tents, &c., made shoes and summer clothing. There was plenty of material, wood, iron, khakee cloth, leather, &c., but, unfortunately, next to no workmen.

"General Officers are invited to offer any suggestions which may occur to them, and to elicit information from officers commanding regiments on the important subject of this General Order, which has for its object the useful occupation of the soldier's long leisure during an Indian hot season, as well as his comfort and welfare, whilst in the service, and after he has left it.

"Useful occupation must be the means of raising the moral condition of the soldier; it causes habits of order and industry to take the place of idleness and intemperance, which enervate the best health, the noblest energies, the ablest intellects.

"Useful occupation has further advantages. It enables a soldier to gain a competency whilst in the service, and a livelihood when he returns to his home. It enables him to bring up well his family, to assist aged parents, and to settle down into a good and useful member of the State.

"By order of His Excellency the Commander-in-Chief.

"W. MAYNEW, Lieut.-Colonel,
"Adjutant General of the Army."

This admirable document recommends itself to the common sense of every reader. The bane of soldiers in time of peace is idleness; and as an idle man cannot exist long without a stimulus of some kind, the soldier, in default of other resources, resorts to the canteen, and tries to cheer the wearisome monotony of his routine existence with a debauch. The fearful oppressiveness of this listlessness, added to the unvarying regularity of the duties and the repulsiveness of the drill, is sufficiently exemplified by the desertions, suicides, and other crimes for which soldiers are unhappily too notorious. Variety of occupation is one of the chief solaces of life, and is, undoubtedly, one of the most efficacious means of maintaining the spring of the faculties unimpaired.

During the Crimean war, the helplessnes of the British soldier was a subject of common remark. Although perishing from the rigour of the elements, and from lack of food, it was found that he did not possess sufficient mechanical knowledge to enable him "to turn his hand" to any work necessary to improve his condition. He was unable to help himself, and required that others should build for him, dig for him, cook for him, and, in fact, do everything needful to his precarious existence. Should the objects at which Sir Hugh Rose aims in the foregoing Orders be fully realised, the British soldier will be, ten years hence, a far different man from what he now is, and the service, deprived of its irksomeness, will cease to be regarded with aversion by the better class of artizans. The health of the Army will, no doubt, be much enhanced by these arrangements, and, in India especially, the sick and mortality lists will be considerably reduced.

We hope that in any further inquiries which the Commander-in-Chief may conduct into these matters, he will enlist the co-operation of the Medical Officers, whose special duties and opportunities qualify them to give sound and reliable advice, and whose opinions will command an influence among the public that does not generally follow the reports of Commanding Officers. We regard these "Orders" with peculiar interest, and trust that they may be effectually carried out.

SUMMARY OF THE WEEK.

CHOLERA IN THE EAST OF LONDON.

An alarm of cholera has been raised in West Ham, the particular district of the Metropolis where cases of cholera are usually first noticed when an epidemic looms over this great city. A Committee of Medical Officers has inquired into the facts, and reported upon those cases in which death occurred within a few hours—varying from twelve to twenty-four—from the commencement of the attack. In neither case was the purging of the rice-water character; and there were no cramps, and no suppression of urine. On the other hand, there was bilious vomiting and purging, with delirium and coma;—in short, the cases were not cholera: then what were they? Were they due to some specific poison? So it appears to us, and we hope that an attempt will be made to discover the cause.

UNWHOLESOME MEAT.

The City Authorities are vigorously carrying out their powers for the seizure of unwholesome meat in Newgate Market. The vast quantities of bad meat that are sent to this Market for sale are almost incredible, and it requires the utmost vigilance to prevent its getting into consumption. Unfortunately, there is no Act of Parliament so stringent that it cannot be evaded by a subtle Counsel, and it appears that it is very difficult to prove that in any given case the meat was consigned to the Market by the sender with the intention of its being exposed for sale as human food; so that, although the meat can be secured and destroyed, the culprit may escape the fine; and unless a fine can be imposed, the practice cannot be effectually restrained. Public opinion should be strongly expressed on this point, in order that the hands of the Medical Officers of Health may be strengthened in the discharge of their duty.

DUIGAN *v.* WILKINSON.

A case has been tried at Gainsborough of some interest to Surgeons. The defendant was the father of a boy, who was a servant in a private family, and who sustained a compound fracture of the thigh. Dr Duigan, who was the Surgeon in attendance, sued the defendant for the sum of 10*l.* 10s., the amount of his bill. The defendant pleaded malpraxis. The limb was at first put up in the straight position, but nineteen days afterwards it was considered necessary, owing to the excessive discharge, and in order to enable the surgeon conveniently to dress the wound, to put it on a double-inclined plane. Thus matters re-

mained for another fortnight, when union was found to have taken place, and a mill-board splint was applied to enable the boy to get about on crutches,—an opening being left for the escape of the discharge, which was now trifling. On Dr Duigan's calling nine days afterwards, it appears that the boy had not been got out of bed; the Doctor was cross, and did not call again, but four days subsequently sent Mr Spencer to see the case; and three or four days afterwards that gentleman reported that the father had cut away a portion of the splints and bandages, and that the knee was swollen from the unevenness of the pressure. The father, in his evidence, said that after the leg was first set up, the boy cried terribly, and that the limb was not interfered with for three weeks, when, the bandages being removed, a basinful of matter gushed from the wound; and at a subsequent period he cut the bandages, to enable the blood to circulate in the limb.

Dr Mackinder, Mr Fairchild, and Mr Cook, of Gainsborough, were called on behalf of Dr Duigan, and deposed to the propriety of his practice in every particular. It seems, however, that after Dr Duigan had relinquished the case, a man called Adams, a bone-setter, saw the boy, but did not interfere further than to administer decoctions. Then, Mr Drust, a Student of the Middlesex Hospital, and Mr Skelton, a Student of St Bartholomew's, also saw the case, but did not interfere. Mr Drust had been formerly an assistant in a grammar-school; and Mr Skelton admitted that he was a compounder of vegetable pills and medicines. These witnesses deposed that they found the limb considerably shortened, with an abscess in the lower part of the leg. Mr Skelton now called in Mr Skey of St Bartholomew's; and with the appearance o this gentleman on the scene, the drama acquired fresh interest. Mr Skey stated that he found the limb shortened to the extent of from three to four inches, the lower part lying at an angle with the upper part of 40 degrees, with a large collection of matter around the bone. The ends of the bones being united, he deemed it necessary to break the bone again, which he did; he then applied pulleys for three-quarters of an hour, and reduced the shortening to within 1¼ inch or 1½ inch of the original length.

A question arose, whether, in the interval between Dr Duigan's leaving the case and Mr Skey's seeing it, the bones might have separated and reunited. Mr Skey thought there was not sufficient time for this process. We cannot enter into further detail: it is, however, with satisfaction that we find the Judge deciding in favour of the plaintiff for the full amount charged. Had Dr Duigan continued his attendance until the entire recovery, the unpleasant incidents that subsequently occurred might have been averted. It was not quite right to desert the case from pique, because a certain order had not been complied with. However, the witnesses do not impeach his skill up to the time of his last attendance.

SPECIAL HOSPITALS.

Sir Benjamin Brodie, our readers will remember, when he wrote his Protest against Special Hospitals, made an exception in favour of Ophthalmic Institutions. We now find that Sir Charles Locock, also a protester, has publicly excepted from condemnation Lying-in Charities. We have no doubt that a considerable number of the protesters have also their pet Institutions. When will the reign of humbug as patronised by our contemporary the 'Lancet' come to an end? The following is the letter written by Sir Charles Locock to his friend Mr Ikin of Leeds:

"Holmewood, Tunbridge Wells,
"August 14, 1860.

"My dear Sir,—Having left London some time since, your letter has followed me here. Mr Erichsen sent me the Protest against Special Hospitals about a month ago, accompanied by Sir B. Brodie's letter already in print. I signed the Protest, but at the same time sent a letter to Mr Erichsen, saying that I did so only because I considered that there had been, of late, a great abuse in starting and maintaining Special Hospitals to a most unwarrantable excess; but that the same exceptions which Sir Benjamin Brodie had made in regard to Ophthalmic Hospitals, I still more emphatically made in respect to Lying-in Hospitals, and those for the Diseases of Women and Children. They did not choose, it appears, to print and circulate my letter of exceptions, as I suppose they thought many others would also have their own pet exceptions.

"Yours very faithfully,
"J. I. Ikin, Esq." "C. Locock.

The Adulteration of Bread with Alum.—Five bakers, named Ratcliffe, Scholl, Verge, Lambert, and Brett, were summoned to the Wandsworth Police Court, on the 15th instant, for unlawfully using alum in the manufacture of bread. The proportions employed varied from 27 to 80 grains in a quartern loaf. Mr Ingham (magistrate) inflicted penalties of 5*l.* and 10*l.* each, and costs ranging from 3*l.* 5*s.* to 4*l.* 8*s.* The informations were laid by Mr John Dart, the inspector of weights and measures for the district, under the 3rd of George IV., c. 106, in the following terms:—"That within forty-eight hours before the making of the complaint, and within ten miles of the Royal Exchange, being a person making bread for sale, he did, in the making of bread for sale within such limits, use a certain mixture and ingredient, to wit, alum, in the making of such bread, other and except as mentioned in the statute in the case made and provided." The analyst was Dr Normandy.

Funeral of the late Sir Henry Marsh.—The funeral of the late Sir Henry Marsh took place last week, when his remains were interred in Mount Jerome Cemetery. The funeral was attended more largely than any which has taken place in Dublin for years past. There were upwards of 150 carriages in the procession, and almost all the gentlemen connected with the Profession of which the deceased baronet was so distinguished a member attended the funeral. A number of the tenants from the family estate at Kilkenny came up to Dublin for the purpose of attending the burial. The mace of the College of Physicians was carried behind the mourning carriage. It was the intention of the students belonging to the Medical Schools in Dublin to have walked in procession behind the hearse, but the inclemency of the weather prevented this arrangement being carried into effect. A great number of students, however, were in attendance. Since Saturday the principal Schools of Medicine in Dublin have been closed in respect to the memory of the late baronet, and the meeting of the Pathological Society, which was to have been held on Saturday, was postponed in consequence of the melancholy event.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL OFFICERS AND THEIR GRIEVANCES.

To the Editor of the Medical Circular.

Sir,—Every Poor-law Medical Officer, except Mr Griffin, must be perfectly aware that any measure proposed for their relief would meet the determined opposition of the Poor-law Board, provided it contained a clause so unreasonable as that relating to a Medical Secretary to be appointd by the Medical Officers themselves. Mr Estcourt, in his interview with the Poor-law Medical Officers, clearly pointed out to them the evil tendency of such an appointment; yet, singularly enough, to this clause alone, in his many draft bills, has Mr Griffin adhered. It would almost give the impression to those who are not aware of the thorough disinterestedness of Mr Griffin, that he had in his mind some person ready for the office.

I fear the stoppage of pecuniary supplies will prevent any further "*Draft of an Act, &c.,*" being circulated for the present; but if the proposition of Dr Ashburne, of Pendleton, that magistrates at Quarter Sessions should fix the scale of payment in their respective counties, was brought before Parliament, it would probably be received with assent. They have already the control of one class of Medical Officers—viz., Surgeons to County Gaols; and we know they are amongst the best-paid servants of the public.

I am, &c., C. H. N.

December 15, 1860.

THE PROPOSED JUBILEE TESTIMONIAL TO EDMUND BELFOUR, ESQ.

To the Editor of the Medical Circular.

Sir,—As thoughts upon the same subject often arise at the same time in minds far apart, and letters on the same points cross in their transit, so I shall probably find that *your* views have met mine far more than half-way on the road, in the shape of further editorial remarks in addition to those which early appeared in the Circular (about a month since) in reference to the above subject, by *which* my attention was first drawn to it.

I have been waiting, like many others, for the appearance of an advertisement naming the channel through which I could add my guinea to the subscription which, I doubt not, has already been set on foot, to give the Profession at large the opportunity of marking their sense of the great and meritorious services—far beyond mere official duties—which have been rendered by Mr Belfour during the very long and unprecedented period he has performed so well the somewhat arduous duties of Secretary to the College of Surgeons.

As a principle—for I look to merit, not the man—I am desirous to bear my individual testimony to that which it is imperative upon us to uphold, as a moral which we should set forth to those coming after us, for it is by marking our appreciation of worth that we stimulate others to excellence. I cannot forbear remarking, that associated with the name of Belfour is a *double stay.* Not only has his stay in office been a long stay—half a century!—but his has been a very valuable stay also to the Council, to whom, as has been observed by a writer in another print, "there is a good margin left for adding their own guineas to those they have given out of the College Funds," in due acknowledgment thereof. In every way, therefore, has Mr Belfour been an exception to ordinary rule.

While his long career of office has been signalised by a devotion which money could not purchase, and none but innate principle secure, he, by his great vigilance and exertion, has done much to uphold the best interests of the Members of the College, and to promote the respectability of the Profession.

In conclusion, let it not be supposed that in pointing to merit I desire to plead for it. My province extends not beyond the duty attaching to all—the acknowledgment of it—for the reasons I have stated. I am, Sir,

Your constant reader,

December 14, 1860. Rusticus.

[We recommend the subject of this letter to the consideration of our readers.—Ed. Med. Circ.]

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL, Dec. 12.

Case of Hernia, Wutzer's Operation.—Mr Erichsen.

Mr Erichsen took the opportunity to alludo to the surgical means in practice for the cure of hernia.. He said, those at present adopted had become limited to two several measures which met with approval and success. He described the means employed in the performance of Wützer's operation. The integuments of the scrotum were forcibly invaginated by the introduction of a wooden, metal, or bone plug into the inguinal canal. This plug admitted a curved needle being passed through it in a groove which pierced the integuments at the inguinal ring. The extremity of this needle, after being passed through the plug, was secured by a clamp button on the surface externally, having a screw over to secure its point. The proximal extremity of the plug was also secured by another clamp with screws. The object of this proceeding was to make the integument of the scrotum a plug to fill up the inguinal canal, the wooden plug to be retained for a sufficient period for that purpose. Thus a slight inflammatory action intervenes sufficient to induce adhesion of the parts in the canal and ring, and by that means to permanently plug up the canal against the passage or return of the hernia. The merit of this operation was its simplicity, and its entire freedom from all danger. If it did not succeed, the state of things was only in the condition they were found before the operation. No danger occurs, no cutting process being adopted endangering the occurrence of erysipelas or other casualty, and a fatal result has never, Mr Erichsen believes, happened upon its performance in this country. It is only to be recommended to be adopted in small and recent hernia. The other operation—Wood's operation, so called from that gentleman having introduced its practice—is also done by invagination. In his procedure, invagination of the fascia and tissues is practised, and a cutting operation performed. An incision is made, and the fascia separated for some distance with a tenotomy knife at the scrotum. The dissected and denuded fascia are then invaginated and passed up the inguinal canal to the pillars of the ring. A needle armed with ligature passed through the canal thus invaginated to the external pillar is carried through the integuments, piercing the conjoined tendon at Poupart's ligament. Another ligature is similarly passed through the integuments at the internal pillar; so that when these two ligatures are tied together, Mr Erichsen said, they included the two pillars of the ring. This process sets up an inflammatory action, the canal becomes occluded by adhesion of the parts, and curé of hernia is induced. This operation, Mr Erichsen said, was suitable for old and large herniæ, and, he believed, had been attended with success, but he had not performed it. He had been informed, and he believed his information was correct, that under the hands of a very eminent surgeon a fatal result had occurred from this operation. But such accidents would happen under any operator and from any operation, however trivial — erysipelas or other accidents occurring. The patient to be operated upon was a young man about nineteen years of age. Mr Erichsen did not think the occasion of so simple a procedure justified incurring the small hazard attending the administration of chloroform: he consequently dispensed with its use, although the patient was desirous to have it administered. The hernia was small and of recent date.

Mr Erichsen alluded to the operation performed at this hospital a few weeks since by Mr Henry Thompson. It was a new operation, as we described at the time, the fascia being denuded by an instrument Mr Thompson had invented for the purpose.

Rodent Ulcer.

The patient upon whom about a month since Mr Erichsen applied nitric acid to the orbit of the right eye, which had become invaded by rodent ulcer, to destroy by caustic some remaining disease, was brought into the operating theatre to have performed some plastic surgery upon the orbit. On examining the orbit, which showed a very improved appearance, and healthy granulations filling up and contracting its circumference, Mr Erichsen discovered at the bottom some yellow spots which denoted a diseased character. He thought it prudent to defer the operation of a plastic nature for the present. In place, he applied the actual cautery to these suspicious points. He remarked that it was desirable, and almost necessary, to obtain by plastic means an integumental covering for the hollow chasm in the orbit produced by the destruction of the eye. If not, particles of dust and dirt and extraneous matters would be always collecting in the orbit, inducing irritation and renewal of disease. He said, ample opportunity would be given for this by the surrounding integuments. Moreover, it was desirable to attain as much contraction of the circumference of the soft parts of the orbit of this destroyed eye as possible, by healthful and firm granulations, in order to close this chasm by bringing it as nearly to a level with the surface as possible.

GUY'S HOSPITAL.

Dec. 11th. — Removal of Tumour from Breast. — Mr Birkett. Amputation of Conical Stump.—Mr Hilton.

Tumour of Breast.

The history of this case was curious. The patient, a female about forty-five years of age, had been operated upon in Guy's, by Mr Cooper Forster, about seven years since, for adenocele in the right breast. It had assumed a peculiar character. The tumour was seated upon the superior aspect of the breast, and had arrived at a large growth, the size of two closed fists. The tension of the skin and tissues had become so great, that the tumour ulcerated, and presented the appearance of an immense cauliflower. She had consulted several Cancer Doctors, who were frightened at the appearance of the ulcer, and would have nothing to do with the case. In consultation, it was decided to be adenocele, and to be free from any malignant character. Mr Forster on that occasion removed the tumour. The patient quickly recovered, and was recommended to leave the hospital for the country to restore her health, which had become greatly reduced by discharge from the ulcer and irritation thus induced. Mr Birkett said, that a fortnight after her discharge he carefully examined the breast, and found it perfectly healed and in a satisfactory state. About three years after, a small tumour became again perceptible, which gradually increased to its present size, which was not large. Mr Birkett suspected it to be a cyst containing yellowish matter, and to be of a perfectly innocent character. He removed the whole mammary gland. Upon cutting into the growth, it presented a glairy fibro-plastic structure. The woman appeared to be in robust health, and in good condition to undergo the operation.

Conical Stump.

Mr Hilton stated that he removed the right leg of this patient, a boy about eighteen years of age, seven years ago, by amputation at its upper third. He believed the stump at the time was a very good one. Outgrowth had occurred of the tibia, the fibula not having participated in this excessive development, and was not to be discovered for three inches above the stump or extremity of the tibia. This was a state of things rather unusual, excessive instead of diminished development having occurred. Mr Hilton made incisions in the old cicatrices, dissected back the integuments, and removed, with Butcher's saw, about two inches of the bone of the tibia. He brought the flaps together with hare-lip pins and ligatures, and applied strapping.

KING'S COLLEGE HOSPITAL.

Dec. 15th.—Staphyloraphy.—Mr Fergusson.

Staphyloraphy.

This patient, a young girl of ten years of age, was submitted, although so young, to the operation for cure of cleft palate. Her mother had consented and she was desirous herself to have the operation performed; and the presence of her usual medical attendant gave confidence and sanction to this procedure. The difficulties were necessarily great in consequence of her youth, but were completely overcome by the great patience practised by Mr Fergusson during the operation, which was of a trying and tedious character. The opposition of the girl and her resistance at every step were painful to witness, reminding one of the olden time when chloroform was not known. This demonstration was relieved by admiration induced at the triumph obtained over these difficulties by the operator. The patient was a vigorous, well-grown girl, not easily constrained by the attendants in the absence of the influence of chloroform. Mr Fergusson made a few remarks. He said, the performance of this operation under the circumstances was exceedingly trying to the temper of the surgeon. He referred to the case operated upon last week for cleft palate: the self-possession and moral fortitude of the patient on that occasion aided the proceeding, which was satisfactorily concluded, notwithstanding it was a very unfavourable day, from its darkness, for the purpose. Mr Fergusson remarked that many patients came to the operating-room fully prepared and resolved for the occasion. The moment the first incision was made, all this fortitude fled, and the succeeding stages were painful conflicts between the patient and operator; the one in the performance of his anxious and responsible duty, pertinaciously resisted by the other, unless under the influence of chloroform. He said this much to explain what he meant by "trying the temper of the surgeon." The surgeon's temper ought never to be so implicated. Thanks to the valuable assistance of chloroform, this is not the case at present. Staphyloraphy is almost the only operation of surgery in which you cannot resort to the influence of chloroform. In the performance of this operation for cleft palate, Mr Fergusson said, you want the consent of the patient for the accomplishment of your object at every stage. You must have his free will, and the patient must be possessed of complete volition. In short, *you* operate, and by his willingness *he* assists. You otherwise cannot make him open his mouth by any mode, not even by force. You then have to obtain the proper position by which light may be admitted and reflected at a suitable angle for your purpose. Your own manipulations, Mr Fergusson said, also intervene and intercept vision of the parts to be operated upon. These are trials of patience and temper, since *anæsthetics* are impossible. In enlarged tonsils, where you have to make only one section, they (chloroform, for instance) can be resorted to. The section made, the whole process is concluded. In this case we have had resistance from beginning to end. At best, this operation seems a boggling, stitching, and cobbling piece of business. Fortunately, this was a very favourable case, the soft parts being only cleft, the hard palate not being implicated. The operation was consequently simple and comparatively facile. After the usual and necessary division of the *levatores palati* muscle, and paring edges of the fissure with a straight blunt-pointed bistoury, thus removing only the mucous membrane, the anterior and posterior pillars of the fauces, if necessary, are divided with blunt-pointed scissors about a fourth of an inch. The operation is concluded by insertion of sutures with the *retroverted* hooked needle which we described last week in reporting a similar operation. Notwithstanding the continuous resistance of the patient throughout, the edges were nicely and accurately approximated, giving promise of a good and satisfactory cure.

WESTMINSTER HOSPITAL.

Dec. 18th.—Extensive Nævus over the Orbit, Face, and Frontal Scalp; Partial Ligature of.—Mr Holt. Necrosis of Lower Extremity of Ulna.—Mr Brooke.

Nævus.

This patient, a boy about eight years of age, had an extensive growth of erectile subcutaneous tissue over the nose, face, orbit of right eye, and eyelids of the same, extending also over the forehead and head of the same side. It consisted of small, dense, nodulated tumours. These nodules on the head were of a dull, swarthy aspect, being sulcated in elevated convolutions, which gave them the appearance of a curled wig placed on the head. Mr Holt had made two or three partial applications of ligature to one of these (the largest) tumours, situated between the nose and orbit, and ulceration of the integuments existed. He applied the ligature again to-day to the same tumour. A stroog silk ligature was very tightly twisted twice round the base of the tumour under pins which had been first introduced. When this had sloughed away, Mr Holt proposed to apply the chloride of zinc as a caustic to destroy the remaining tissues. He also proposed to attack the other portions of this extensive erectile growth with ligature in

sectional parts; caustic being also afterwards resorted to, to effect their destruction.

NECROSIS OF ULNA.

This patient, a man about forty-five years of age, had for some time suffered from necrosis and caries of the lower extremity of the ulna. The carpal joint did not appear to be implicated, and the disease was apparently limited to the ulna. Mr Brooke made an incision longitudinally through a sinus at the posterior aspect of the arm, and recovered considerable portions and fragments of necrosed and carious bone. He then introduced lint into the wound, and water-dressings were applied.

ST GEORGE'S HOSPITAL.

DEC. 20TH.—REMOVAL OF FATTY TUMOUR FROM SHOULDER—MR JOHNSON.

This patient, a young woman of about twenty years of age, had a fatty tumour of recent growth on the external aspect of the superior part of the arm, below the shoulder. Mr Johnson, on removing it, dissected away several nodulated cysts containing fatty matter.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DEC. 5TH, 1860.

DR TYLER SMITH, V.P., IN THE CHAIR.

This being the last meeting of the second session, the following gentlemen were appointed to audit the accounts for the year 1860:—Dr Braxton Hicks and Mr J. T. Mitchell, F.R.C.S.

Dr TANNER exhibited a

LARGE COLLOID TUMOUR OF THE OVARY.

This tumour, which weighed upwards of 8 lb avoirdupois, was removed from a patient of Dr Robert Fowler. The woman was thirty years of age, and was doing very well, eleven days having elapsed since the time Dr Tanner operated. The operation was performed as a last resource to save life, since the patient was not only suffering from the tumour, but also from ascites produced by it. Five days before the performance of ovariotomy, tapping was resorted to, and fourteen pints of ascitic fluid withdrawn; yet at the operation it was found that about five pints of fluid had been again secreted. With regard to the operation itself, there was one point deserving of mention, —namely, that after applying ligatures to the pedicle, the tumour, instead of the pedicle, was cut through, and a portion about the size of a small hand left attached, which was retained outside the abdomen. By this proceeding the use of the clamp was rendered unnecessary, while all risk of hæmorrhage was avoided. The latter point was of no little importance, since bleeding from the pedicle had been the cause of death in no less than 16 per cent. of the fatal cases. The edges of the wound were carefully brought together with twine sutures; these latter not being passed through the peritoneum.

In reply to a question from Dr Tanner,

Mr SPENCER WELLS said he had attached the greatest possible importance to the practice of passing the metallic sutures or hare-lip pins through the peritoneal edges of the wound. He had been led to originate this practice by observing the inner aspect of the wound in the first fatal case of ovariotomy which had occurred in his practice. The sutures had been passed through integuments and muscle, but not through the peritoneum; and the consequence was that a raw surface of considerable breadth was only partially protected from the general peritoneal cavity by a portion of intestine, which was already adhering to it, although the patient died the day after the operation. Had she lived longer, there could be no doubt that pus or other secretions from the wounded surface would have been poured into the cavity of the peritoneum. Struck by this observation, he (Mr Wells) made a number of experiments, in concert with Dr Richardson (who narcotized the animals by puff-ball smoke or chloroform), upon guinea-pigs, rabbits, and dogs, opening the peritoneum and closing the wound in some cases by sutures which included the membrane, and others which only passed near it, and killing the animals at various periods after the operations (made as accurately comparative as possible). The result was that nearly all the animals recovered; but in those where the more superficial sutures were used there was a portion of the parietes left destitute of peritoneum, and this defect was supplied by adhesion of intestine or of omentum. In two cases where omentum became adherent, the motions of the dogs were materially interfered with. In those cases where the peritoneal edges of the wound had been included, the union was so perfect that it was difficult to detect the line of union two or three weeks after the operation. This was explained by the observation of a case in which a woman died within two days after ovariotomy. The hare-lip pins which had passed through the peritoneal edges were quite concealed from view and protected from contact with intestine, partly by folding of the peritoneal edges together, and partly by effused lymph. Mr Wells said he had preserved many of the most striking specimens, and would be happy to show them to any gentleman who was interested in the subject.

Dr TYLER SMITH had recently attended a case which strongly exemplified the good effects of bringing the edges of the peritoneum together by the sutures. After union of the external wound and the removal of the sutures, suppuration took place along the whole line of incision, extending through the entire thickness of the abdominal wall. The peritoneum had, however, healed so perfectly that no pus found its way into the peritoneal cavity. In this case, silk sutures had been employed. The patient recovered, but this would have been hardly possible unless the edges of the peritoneum had been brought together, so as to produce union by the first intention. It was unnecessary to pierce the edges of the peritoneum to effect this. It was sufficient to take up the tissue immediately above the peritoneum at the edge of the incision, without passing the needle through the peritoneum itself.

Dr GRAILY HEWITT was induced to believe, from the experience afforded by the cases of ovariotomy he had witnessed, that the inclusion of the edges of the peritoneum in the sutures was a part of the operation to which great importance was to be attached.

Mr SPENCER WELLS said that when metallic sutures were used, and the deep ones were removed on the third day, he had never seen any suppuration in their track.

Dr TANNER said he had been led by an observation of Mr Adams, at a meeting of the Medical and Chirurgical Society, to avoid the peritoneum, but for the future he would follow the plan advocated by Mr Wells.

Mr SPENCER WELLS communicated a

CASE OF DELIVERY OF A LIVING CHILD THIRTEEN MONTHS AFTER OVARIOTOMY.

The child was delivered when the pregnancy had advanced to the eighth month. The mother and child have gone on well. The age of the mother was forty-three years. The fact that well-authenticated cases of childbirth after ovariotomy are rare, had induced the Author to lay the case before the Society.

Dr HERBERT BARKER read a paper on

ANNULAR LACERATION OF THE CERVIX UTERI.

The term "annular" was chosen to distinguish that form of laceration during labour by which a complete ring of uterine structure, consisting of the cervix and os uteri, is separated from the remainder of that organ, the child having passed through the laceration, and not through the os uteri. The cause of this kind of laceration is, the protracted pressure of the head against a circle of the uterine parietes in a contracted pelvis,—perhaps, also, conjointly with a sharp linea ileo-pectinea. In the case related, the Author was called, on the fourth morning of labour, to a primiparous patient, forty-two years old, when he found the os uteri was not dilated larger than a florin, the pelvis contracted, and the bladder much distended. Soon afterwards, an ear could be felt under the pubes, through a transverse laceration in the cervix uteri, anteriorly. An attempt was made to deliver with the forceps, but unsuccessfully, and craniotomy was performed. After the birth of the child, a circular mass was found in the vagina, consisting of the os and cervix uteri, separated from the body of the uterus at every point, with the exception of an inch and a half posteriorly. The os uteri was of the size of a florin, and its margin thin, even, complete, and well defined. The lacerated edge was jagged, rough, rather thicker than the margin of the os, but not so thick as the intervening uterine texture. The colour of the entire mass was of a purplish-red, venous tinge. There was no hæmorrhage. It sloughed away on the third day. The catheter was required for seven days afterwards. The patient recovered, and the catamenia returned. With regard to the treatment, Dr Uvedale West, in a letter to the Author, writes that in such a case he would endeavour to dilate the os uteri, by introducing first one, then a second, then a third and a fourth finger, side by side, to procure sufficient dilatation to admit either the vectis or the forceps.

SPECIMEN OF THE EFFECTS OF RECKLESS VACCINATION.

Dr DRUITT exhibited two coloured drawings showing the happily rare effects of vaccination, performed, he believed, in a recklessly severe manner. A surface, one inch by three-quarters, had been scratched all over by ivory points, and the whole surface had sloughed, leaving an enormous cicatrix. It was a question whether the effects of vaccination suffer any diminution by the entire destruction and separation of the injured part.

Mr JAY thought that there could be little doubt that such an occurrence as that described by Dr Druitt would greatly interfere with the protective efficacy of the vaccination. The early authorities considered that the occurrence of erysipelas interfered with its due influence, and early sloughing of the part operated on, especially where it took place before the appearance of vesicles, must cause the vaccination to be considered wholly useless. He regarded the local and constitutional effects of vaccine inoculation as distinct, and that the former was in a great degree the measure of the latter effect. As the result of observation, he was disposed to think that, for the perfection of this constitutional influence, some days (probably from eight to ten) were required. This active conversion of the whole system into the requisite condition did not appear to him to take place completely in every case, for a certain number of children vaccinated would, on the eighth day, present a few, perhaps one or two, nearly invariably small and retarded vesicles; whilst other children, vaccinated at the same time and in the same manner, would have vessels perfectly normal, and as numerous as the punctures which had been made. In the latter cases it was not very uncommon, especially in warm weather, for an eruption of papulæ to occur over the surface, which eruption was rarely or never seen in the cases in which few vesicles resulted. Reserving a fuller statement perhaps for some other opportunity, he might say, that some time ago he had grouped together a number of cases, at various ages, in which vaccination produced fewer than three vesicles, as the result of seven or eight punctures. He found that in children under three months these partial failures (if he might so call them, for they appeared related to unsuccessful cases) occurred, out of 142 cases, in the proportion of 26·7 per cent. At three months, in 211 cases, they occurred in the proportion of 18 per cent. Above three months, and under one year, in 94 children, the proportion was 8·5 per cent.; and in 54 children above one year, not one single case occurred in which all the points of insertion did not take effect. These results have led him to question whether, in much of our vaccination, there was not a deficiency of protective power, not so much from want of care or dexterity (of which, however, as causes of imperfect vaccination, he had no doubt), but on account of a not uncommon deficiency of a due susceptibility to vaccine inoculation observable in weakly and ill-nourished children of delicate mothers, and in others, which we may, perhaps, be enabled better to distinguish at a future time. In these cases, it would be well to defer vaccination for a few months, and then to use redoubled necessary to avoid the probably imperfectly-matured and weak lymph in these retarded cases as sources of supply, notwithstanding that the absence of areola invited its employment. He trusted this brief statement, after some years' experience, might not be considered irrelevant.

ON A SYMMETRICAL DISTORTION OF THE PELVIS, THE RESULT OF UNEQUAL LENGTH OF THE LEGS.

Dr ROBERT BARNES described a case of oblique distortion of the pelvis in a woman whose first labour had been terminated by craniotomy, the second by the forceps. In the second labour chloroform had been given; mania followed. A minute examination after recovery showed that the left leg was an inch shorter than the right; it had been so from childhood, owing to a fracture of the left ankle. The right half of the pelvis had undergone more active development than the left; it was larger in all dimensions. The symphysis pubis was not in the median line, but much to the left. The Author explained that this was a form of distortion a type of others, of the same kind though perhaps less in degree, resulting from minor degrees of claudication, or of unequal force of the muscles of the two legs. In such a case he was of opinion that the best mode of delivery was to turn the child, so as to bring the occipital, or larger end of the head, into relation with the right or more capacious half of the pelvis, instead of attempting to drag it through by forceps with the occipital directed to the contracted side of the pelvis, or of destroying the child.

Mr ROBERT HARDEY, of Hull, related a

CASE OF ABNORMAL GESTATION.

In this case the unusual character of the tumour and of the symptoms induced the Author at first to

suppose the case to be one of extra-uterine, perhaps tubal, gestation. Labour supervened, and no change appeared to take place in the lower segment of the uterus. It appeared as if a stricture of some kind separated the body of the uterus, which lay to the left side, from the lower part, which was unlike that of an impregnated uterus. Delivery took place, in the Author's absence, of a seven months' child. Afterwards it appeared that this was the third labour; that an injury had been sustained at the end of the third month of her first pregnancy, abortion following next morning; that her second pregnancy terminated by abortion also at the end of the third month; and the Author believes that in consequence of the injury a band had formed, constricting the uterus, and causing the difficulty of the case.

The PRESIDENT communicated the following

CASE OF SPONTANEOUS SEPARATION OF THE PLACENTA IN A CASE OF SEA-SICKNESS.

The placenta was completely separated, and lay in the vagina. There had been considerable hæmorrhage. The patient had been constantly sick during a voyage from St. John's, Newfoundland, to Prince Edward's Island (of six to ten days' duration). Arrived in port, an examination was made, and the delivery (at term) completed. The mother did well.

The PRESIDENT communicated to the Society a

CASE OF CRANIAL BLOOD-SWELLING, ITS CONTENTS AND APPEARANCE AT THE TIME OF BIRTH.

This case was that of an infant found in a canal. At the inquest held on the body, a verdict of "still born" was returned. The child had never breathed. The labour had been, Mr Jeffery believed, protracted.

Dr G. D. GIBB related a case of

PELVIC CELLULITIS AFTER A FIRST PREGNANCY, FOLLOWED BY SUPPURATION OF THE BACK AND FRONT PARTS OF THE VAGINA; RECOVERY.

In this case, nearly eleven weeks after the first symptoms declared themselves, the abscess pointed at the lower and back part of the vagina, and spontaneously evacuated itself. By careful management and a liberal diet, the issue of the case was successful.

Dr J. G. SWAYNE then related a

CASE OF DOUBLE MONSTROSITY.

This was an interesting case of double monstrosity: union between the two fœtuses existed from the umbilicus to the top of the thorax; the left fœtus much larger than the right. Two of the arms were united as far as the wrist. A minute description of the dissection of the monstrosity then followed. Three large drawings illustrated the description.

Dr TYLER SMITH communicated to the Society

FOUR CASES OF PUERPERAL PERITONITIS, IN WHICH ALBUMINURIA WAS PRESENT.

In these cases, which occurred in the Maternity of St. Mary's Hospital, attacks of peritonitis occurred after labour in patients suffering from albuminuria, and the fever and inflammatory affections appeared to be caused by the renal disorder.

MEDICAL SOCIETY OF LONDON, DEC. 17TH.

A. B. GARROD, M.D., F.R.S., PRESIDENT, IN THE CHAIR.

Dr COCKLE read a very interesting, instructive, and highly-suggestive paper

ON INSUFFICIENCY OF THE AORTIC VALVES IN CONNECTION WITH SUDDEN DEATH.

The Author commenced the paper by the consideration of some points of the physiology of the circulation of the blood in the coronary arteries. After reviewing the various arguments respecting the time and manner in which the injection of these vessels with blood took place, he expressed himself as inclining to the opinion that the supposition of their receiving their supply during the systole of the aorta best harmonised with the pathology of cardiac syncope, under the conditions named.

He particularly referred to the experiments of Bernouilli on the passage of fluids through secondary tubes having a certain relation to the main trunk. He next adverted to the important function of the aortic sigmoid valves, in supporting the column of systemic blood, and affording to the ventricle a momentary respite from active labour. But when these floodgates, barred by the backward blood, refused to open, or became too narrow ever again to close, then the heart, baffled by the unusual though intermitting effort, or exhausted by its necessary constancy, gradually sustained such injury in its vital and physical endowments as to be no longer compatible with health, or even with life. He wished it, however, to be understood that his remarks were limited to the state of insufficient closure, and that he desired to show how, from such imperfection, the conditions were afforded for sudden death. He thought a practical division might at times be made of the disease into the three stages—the Incipient or Irritative, the Physiological or Confirmed, and the Degenerative.

The first stage, when the result of rheumatic valvular aortitis, was one simply characterised by the signs of general cardiac excitement, and in no wise susceptible of physical differential diagnosis from mitral disease. The second stage was characterised by the physiological hypertrophy of the left ventricle, and throbbing of the visible arteries. Here there was an actual addition of healthy contractile tissue, affording a genuine compensation under injury sustained. The importance of this accommodation of nature would be at once manifest, if it were but considered how impossible it would be for the circulation to continue if the strength of the left ventricle were enlarged, and any great amount of reflex occurred. For the requirements of the system, there must be as much blood sent into the aorta *plus* the quantity which reflows. To make this provision is the final cause of the hypertrophy of the left chamber. The amount of collapse of the arteries, practically speaking, might be taken as the measure of the extent of patency of the aortic valves.

This second stage might, at times, last for years without passing its limits. But, generally, after a period more or less long, further changes occurred. The greatly-enlarged left ventricle might, by pressing upon and condensing in part the left lung, implicate the right heart.

The strict correlation existing between hypertrophy of a ventricle and atheromatous degeneration of its discharging tube was particularly insisted on. Such change induced loss of elasticity of the aorta, and was productive of the worst results with regard to the nutrition of the cardiac walls. Eventually, the left ventricle, from its constant overwork and under-nutrition, undergoes an irreparable change of a fibroid, or more commonly fatty nature. The extreme limit of the third or degenerative stage is then attained.

The degenerate ventricle has also acquired a *maximum* of dilatation. On the sudden occurrence of shock either moral or physical, or from mere exhaustion, should prolongation of the diastole of the heart occur, and the *hiatus* at the aortic mouth be sufficiently large, the systemic blood flows unimpeded into the left chamber, which acts as a vast reservoir. The general system and brain are thus robbed of their needful stimulus. The coronary arteries, on the theory given, remain unfilled. Add to this the tendency to paralysis of the left ventricle from the enormous blood-pressure on its walls, and the sum of the conditions is given under which sudden death occurs by what is known as cardiac syncope.

The Author next alluded to some points connected with the physical signs, and pointed out the curious clinical fact, that occasionally, in well-marked aortic insufficiency, the first sound of the heart became extinct, although the mitral valve was healthy. He had often tried to account for this circumstance, but could arrive at no very satisfactory conclusion, until he became acquainted with the views of Traube, of Berlin. These were explained at length; but Dr Cockle pointed out that, from the anatomical connection between the aorta and one curtain of the mitral valve, a pathological cause for modification of the first sound would occur, should the atheroma extend from the diseased aorta to the point of the mitral valve in question. He criticised the ordinary teaching, that the differential diagnosis of aortic insufficiency could be made, even in part, by the normal sound of the pulmonary sigmoid valves auscultated to the left side of the sternum. If aortic murmur were at all intense, or, *à fortiori*, musical, it invariably obscured the sound of the pulmonic valves. A marked diastolic murmur at the left apex might, practically speaking, be regarded as the expression of aortic insufficiency. Mere murmur, however, only indicated the kind, but not the degree, of the lesion. This must be estimated by the observed amount of collapse of the visible arteries.

The paper was concluded by some rules of treatment, especially with regard to the first or irritative stage of the disease. This, certainly, was amenable to treatment. In the second stage, unless any of the accidents of the affection supervened, remedial measures were absolutely contra-indicated. In the degenerative stage, the use of any of the ordinary agents—iron, strychnine, &c.—was very questionable. They could not rechange fatty or fibroid tissues into healthy muscle. Should cardiac syncope be imminent, the recumbent position, external and internal excitants, and, beyond all, the sudden application of cold to the region of the heart, should be resorted to.

The PRESIDENT (Dr GARROD) made a few pertinent and complimentary remarks on soliciting a discussion, by the Fellows, of the interesting pathological points which had been enunciated in the paper read by Dr Cockle. A discussion ensued, which, although rather desultory, tending to range into too extended a field of inquiry, nevertheless pretty well exhausted the subject so far as our present pathology permits. In this discussion Drs Halford, Bird, Webb, Richardson, Hyde Salter, and Camps joined. It assumed three modes of viewing the heart's action in relation to disease—namely, its physical action, its vital action, and its pathological action.

Dr HALFORD commenced the discussion by some remarks upon the physical action of the heart's function, and the relative conditions of the mitral and aortic valves in producing the first and second sounds. He also referred to the conditions and influence which produced tension of the mitral valves. Thus, we understood him to say that if the semilunar valves were closed, there would not be tension of the mitral valves. It was necessary that both valves should be open. He did not think that the physical condition of arteries passing off at right angles had any influence upon the circulating fluid. The same physical arrangement occurs in other parts of the body.

Dr BIRD considered Dr Cockle's paper had very cleverly elucidated the diseased conditions of the heart's action, and was an important testimony. He himself did not think that either the *systole* or *diastole* of the heart had much to do with the first or second sounds. He took the vital view of the question, and considered that these sounds depended upon the condition of and proceeded from the muscles. He related the history of two cases, both of which were characterised by want of muscular power. The first patient, a lady whom he visited at Tunbridge Wells, attacked with rheumatism, recovered from a most exhausted condition with very little medical treatment: mustard poultices were applied on both the back and chest. This lady had some years previously been under the treatment of Dr Burns and Dr Abercrombie of Edinburgh for a similar attack. The second case was an Undergraduate of Oxford, who came to his home from the University in a bad state. He had rheumatism, and the aortic valves were implicated. He had his entire body enveloped in cotton wool, and was soon cured of the rheumatism. Being so much better, he very ignorantly and suddenly removed the cotton wool from his body. The consequence was, a state of extreme debility ensued, to an extent threatening life. This induced almost complete suppression of pulse and congestion of lungs; and the function of the bosom-lung became nearly suppressed, and permanent hypertrophy of the lung threatened to be the result. The treatment adopted in this case was hot baths strongly impregnated with alkalies.

Dr RICHARDSON considered Dr Cockle's paper very valuable, and coincided with his pathology. Within the last five years he had seen many hundred cases of heart disease, but had met with but one case like Dr Bird's. He took the pathological view of the subject. Dr Richardson differed from Dr Bird in considering these cases not characterised by loss, but rather by an increase of muscular action. There existed more tension of the valves, both aortic and auricular (as we understood him to say), than relaxation. He had seen great temporary relief afforded by taking away locally a small quantity of blood to-day, and repeating the same on the morrow. Dr Richardson went fully into the subject, but our space will not permit us to follow him.

Dr HYDE SALTER made a few remarks upon the difference of the arterial and capillary circulations in the heart and elsewhere, which he elucidated by some curious facts. He said, the coronary arteries may be filled at one moment, and the capillaries at another. His experience quite confirmed Dr Cockle's statement, attributing aortic loss of function to *atheroma* and fibrous degeneration. The treatment he recommended, and had seen great benefit from, was the use of *elaterium*. By administration of elaterium, you bring away the watery particles of the blood, and thus prevent the necessity of abstracting blood from the system.

Dr WEBB and Dr CAMPS also made a few remarks. The latter gentleman thought reference to the first principle of logic very necessary in this discussion, and that a correct definition of terms should be given. He asked, was *dilatation* and *relaxation*, in reference to the heart's function, the same thing? and if *diastole* and dilatation were also considered to be similar, and if *systole* and contraction were synonymous? An answer to these questions was indis-

ponsable in this discussion before entertaining Dr Halford's physical views. Relaxation of the muscular fibres of the heart had nothing to do with it.

Dr Cockle replied generally. He referred to Dr Richardson's numerous experiments upon animals, of which he had availed himself, and from which he had derived much information. They were particularly valuable in explaining aortic regargitation. As he had not gone into the general treatment, he had made no allusion to treatment by elaterium, as recommended by Dr Hyde Salter. He depended principally in his treatment, which was limited to the first stage, upon the administration of stimulants and excitants.

Births, Marriages, and Deaths.

BIRTHS.

Hubbard.—December 13, at Norland terrace, Notting hill, the wife of Henry W. Hubbard, Esq., M.R.C.S., of a daughter.

Rayner.—December 13, at Great Malvern, the wife of W. T. Rayner, M.D., of a son.

Simpson.—December 13, at Canonbury street, Canonbury, the wife of Archibald Simpson, M.D., of a daughter.

MARRIAGES.

Curtis—Braund.—December 15, at St Paul's, Camden square, Albert Curtis, Esq., M.R.C.S., of Staines, Middlesex, to Maria, younger daughter of William Braund, Esq., of St Paul's road, Camden square.

Webb—Duncan.—December 18, at Holy Trinity Church, Colchester, Vere Webb, Esq., Staff-Surgeon, to Fanny Elizabeth, youngest daughter of the late Peter Duncan, Esq., of Regent's park.

DEATHS.

Atwell.—December 9, James Buckley Falconer Atwell, of Lympstone, near Exeter, M.R.C.S. Eng., L.S.A. Lond.

Burn.—December 1, at Sussex terrace, Old Brompton, the wife of Alexander Burn, M.D., Surgeon-Major, Bombay Army.

Colvan.—December 13, John Colvan, of Newry, Co. Down, Lic. and L. Med. K.Q.C.P. Irel., L.M. Univ. Trin. Col. Dub., M.R.C.S. Eng., F.R.C.S. Irel., aged 70.

Fearon.—December 10, George Fearon, of Edgbaston, Birmingham, L.R.C.S. Edin.

Gillespie.—October 3, at Richmond, Victoria, Australia, D. M. Gillespie.

Jolit.—December 15, suddenly, at the French Protestant Church, St Martin's-le-Grand, Isaac Jolit, aged 67.

Kilby.—November 17, at Newbiggin-by-the-Sea, aged 45, Frederick Kilby, Esq., Surgeon, youngest son of the late John Kilby, Esq., of York, much and deservedly respected.

Parrott.—November 10, John Parrott, of Clapham common, Fell. and M.R.C.S. Eng., formerly Master of the Society of Apothecaries, aged 70.

Parry.—December 5, at Mold, Flintshire, Thos. Parry, formerly Surgeon to the Royal Merionethshire Militia, aged 69.

Skidmore.—December 7, at Leicester, suddenly, Peter Skidmore, of Ashover.

Wallace.—December 11, at Charlotte street, Perth, the wife of Isaac Wallace, M.D.

Woolley.—May 30, at Kensington, New South Wales, George Woolley, M.D.

MEDICAL NEWS.

Royal College of Surgeons.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on the 19th inst.:—John Christopher Armstrong, Gravesend—diploma of Membership dated May 16, 1859; William Batho, Amesbury—Nov. 13, 1860; James Bird Bickerdike, York—Feb. 23, 1859; William Callender, Hunshaugh—Dec. 19, 1856; Alfred Frederick Strafford Clarke, Gordon square—Nov. 15, 1860; Brauthwayte Beevor Ford, Longton—Nov. 15, 1860; William Henry France, Sheffield—Aug. 2, 1860; William Paine, Exeter—April 18, 1860; John Roberts, Crûg, Carnarvon—April 4, 1859; Thomas Whitehead, London—Oct. 6, 1848; Edward Parker Young, Delamere crescent—Nov. 15, 1860; Henry James Young, Bath.—Jan. 21, 1859.

Apothecaries' Hall.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Dec. 13th, 1860:—John Boyd Caskie, Largs, Ayrshire, N.B.; Albert Curtis, Staines, Middlesex; Henry May, Birmingham; Ebenezer Nicholas, Market Deeping; Thomas James Schollick, Ulverston, Lancashire; Brinsley Marcius Walton, Hurstpierpoint, Sussex; Robert Wrixon, Devonshire terrace, Camden town. The following gentlemen also on the same day passed their first examination:—George Howarth, Southport, Lancashire; John E. Kilburn, West Auckland, Durham; Edward Allan Maling, Sunderland; Edward Humphery Williams, Carnarvon, N.W.

Appointments.—Mr H. M. Leppington has been elected Mayor of Grimsby, Lincolnshire. Dr C. Murchison has been appointed Assistant-Physician to the Middlesex Hospital; Dr W. O. Priestly, Physician-Accoucheur to the Middlesex Hospital.

The Stomach of London.—The appetite of London consumes every year 371,000 oxen, 30,000 calves, 1,500,000 sheep, and 30,000 swine.

The Turkish Bath Movement.—A prospectus has been issued of the London and Provincial Turkish Bath Company, with a capital of £100,000 in shares of £5 each.

The Anti-Tobacco Movement.—At a meeting of the British Anti-Tobacco Society lately held in Edinburgh, Professor Miller moved the following resolution:—"That as the constituent principles which tobacco contains are highly poisonous, the practices of smoking and snuffing tend in a variety of ways to injure the physical and mental constitution."

Thomas Smethurst.—In the Probate Court last week, Thomas Smethurst, who was convicted of the murder of Miss Isabella Banks, and afterwards pardoned, applied for probate of her will, which was dated May 3rd, 1859. The application is opposed by the next of kin of the deceased. Some formal proceedings took place, but the day on which the cause will be gone into is not yet known.

Extraordinary Endurance of Pain.—Mr Hutton, of Radley, was caught in some mill machinery, and his arm terribly crushed. He extricated himself, and stopped the machinery. Allowing no one to convey the intelligence to his wife, he concealed the injured arm, and walked home. He proceeded into the house with all his usual calmness, took down a book from the shelf, and commenced reading it for a few minutes, then gradually broke the news to his wife. Surgical assistance was procured, and throughout the necessary manipulations the patient endured bravely his sufferings, aided by his wife, whom he had inspired with fortitude and resignation. Unfortunately, amputation was necessary.

A Fact for Physiologists.—At the Middlesex Sessions, on the 17th inst., Henry Hamilton, eighteen years of age, was tried with two other prisoners for an ordinary theft. Boden, 11 D, and Deeble, 147 D, said they knew the prisoners, and mentioned the extraordinary circumstance that Hamilton was one of a family of thirty-two children. His father was sixty-six years of age, and had had two wives, by one of whom he had had thirty children, by the other two, and of them all twenty-four were now living. He was married to his first wife forty-eight years, and the youngest of his thirty-two children was now seven years old.

Unwholesome Meat.—At the last City Sewers Commission, in respect of the markets and slaughter-houses, Dr Letheby reported that 41331b., or nearly two tons, of meat had been seized during the week as unfit for human food. Of this 3080 lb. had been seized in Newgate Market, 4581bs. in Leadenhall, and 5951b. in Aldgate and Newgate. 25331b. were seized on account of it being diseased, 597 because of its putridity, and 1003 by reason of the animals having died from natural causes. All of it had been sent to the boats, and destroyed as unfit for human food.

SULPHURIC ACID AS A REMEDY FOR TÆNIA.

Dr [illegible]ch states that several cases have occurred to him which sulphuric acid has proved completely effic[illegible]s in the destruction of tape-worm. He ord[illegible]-Acid. sulph. aromat. one oz. to one pint and a [illegible] water, directing the patient to drink of it a[illegible]n as he can until it has been all taken—'American Journal of Medical Science.'

APPOINTMENTS FOR THE WEEK.

Wednesday, December 26.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, December 27.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's Cross, 2 p.m.

London Surgical Home.—2 p.m.

Friday, December 28.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 29.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

Monday, December 31.

Operations at the Royal Free Hospital, 2 p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, January 1.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Blood in Mania. By W. Charles Hood, M.D.

NOTICES TO CORRESPONDENTS.

Mr James.—Forwarded.

Dr Graily Hewitt.—Received.

Mr S. L. Gill.—We should be obliged by further information.

Mr Croxton.—Received.

Chirurgus (Subscriber).—We have no doubt that epilepsy may be induced by the cause adverted to. Various cases are on record in illustration of it; and on the other hand, cases of general paralysis, which are frequently preceded by epilapsy, are also characterised in the early stages by extreme sexual excitability.

Dr Howard.—Yes.

A Student.—1st. No.—2nd. Yes.

Omega.—The changes are so rapid and numerous, that we advise you to apply for information to the Secretary of the Board.

A Poor-law Medical Officer.—The Poor-law Board has no intention, we believe, to introduce a Bill next Session.

A. L.—The determination of the nutritive value of a mixed dietary is a matter of somewhat difficult calculation. That which you have provided is unusually complex. We have no time to analyse it: as a rule, however, you should extract all the carbon as the representative of the respiratory elements, and all the nitrogen as the representative of the nutrient elements. Paupers require about 4 oz., or less, of the latter daily, and 8 oz. of the former. It requires 10 oz. of carbonaceous and 5 oz. of nitrogenous matters to keep a soldier or sailor in fighting condition. These figures will be a sufficient basis for you.

A Country Subscriber.—1st. We are unable to supply the information.—2nd. It cannot be done.

Mr Baker is thanked.

W. P.—1st. We do not think it would be possible.—2nd. It is immaterial.

A Member of the College.—The intended testimonial to Mr Belfour is to be a donation by the Council. There is a letter in the present Number of the Circular upon the subject.

M.D.—We are obliged to you for your compliments. If each subscriber would imitate your example, and introduce a new one, it would be the best possible mode of serving us, and of giving effect to good wishes.

M. R. D. (Yorkshire) writes to us to say that in a small hospital, of which he has charge, "the average age of the women (ten inmates) is eighty-one years and three months, all able to go about; the men (ten also), is seventy-two years and two months. There are children in the hospital also, but that is of no consequence. Their condition is somewhat above that of the pauper."

[We are unable to give the detailed information respecting the Paris Hospitals required by our correspondent.]

Stanley.—1st. We cannot tell; apply to the Registrar.—2nd. You should consult the back numbers of the Medical Circular.—3rd. We do not consider the work of any value.—4th. There is such a Society—the Medical Registration Society, but it has no funds; we are unacquainted with the name of the Secretary.

Mr Jeffery's letter referring to the Public Banquet to Dr Copland has been received. He shall have a private letter.

Dr Bell's letter on a New Operation for Amputation of the Foot shall appear next week.

Mr Horace Swete shall receive a private note.

Dr Tucker.—Note received. We are glad to hear of Dr Barter's determination.

Harpen.—Next week.

A Subscriber on "Snoring," next week.

Classical and Mathematical.

—Dr STEGGALL (assisted by the Rev. L. J. Lovekin and T. Hogan, Esq., M.A.) Prepares Gentlemen for their Examinations at the following Boards:—Matriculation Examination of the London University; Preliminary Examination at Apothecaries' Hall; Fellowship Examination at the Royal College of Surgeons; Preliminary Examination at the Royal College of Surgeons.—For terms, &c., apply to Dr STEGGALL, before 1 and after 3 o'clock daily, at 2 Southampton street, Bloomsbury square.

N.B.—No Vacation during the Summer months.

CHLORODYNE.

J. T. Davenport begs to direct attention to the disgraceful and fraudulent practice of certain parties who apply the term "CHLORODYNE" to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is SPECIFICALLY applied to a remedy SOLELY DISCOVERED and INTRODUCED by Dr J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony published on the extraordinary properties of this remedy is exclusively applied to

Dr J. COLLIS BROWNE'S CHLORODYNE.

WHOLESALE DEPOT,

33 Great Russell street, Bloomsbury square, London.

Millikin, late Bigg and Millikin,

Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 9 St Thomas's street Southwark S.E.

Loan, Discount, and Deposit BANK.

Established 1849.—145 Blackfriars road. S.

DEPOSITS.—Sums of £1 and upwards received, bearing interest at from 5 to 10 per cent., withdrawable as per agreement.

DISCOUNT.—Approved Trade Bills negotiated at two days' notice.

LOANS.—From £6 to £200, repayable by easy instalments, on approved Personal Security, Bills of Sale, Mortgages, Life Policies or otherwise.

Prospectuses, and every Information, may be obtained by letter or personal application.

EDWARD LEWIS, Manager.

145 BLACKFRIARS ROAD, S.

Liquor Castanea Equina.—

Messrs. REW and Co. respectfully solicit the attention of the Profession to this Preparation of the Horse-Cheanut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per pound.

The Oil of Horse-Cheanuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Cheanut are prepared only by REW and CO.

LITHIA WATER, LITHIA POTASH, and LITHIA AMMONIA WATER. These Waters are prepared according to the Instructions of Dr Garrod, and each bottle is guaranteed to contain the proper proportion of Lithia. 5s. per doz.

R. M. REW and CO., Operative Chemists, 282 Regent street, London.

TO SURGEONS, DENTISTS, &c.

The Best House in London

for SECOND-HAND INSTRUMENTS is Mr WM. LAWLEY'S, Lombard House, 78 Farringdon street, City.

Established upwards of a century.

A first-class full SURGEON'S ARMY CASE for Sale.

N.B. The largest stock of Second-hand Dissecting Cases London. Also, A great variety of New and Second-Army and Navy Regulation Cases.

Instruments Bought, Sold, or Exchanged.

Chlorodyne.—R. Freeman,

Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

TO THE PROFESSION.

Messrs M'Gowan & Danks

(THE PRINTERS OF THIS JOURNAL)

Are prepared to forward Estimates, to those requiring the same, for any description of Work connected with the Printing Business.

Messrs M'G. and D. are enabled, from the facilities which they possess, to execute whatever may be entrusted to them with economy and despatch.

Letters addressed to No. 16 GREAT WINDMILL STREET, HAYMARKET, will meet with immediate attention.

*** There is at the present time an opening for the Printing (and Publishing if wished, of a Weekly Periodical.

Huxley's Spiral Abdominal

BELT is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguioal, and Femoral Hernia, and Band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged every article being of the very best quality.—Measures required: Circumference at a, b, c; depth, from a to c.—Priced and Illustrated Catalogues on application to

E. HUXLEY,

12 Old Cavendish street, Oxford street, W.

PULVIS JACOBI *VER.*, NEWBERY'S.

To the Medical Profession of Great Britain and Ireland.

GENTLEMEN,—We beg to call your attention to the following extract from a Paper by the late John Cheyne, M.D., F.R.S.E., M.R.I.A., Physician to the Hardwicke Fever Hospital, Dublin, and Physician-General to His late Majesty's Forces in Ireland, &c., &c., contained in "*the Dublin Hospital Reports*," *vol.* I, *p.* 320.

"The following very simple method of "exhibiting JAMES'S POWDER, in cases "of undue determination of blood to the head, "is that which I have generally pursued. The "patient is made to begin with a very moderate "dose, not more than two grains at bedtime, "and to increase the dose by half-a-grain every "night, until some sensible effect is produced "upon the stomach, bowels, or skin. Should "the stomach be affected with sickness, the dose "must be lessened, by one grain on the following "night. *By the addition of a little rhubarb "to it, a larger quantity of* JAMES'S "POWDER *may be administered than the "stomach could otherwise bear.* If the skin "is softened, or the bowels affected, the dose "should not further be increased, but it must be "repeated every night for a considerable length "of time: in several instances I have known "eighteen or twenty grains taken for a consi-"derable period without any inconvenience."

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the house of Newbery and Sons, in St. Paul's Churchyard, it is necessary to prescribe it as "PULVIS JACOBI VER., NEWBERY'S," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*) may be substituted for the original medicine.

This substitution must bring disappointment, and of course lead Practitioners to give up prescribing Dr. James's Powder altogether, or to regard it as a preparation on which no dependance can be placed.

FRANCIS NEWBERY AND SONS.

45, St. Paul's Churchyard, London.

Prices for Dispensing ½ oz. Bottle 3*s.* 4*d.*, 1 oz. 9*s.* Usual Discount to the Profession.

NOTICE Letts's MEDICAL DIARY,

arranged for vaccinations, Accouchements, Nurses' Addresses, &c., Patients' Names with column for Daily Visits. Neatly bound in cloth, pocket book, flap, pencil, and clasp, 2s.; French Morocco Tuck, two pockets and pencil, gilt edges, 3s.; best Pocket Morocco or Russia Book, 10s. 6d.; with divisions for instruments, 17s. and 15s. (Double the substance, 1s. 6d. extra.) Instrument Cases for ditto, 4s. 6d.

The other Editions of LETTS'S DIARIES commonly used by MEDICAL MEN, are Nos. 1, 2, 5, 9, 10, 12, 14; the Professional Appointment Diary; the Monthly Professional Diaries; Medical Visiting Lists, etc.

LETTS'S READING EASEL for INVALIDS, from 20s. to 40s. Sold by all Booksellers.—Fully descriptive catalogues gratis.

LETTS, SON, and Co., STATIONERS, 8 Royal Exchange, London, E.C.

Human Osteology

from France.—RAGINEL, 38 Lndgate hill, City, E.C., London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser, so as to show that every bone of each set belongs to the same skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.

Splendid Pieces for Lecturers and Museums.

Elastic Supporting Fabrics,

of very superior textures, for Varicose Veins, Accouchement, Spinal Affections, Hernia, &c. Instructions for measurement, and prices, on application to the Manufacturers, POPE and PLANTE, 4 Waterloo place, Pallmall, London, S.W.

RUPTURES. BY ROYAL LETTERS PATENT.

White's Moc-main Lever

TRUSS is allowed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer.

JOHN WHITE, 228 Piccadilly, London

Price of a Single Truss, 16s., 21s., 26s. 6d. and 31s. 6d.—Postage, 1s.

Price of a Double Truss, 31s. 6d., 42s. and 52s. 6d.—Postage, 1s. 8d

Price of an Umbilical Truss, 42s., and 52s. 6d. Postage, 1s. 10d.

Elastic Stockings for Varicose Veins,

and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price 3s 6d. 7s. 6d., 10s., and 15s. each. Postage, 6d.

JOHN WHITE, MANUFACTURER,

228 Piccadilly, London

Lateral and Angular Curvatures of the Spine.

In calling the attention of the Profession and Public to the SUPPORTS made by them, WM. WHITING and SONS beg to state that their extensive experience (over twenty years) warrants them in asserting that the IMPROVED SUPPORT which they now manufacture will be found to be the most effectual of any in use. At the same time, they are LIGHT, COMFORTABLE TO WEAR, AND COMPLETELY INVISIBLE THROUGH THE DRESS, as experienced by the many hundreds of persons of every age and sex who are now using them.

W. W. and Sons would also invite attention to their IMPROVED EXERCISING MACHINES, SPINAL COUCHES, and their various other contrivances required in Orthopædic practice.

Manufactory, 28 High street, Camden town.

N.B.—Makers (by authority) to the Spinal Hospital, Portland road, Regent's park, founded by the late Dr Verral.

Surgical Instruments.—

J. ARNOLD continues to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under his own superintendence.

J. ARNOLD, 35 and 36 West Smithfield, E.C.

Established 1819.

Chiosso's Gymnasium and

SCHOOL of ARMS, 231, EUSTON ROAD, Corner of Gower street North (near University College).

Mr ANTONIO CHIOSSO begs to draw the attention of Parents, Guardians, and all those who have the charge of Youth, to his system of Physical Education, which has proved, through experience, to be the most invaluable means of rectifying Physical Defects in the human organisation, such as Curvature of the Spine, Contraction of the Chest, general Debility of Body, &c., &c. Classes meet every hour of the day, attended personally by Mr Chiosso, from 9 A.M. till 10 P.M.

Fumigations of Sulphur,

Chlorine, Mercury, and simple Hot-Air and Vapour Baths, continue to be administered at No. 40 Great Marlborough street, under the guidance of Dr GREEN, commenced in 1822, and recommended for the majority of long standing complaints.

Nervous and Mental

DISORDERS.—Wyke House, Sion hill, Isleworth, Middlesex, W.—A Private Establishment for the Cure and Residence of Ladies and Gentlemen mentally afflicted.—Proprietor, E. S WILLETT, M.D.

BINDING SECT. MAR 19 1971

P Medical circular
Med
M
v.16

Biology
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY